

# Broadening horizons

## Strategic plan 2021-2025

Alliance for Health Policy and Systems Research



# Broadening horizons: Strategic plan 2021–2025 for the Alliance for Health Policy and Systems Research

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**While the building blocks will remain central to the mandate of the Alliance, it is also time to look beyond them.**

## Perspective and position

The Alliance has historically focused on strengthening the six building blocks of health systems. While these areas of work – health service delivery, the health workforce, health information systems, access to essential medicines, health systems financing, and leadership and governance – all remain central to the mandate of the Alliance, it is time to also look beyond them.

The deadline for the Sustainable Development Goals (SDGs) is less than a decade away. With the emergence of new and complex challenges – such as the rise of non-communicable diseases, and the health impacts of economic, ecological and political instability – an expanded, multisectoral response is clearly warranted.

The COVID-19 pandemic has precipitated a global social upheaval, underlining how shocks such as pandemics, natural disasters and conflicts play a role in reversing health gains, disrupting essential services, and posing unprecedented demands on health systems and social institutions.

Proliferation of digital technology provides an opportunity for innovative and modernized approaches to address intractable health systems issues, while their unchecked use also poses new challenges, such as the ongoing infodemic around COVID-19. It is time to focus efforts on the **critical interlinkages between health systems and well-being (SDG 3), food systems (SDG 2), the digital ecosystem and innovations (SDG 9), urban health (SDG 11), climate action (SDG 13), and peace and justice (SDG 16)**, among others.

At the same time, there have also been important changes in the organizational context for the Alliance. WHO has undergone an organizational transformation and is

increasingly prioritising **data-driven and experiential learning as a means to provide effective country support.**

Country governments – key partners for the Alliance – are increasingly articulating the need for more and better use of evidence to improve health system performance. There is also a growing recognition of the need to **ensure the local relevance of health policy and systems research** and to **strengthen policy-makers’ and implementers’ capacities to engage with research.**

**These contextual changes collectively mark a turning point for the Alliance, and call for the broadening of horizons and a renewed outlook on the next five years.**

As before, **equity remains a core value of the Alliance.** Underpinning its efforts through this period, the Alliance recognizes the central concern to **address problems of inequity, poverty and disadvantage in health systems around the world (SDG 1, SDG 10),** and will work to **address gender inequality (SDG 5)** and empower women through capacity-building efforts, and criteria for funding based on the leadership role of women researchers and policy-makers.

## Our commitment for 2021-2025

While the Alliance's core mission and objectives are unwavering (see Box 1), the challenges and opportunities it is confronted with are transformed. In this strategic plan period, the Alliance will hence chart important new terrain in addition to strengthening its existing areas of work.

### **The Alliance will do more**

- Generation of knowledge on how health systems can better prepare and respond more effectively during emergencies, especially pandemics and conflicts that threaten to overwhelm health systems;
- Policy analysis to improve understanding of politics, power and process in health systems for effective decisions and management of policy;
- Engagement with WHO to further build the field of HPSR and help achieve the WHO goals by contributing to its general programme of work (GPW13);
- Investment in enhancing capacities for the application of systems thinking;
- Convening of health systems funders, development partners, research councils, and national leadership to advance the agenda of HPSR;
- Mapping and monitoring of HPSR efforts to identify knowledge gaps and emerging global and national trends; and
- Advocacy and collaboration on HPSR to address knowledge gaps and emerging issues, including developing relevant tools and approaches.

### **The Alliance will continue**

- Strengthening country capacity for HPSR to respond to key national and international issues maintaining a selective focus on countries with limited capacity;
- Generating timely knowledge for policy decisions in the health sector and other sectors influencing health, as the basis for concerted action from local to national and global levels;
- Developing research collaborations, information exchange, networks and tools for shared learning among countries; and
- Working on the broader determinants of health systems performance which operate at a global level and promote appropriate and responsive policy research.

### **The Alliance will not do**

- Projects not fully aligned with our mission and mandate;
- Small projects with high transaction costs; and
- Projects that have limited relevance to the needs of LMICs.

