A 20-YEAR JOURNEY

ALLIANCE FOR HEALTH POLICY
AND SYSTEMS RESEARCH

World Health
Organization

Alliance for
Health Policy and
Systems Research

INTRODUCTION

Twenty years ago, a group of global health leaders, including senior scientists, policy makers and representatives of various agencies and programs with a stake in health policy and systems research met at Lejondal, Sweden, and agreed on the need to create a body that would address areas of health policy and systems research that were badly needed, but also severely neglected.

Although it would take another two years for the seed planted at that meeting to germinate through the formal constitution of the Alliance for Health Policy and Systems Research in November 1999, it was in 1997 that the seed was first sown. This report commemorates 20 years of the Alliance's achievements from the time of its conception at the Lejondal meeting.

The Alliance's original mandate was to "promote the generation and use of health policy and systems research as a means to strengthen the health systems in low and middle-income countries (LMICs)."[i] The organisation's overall goal remains essentially unchanged, and is as relevant today as it was 20 years ago. The current strategic objectives are to:

- Provide a unique forum for the health policy and systems research community

- Support institutional capacity for the conduct and uptake of health policy and systems research

- Stimulate the generation of knowledge and innovations to nurture learning and resilience in health systems

- Increase the demand for and use of knowledge for strengthening health systems.

Initially, operating with a team of just three people, the Alliance laid strong foundations for the work that was to come as additional funding became available, making it possible to gather momentum, having achieved critical mass. Over the years, the Alliance has leveraged its position as a partnership housed within the World Health Organization (WHO) to exert an influence and achieve changes in the way that health policy and systems research is seen and the way in which it is carried out.

This report provides an overview of key achievements and, most importantly, the special qualities that have enabled the Alliance to realise these achievements. The first section covers outputs that are more easily quantified than others, such as the number of research and programme grants that have been awarded and administered.

Section two provides insight into how the Alliance has shaped global thinking and practice on health policy and systems research through four key areas of work:

1. Promoting the adoption of systems thinking for health system strengthening

2. Establishing an implementation research platform through which new partners – within and outside of WHO – have adopted implementation research

3. Advancing the field of health systems research synthesis

4. Pioneering embedded research.

In Section three, policy makers themselves bear testimony to the impact that the Alliance's efforts to engage and support them have had in their respective countries. In their view, integrative thinking, and the priority that the Alliance gives to inclusivity, collaboration and listening, are the core values that make the partnership unique.

20 YEARS: A BIRD'S EYE VIEW

1597 researchers have now undertaken Alliance-funded studies in 79 LMICs*

173 Alliance-supported publications cited five times or more

2739 researchers and decision makers in LMICs involved in Alliance-funded short-term training and fellowship programmes
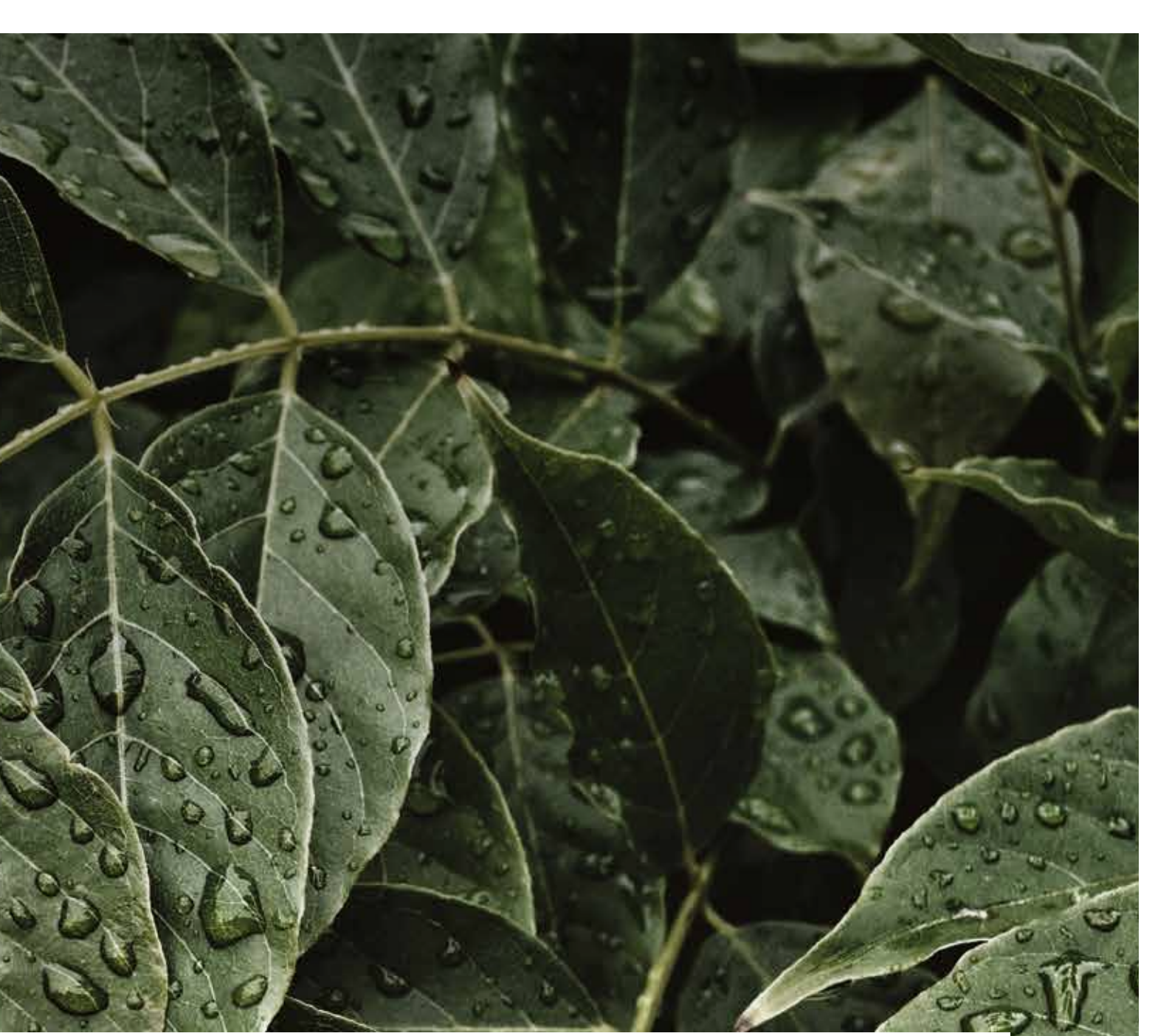
50% of researchers undertaking Alliance-funded studies in LMICs are women

62 new and revised policies, programmes or practices informed by Alliance-funded research findings

124 dialogues with policy makers

386

products specifically designed for decision makers and made available to them

760

Peer reviewed research papers by Alliance-funded researchers or Alliance Secretariat (395)

Technical reports by Alliance-funded researchers (332)

Book or book chapters published by or sponsored by the Alliance (33)

713

oral presentations made at national and international forums based on Alliance-funded projects

2800

decision makers in LMICs sensitized to use of evidence in health systems decision making through Alliance-supported activities

All data are cumulative *LMICs - low- and middle-income countries

CHANGING MINDSETS

Since it was first conceived 20 years ago, the Alliance has developed theory and practice in the field of health policy and systems research through consistent, well-considered programmes of work, building the field of Health Policy and Systems Research (HPSR) and raising its profile globally, but especially in LMICs: basically, changing mindsets.

As a small and nimble organisation – even today there are fewer than 15 full-time members of staff – the Alliance has always been able to respond relatively quickly to changing tides and currents, enabling it to remain on track as it pursues its mission. At the same time, being hosted as an international partnership within the WHO has given the Alliance valuable access to stakeholders across the value chain all over the world and, most importantly, in developing countries. Both the Alliance and WHO have benefited from the hosting arrangement which has served to strengthen capacity for the generation, dissemination and use of HPSR knowledge among researchers, policy-makers and other stakeholders.