## Mission

The Alliance promotes the **generation and use of health policy and systems research as a means to strengthen the health systems of LMICs.**

### Objective 1



Stimulate the **generation and synthesis** of policy-relevant health systems knowledge, encompassing evidence, tools and methods

### Objective 2



Promote the **dissemination and use** of health policy and systems knowledge to improve the performance of health systems

### Objective 3



Facilitate the development of **capacity** for the generation, dissemination and use of HPSR knowledge among researchers, policy-makers and other stakeholders



## Our uniqueness

At the time of its inception, it was decided that the Alliance should be hosted within WHO but should have the flexibility required to plan, design and deliver its mandate and activities.

The Alliance's unique position and accomplishments over the last 20 years have established its credibility and demonstrated its proven reputation in the HPSR community. This is vital to further building the field of HPSR, while strengthening both essential capacity as well as the desired knowledgebase for health systems.

### **The advantage of being a WHO-hosted partnership**

The Alliance was initially hosted within the Health Systems Division of WHO, and in 2019 moved to the Science Division. This has given it a unique opportunity to shape the HPSR agenda within WHO and contribute to WHO's goals. From within the Science Division, the Alliance also has direct access to other research entities within WHO and the opportunity to align, harmonize and complement other efforts and activities.

### **Unparalleled convening power**

The Alliance brings policy-makers, researchers, funders and civil society together to reflect, strategize, set goals and deliver in a cohesive manner. The Alliance's position within WHO provides unparalleled convening power compared to other HPSR parties, especially with regard to engaging Member States and their policy- and decision-makers. This allows the Alliance to understand diverse needs and demands, as well as galvanize, synthesize and harness the views and evidence of others while creating opportunities and platforms for other interested parties. It also ensures that HPSR research conducted, commissioned and supported by funders,

foundations and development partners remains relevant and responds to various countries' needs and problems.

### **The trust of our partners**

Both by definition and design, the Alliance includes partners from all over the world within the policy and research communities. Over the years, the Alliance's work and focus on engagement with LMIC partners have earned us credibility and trust as a leader and partner in developing and using new tools, methods, frameworks for engaging in HPSR in their local settings. The Alliance invests carefully in areas where there is a significant global need coupled with under-investment. Partners receive catalytic funds to apply tools and methods or invest in strengthening researcher and decision-maker ability to generate and use context-specific knowledge. We work with research teams from design to dissemination and policy action. We provide our partners with opportunities to learn from each other, share their successes and failures, develop joint project proposals and publish together. The Alliance Secretariat is always available to assist with the development of protocols, provide technical assistance during implementation and assist in the dissemination of research results. Through these partnerships, and the work that results from them, the Alliance supports the development of health systems that listen, learn and deliver.

### **Recognition as a thought leader**

The Alliance has pioneered many approaches, nurtured new concepts, and introduced innovations in design and conduct of HPSR, including the embedded research approach, which was developed and recommended in the first-ever WHO Strategy on HPSR. The approach is now embraced and applied by at least three multilateral agencies, one

foundation, one bilateral funder, and numerous national governments. Embedded research brings together policy-makers, practitioners and researchers to create an HPSR evidence base that responds to real-world challenges. Even though HPSR has gained visible recognition over the years, there is still much work to be done, especially in terms of further development of this field, ensuring evidence is used as well as aligning research priorities with the changing needs of future health systems. The latest advance in this regard is that, starting in 2021, the Alliance will develop and publish a regular Global report on HPSR with country partners. This will provide data on HPSR capacities, bibliometric analysis on peer-reviewed publications as well as track research collaboration between southern and northern institutions, monitor fund flows, and analyse the knowledge needs of national policy-makers and funders.

## Our contributions

The Alliance has come a long way in furthering its goals and has transformed the field in terms of building its methodological foundations, capacity strengthening and widening its policy influence.

### **Developed the field**

HPSR is a relatively new field and the Alliance has invested significant resources in building and expanding its scope. One serious gap identified by the Alliance was the lack of HPSR methodological resources to guide researchers in conducting HPSR. To meet this need, in 2012, the Alliance developed the first-ever HPSR Methods Reader, a well-known and respected teaching resource that is widely used by the HPSR community around the world today.