Breaking down barriers that obstruct the goal of health system performance and the equitable distribution of health lies at the heart of the Alliance's approach: the health system needs to be understood as a system of interacting parts. Focusing on a single part, or even on each one in isolation, creates dysfunction. The thought leadership required to ensure that systems thinking is inscribed indelibly on the health systems agenda therefore represents a major strategic achievement. If systems thinking was necessary to achieve the Millennium Development Goals (MDGs), it will be imperative as the world tackles the Sustainable Development Goals (SDGs).

Ensuring that research is used – and useful – for solving real-world problems has, and continues to be, a cornerstone of the Alliance's philosophy. It was this concern that led to development of the Implementation Research Platform (IRP), initially set up to find ways to scale up pilot programmes that proved effective in addressing MDG targets 4 (to reduce child mortality), 5 (improve maternal health) and 6 (Combat HIV/AIDS, malaria and other diseases). Working inclusively and collaboratively has proved to be a key underpinning for the

success of the IRP, along with maintaining an open mind. The Alliance has been a forerunner in its ability to put its constituencies first: by placing policy makers at the heart of the research process, and by directly engaging with them. This degree of engagement recently culminated in the formation, in November 2016, of a new policy makers' group – Health Policy Leadership Initiative.

This ability to remain open – to listen – has guided the Alliance at times when moving forward has entailed the need to challenge the status quo. In the case of embedded research, this meant introducing entirely new theoretical and methodological frameworks, while addressing scepticism about the feasibility of having research driven and carried out by implementers and decision makers rather than researchers. In leading the development of health systems research synthesis, the Alliance has essentially supported the birth of a new field that now extends beyond health systems research, and has ensured that this has been accompanied by a corresponding development of robust tools and frameworks. Changing mindsets can be an uncomfortable business, one that requires both the courage of one's convictions and the deftness to steer safely through sometimes perilous waters.

The Alliance's programmes have been seasoned with a constant blend of measures that have proved reliable in taking a new concept or approach and ensuring that it becomes ensconced in mainstream thinking. From supporting peer-reviewed articles in the most highly regarded journals, to creating training modules for healthcare curricula, to bringing people together at globally renowned events as well as at discrete meetings and workshops, the Alliance has successfully punched above its weight for 20 years. In the pages that follow, we celebrate four snapshots of this history.

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Systems Thinking:
seeing both "forest" and "trees"

As a champion of applying systems thinking to HPSR in low resource settings, the Alliance has proven its worth as a thought leader. It has supported the operationalisation of the approach through a comprehensive set of actions: publishing a seminal report on the subject, supporting further research, and helping to develop capacity through its contribution to the provision of educational materials and resources.

Shortly after the birth of the Alliance, world leaders came together at the United Nations headquarters in New York and adopted the MDGs. Over time, the realisation grew that significant investments and efforts to meet the specific targets set by MDGs 4, 5 and 6 were not leading to the improvements in health that had been expected, largely due to a key constraint: the weakness of health systems.

The issue extended beyond the specific targets set by the MDGs. Over time, research and funding had become increasingly disease-specific. This vertical approach was problematic when it lacked the counterweight of a horizontal approach to ensure that programmes were integrated with local health systems and did not amount to creation of parallel systems. Underinvestment in health systems also meant that these were less able to provide the enabling platforms needed to achieve both general and specific health goals.

Systems thinking was well established in the field of health, but had typically been applied to high-resource settings. The Alliance's innovation lay in applying systems thinking to health systems in LMICs, initially through its third flagship report, *"Systems thinking for health systems strengthening"*.[ii] Published in 2009, this report has proved to be a seminal publication and met with warm support from global health leaders such as President of the World Bank Dr Jim Yong Kim and former WHO Director General, the late Dr Halfdan Mahler. Considered independently to be a landmark publication on systems thinking in public health, the report is the sixth most cited publication in the field and was followed by exponential growth in the number of articles published on the subject.[iii]

The Alliance took the lead in responding to the clear thirst for studies that would apply the systems thinking approach covered in the report to low-resource settings, by providing thought leadership and funding to support this type of research. First, the Alliance sponsored a peer-reviewed supplement in the journal Health Policy and Planning entitled *"Systems thinking for health systems strengthening in LMICs: seizing the opportunity"*.[iv] The publication was launched at the Second Global Symposium on Health Systems Research in Beijing, on 1 November 2012, promulgating awareness among experts, policy makers and the media. Then, in 2014, the Alliance initiated, coordinated and edited another peer-reviewed series of articles, aiming to shift thinking from theory to practice by analysing actual case studies that showed how systems thinking could be applied to health systems in LMICs, spanning Bangladesh, China, Ghana, India, Nepal, Pakistan, Somaliland, South Africa and Uganda.[v]

Realising the need to develop capacity to apply systems thinking tools and approaches in LMICs, the Alliance pursued a strategy of developing and sharing teaching and training resources, including providing support for new courses on the subject. In 2015, the Alliance commissioned a report mapping health policy and systems research training around the world, particularly courses that are relevant to LMICs,[vi] now available as an online database.[vii] Having identified gaps in the training available at the time, the Alliance also supported the 2016 launch of John Hopkins University's Massive Open Online Course (MOOC), *"Systems thinking in public health"*.[viii]

Over nearly a decade, the Alliance has successfully ensured that the application of systems thinking to public health, particularly with respect to its application in LMICs, is firmly on the agenda. The fruits of this strategy are now ripening as the community of experts in the field grows and extends its influence, growth that is enhanced by ensuring that this approach is included in training curricula around the world. The systems-thinking approach to HPSR that has been maturing under the Alliance's guidance will be a crucial tool in achieving the 17 Sustainable Development Goals, which are highly interdependent.

As a thought leader in the area of applying systems thinking to HPSR in LMICs, the Alliance has supported health system strengthening by helping to overcome excess verticality; essentially ensuring that, in nurturing the "trees", sight of the "forest" is not lost.

BEFORE THE ALLIANCE

Systems thinking not widely applied to health systems strengthening efforts

PRIMARY ALLIANCE INTERVENTION

Report launched on systems thinking for health system strengthening

YEAR LAUNCHED

2009

OUR CONTRIBUTION SINCE THEN

- Disseminated the report to all relevant stakeholders

- Acknowledged and appreciated by leaders such as Dr Jim Kim and Dr Halfdan Mahler

- Special issues of HPP and HARPS launched. Together with report have stimulated further development of the science, and this is the 6th most cited publication

- Long-distance course launched in 2016

- Course completed by 2089 people

- Report downloaded 4079 times

THE NEXT LEAP FORWARD

Systems thinking is applied by the global health community to achieve health-related sustainable development goals and the Alliance continues to play a leadership role in the further development of the science.

The fruits of this strategy are now ripening as the community of experts in the field grows and extends its influence, growth that is enhanced by ensuring that this approach is included in training curricula around the world.

Implementation Research Platform: harnessing collaboration

Through the Implementation Research Platform (IRP), the Alliance has demonstrated its capacity to bring people together, facilitating, coordinating and supporting the adoption of new approaches to address health system problems.

The effort to achieve the MDGs led to many very effective pilot programmes, but scaling these up proved to be more challenging than anyone had thought. Driven by a desire to overcome these challenges, the Alliance and the Norwegian Agency for Development Cooperation (Norad) brought global experts and stakeholders together for discussions in 2009. As a result of this meeting, the Alliance was given the task of setting up and hosting an Implementation Research Platform (IRP). Funded by Norad, the Swedish International Development Cooperation Agency (Sida) and the UK Department for International Development (DFID), the IRP was launched at the First Global Symposium on Health Systems Research in Montreux, Switzerland, in November 2010.