While clinical disciplines tend to rely on systematic reviews as the gold standard for evidence informed policies, health systems strengthening requires the synthesis of context-specific research – which was held back by the lack of scientific guidance on synthesizing HPSR evidence. The Alliance has developed rigorous methodological guidance for conducting HPSR synthesis reviews, with the aim of providing actionable and strategic evidence to strengthen health policy and systems.

Our flagship reports, ranging from topics such as systems thinking (2009) to participatory leadership (2016) have identified and characterized emerging challenges and have contributed to building the field. These influential reports are a valued resource within the HPSR community.

The Alliance's technical support has expanded the applications of implementation research and health policy analysis, including through the production of methodological

guides, mentorship programmes and research grants. The uniqueness of the Alliance's stance is that it is concerned with research not just for policy but also on policy, as a critical subject area to understand and influence implementation and impact of health policies and programmes.

### **Changed mindsets**

The Alliance has challenged the prevailing mindset of many health researchers that traditional biomedical standards – such as hypothesis testing and randomized controlled trials – should also apply to health policy and systems research. The Alliance has promoted more context-specific, process-oriented and responsive problem-solving approaches for HPSR, advancing the idea that there is a diversity of research approaches that can be used to solve different problems, and that multiple methods are often needed. The Alliance has also consistently advocated for health systems strengthening as a foundation for the achievement of health outcomes, noting that isolated interventions only address short-term goals.

To change this prevailing mindset, the Alliance has worked with policy-makers, researchers, funders, WHO and other development partners to develop the first-ever WHO Strategy on HPSR and contributed to the World Health Report 2013. A distinctive stance advanced by the Alliance in these documents is that policy-makers need to determine their research priorities in inclusive and participatory ways to make research more relevant. Demand-driven research approaches championed by the Alliance advocate a role for policy-makers and other health system decision-makers – including communities, civil society and health professionals – in designing, implementing and disseminating research. The Alliance has striven for policy relevance and responsiveness

as core research values necessary to effectively influence change in health policies and practices.

### **Steered a movement**

The Alliance has not transformed the HPSR landscape on its own. To create and guide the HPSR movement, the Alliance has identified and collaborated with many allies and partners, including more than 300 policy and research institutions. It also launched a Learning, Engaging and Advocating for Policy and Systems Research Forum (LEAP Forum) – a forum for funders to promote the generation, use and funding of policy-relevant knowledge for stronger health systems.

The establishment of Health Systems Global (HSG) was a critical milestone for the field, a membership society bringing together health systems researchers, practitioners, policy-makers and development partners as part of a global HSPR community, with the collective purpose of using HPSR evidence to build stronger health systems. Supported by the Alliance as a founding co-sponsor, HSG has changed the field through its biennial HSR symposia and virtual thematic working groups, which have developed north-south and south-south networks for learning exchange and stimulated vibrant discussions around new agendas and partnerships in the field.

### **Strengthened capacities**

Prior to 1996, there was little capacity to generate policy-relevant HPSR in the research community, especially in LMICs. There was even less capacity to obtain and leverage evidence for stronger health systems among policy-makers and development partners. Over the years, Alliance has invested in thousands of young researchers, especially

women in LMICs, strengthening their capacities to design, conduct and disseminate HPSR.

In keeping with its broad focus on policies and systems, including the social determinants of health, rather than the traditional focus on disease-focused or health services research, the Alliance has engaged researchers with wide ranging backgrounds – including anthropology, economics, and political sciences alongside public health researchers – to generate a significant body of inter-disciplinary research evidence. To increase the demand for and use of evidence, the Alliance has established a network of policy- and decision-makers and supported them through fellowships and targeted skills-building, and by promoting peer-to-peer learning on the use of HPSR for stronger health systems.

### **Influenced policy**

Over the years, the Alliance’s projects and programmes have influenced changes in policies and practices, strengthened health systems, and driven population health impacts in diverse LMIC settings. In many instances, these changes have been brought about directly – by supporting the generation of evidence relevant to decision-makers’ needs and stimulating the increased use of evidence for health systems and policies. The box below lists a few instances of influence of work supported by the Alliance.

## Policy influence

- Research supported by the Alliance and undertaken with **India's** National Health Authority on the roll out and scale up of the National Health Protection Scheme (PM-JAY) led to the revision of national guidelines for strategic purchasing, beneficiary hospitalization and beneficiary communication.
- An Alliance supported participatory action research project helped local decision-makers understand barriers to uptake and significantly improved immunization rates in two wards in Ogun State, **Nigeria**. In the study area, immunization coverage for children above nine months went from 61% to 91%.
- The Alliance developed case studies on primary health care systems in 20 countries. In **Indonesia**, the case study was used by WHO and its partners to develop cost estimates for essential primary health care services. And in **Pakistan**, it was one of the documents used to inform the development of the National Health Vision 2016–2025.
- In **Ethiopia**, research on factors that prevent immunization information from being adequately captured or used resulted in the development of a community verification platform for data – a tool that is now being used across the country.
- The Alliance's evidence synthesis platforms in **Malaysia, Georgia, India** and **Zimbabwe** responded to decision-maker requests for rapid evidence on the COVID-19 response. The inputs have been used to develop national policies and guidelines, on quarantine and masking, hospital response modelling and frontline health worker roles and protection.



Many of the Alliance's contributions have also influenced policy and improved health outcomes indirectly and through complex pathways – by strengthening individual and institutional capacities to generate and use HPSR, by developing useful methods, tools and guidance, and by catalysing strategic partnerships and collaborations.

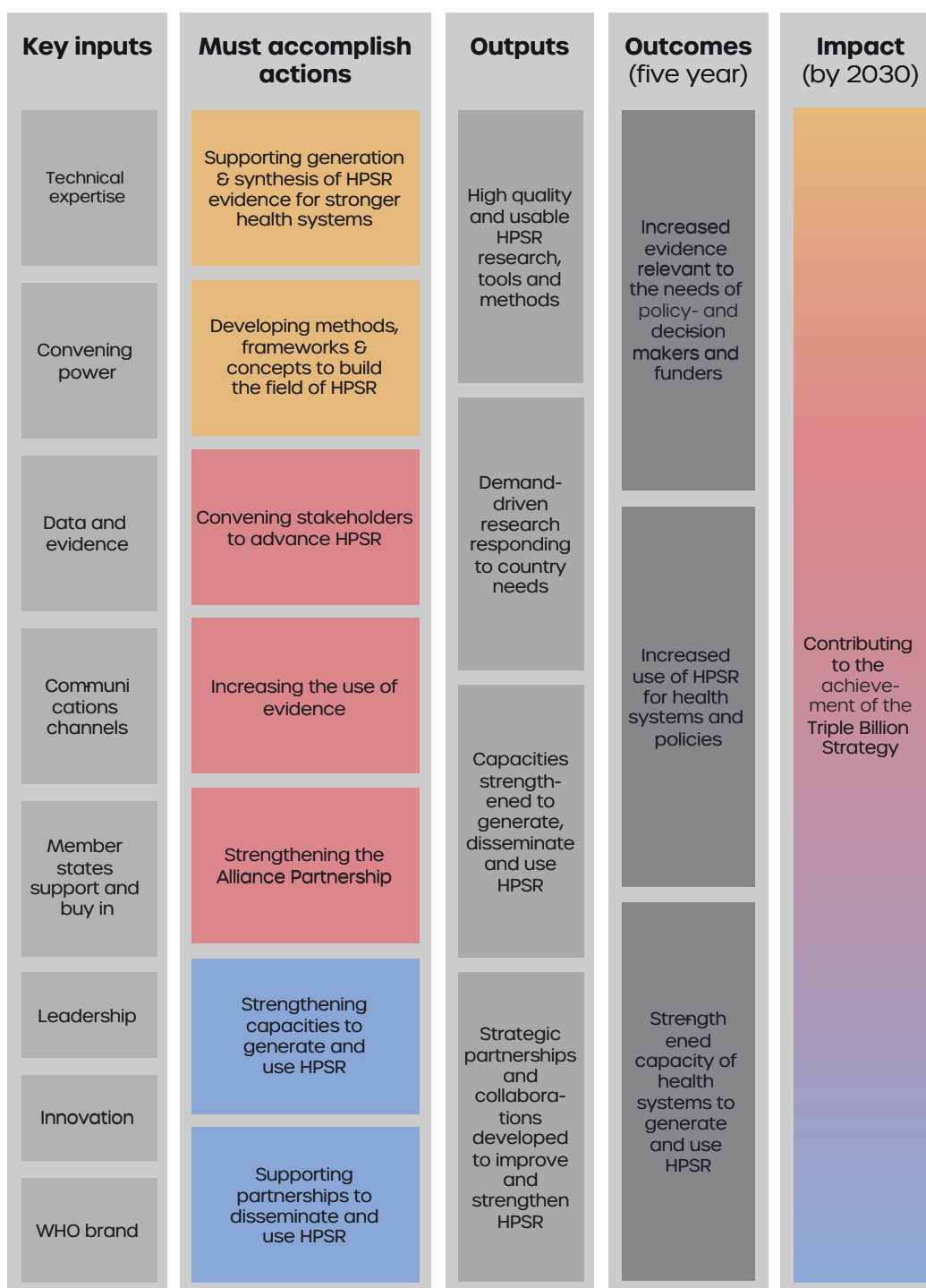
## **Managing and measuring progress**

The Alliance is governed by WHO financial, procurement and personnel rules and regulations. This offers funders and supporters the needed confidence that we are governed by robust, rigorous and globally accepted practices and procedures. Being a hosted partnership, the Alliance has its own Board and Scientific and Technical Advisory Committee which provide oversight, direction and quality controls.

Aware of the importance of quantifiable results, the Alliance will place increased emphasis on monitoring operations and measuring results and performance during the forthcoming strategic period. In order to do this, a new results framework with greater emphasis on impact has been developed and a dedicated monitoring, evaluation and learning officer will be responsible for collecting and sharing information with the Secretariat, Board and external parties.

Our results framework reflects the Alliance's stated commitments for the next five years and complements the Science Division's results framework and overall goals and strategic objectives of WHO.

**Figure 1: Results framework**

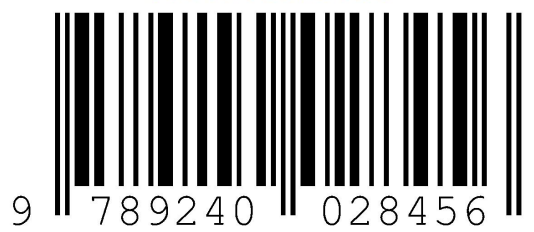


The Alliance promotes the generation and use of health policy and systems research as a means to strengthen the health systems of LMICs.

**Figure 2: Key performance indicators and targets for the five-year period**

Strategic objectives	Must accomplish actions	Key performance indicators	Target (five year period)
Stimulate the generation & synthesis of policy-relevant health systems knowledge (evidence, tools & methods)	Supporting generation & synthesis of HPSR evidence for stronger health systems	Number of externally peer-reviewed research publications	200
	Developing methods, frameworks & concepts to build the field of HPSR	Number of methods, tools and frameworks developed	5 - 8
		Number of new and existing research grants	100
Promote the dissemination & use of health policy and systems knowledge to improve the performance of health systems	Convening stakeholders to advance HPSR	Number of collaborations within WHO and with other partners	25
	Increasing the use of evidence	Number of decision-makers equipped with HPSR tools and knowledge	750
		Number of times that Alliance-supported research programmes have influenced policies and practice	50
	Strengthening the Alliance Partnership	Number of media stories about Alliance-funded research	50
Facilitate the development of capacity for the generation, dissemination and use of HPSR knowledge among researchers, policy-makers & other stakeholders	Strengthening capacities to generate and use HPSR	Number of researchers supported	200
		Number of institutions based in LMICs using methods, tools and frameworks developed by the Alliance	35
	Supporting partnerships to disseminate and use HPSR	Number of instances where Alliance support has enabled an institution to increase the generation of HPSR	50

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