Hosted by the Alliance, the platform was a collaborative venture from the very beginning, implemented in partnership with three other WHO departments: Research and Training in Tropical Diseases (TDR); Research, Development and Research Training in Human Reproduction (HRP); and the Department of Child and Adolescent Health (CAH, now Department of Maternal, Newborn, Child and Adolescent Health, MCA). Of these, the Alliance, TDR and HRP all had an explicit research mandate; although MCA did not have such a mandate, it has a dedicated research unit which provided substantial support to research and continues to do so.

The original partnership has expanded over time and now includes seven other WHO departments that do not have a research mandate, but have learned – through the Alliance's efforts – about the benefits of implementation research and have wanted to collaborate with the Alliance to bring this approach into their own technical areas. This growth is a testimony to the Alliance's ability to develop relationships and build trust across organisational silos. By bringing these entities together through the IRP, the Alliance has helped them to become better aligned, yielding improved outcomes thanks to the ethos of cooperation.

The Alliance has also demonstrated its ability to mobilize external partners in the development of the field of implementation research through the Implementation Research and Delivery Science (IRDS) initiative. Cosponsored with the World Bank and USAID, this initiative led to a global call to action at the third Global Health Systems Research Symposium in 2014. The initiative aims to increase recognition of implementation research, enabling global stakeholders to increase the resources allocated to it. The Alliance has also developed strategic partnerships with UNICEF and the Gavi Alliance to expand the use of implementation research in their programmes.

Groups within and outside of WHO approach the Alliance for support in applying implementation research in their programmes thanks to its focus on using implementation research to understand system failures. Systems thinking underpins the Alliance's approach to using implementation research to strengthen health systems sustainably, and makes it unique.

As an advocate, champion and thought leader in the field of implementation research, the Alliance has also led the development of implementation research guidelines, needed to support and govern the newly emerging field. These were released in 2013. Through the support of publications and innovations such as embedded research, the Alliance has also sought to make implementation research more readily available to stakeholders and users. Always with its goal of strengthening health systems in mind, the Alliance has consistently engaged with implementers and decision makers. Ensuring the development of tools and resources adapted for their use is an important part of building their capacity to execute implementation research, in a context where such tools have traditionally been designed primarily for researchers. The Alliance has also made significant contributions to shaping thinking on the ethics and governance of implementation research as the field evolves.

BEFORE THE ALLIANCE

No platform for exchange, learning and collaboration within WHO and limited focus on implementation research

PRIMARY ALLIANCE INTERVENTION

Implementation Research Platform

YEAR LAUNCHED

2010

OUR CONTRIBUTION SINCE THEN

- Expanded from 3 original partners to 13 partners, of which 7 are non-research WHO departments

- World Bank, USAID, and UNICEF have joined as non-WHO Members

- Issued 5 research calls in collaboration with partners

- Greater demand for training and resource materials on implementation research within WHO

THE NEXT LEAP FORWARD

The Implementation Research Platform becomes a global platform for technical agencies, implementing agencies, funders, multi-lateral organizations and other global stakeholders fostering greater alignment and synergy.

Systems thinking underpins the Alliance's approach to using implementation research to strengthen health systems sustainably, and makes it unique.

Embedded Research: exploring uncharted waters

In advancing embedded research, the Alliance has demonstrated its ability to act as a pioneer in developing and testing a new research approach, as well as the strength of its relationships with policy makers thanks to consistent positive engagement.

In the 2012 WHO Strategy on Health Policy and Systems Research, "Changing Mindsets",[ix] the Alliance – which had been tasked with preparing the strategy and writing the report – formally presented embedded research as an option for the first time.[x] The rationale and hope was that bringing decision makers closer to the research process would support better integration of knowledge (research) and action (practice and policy). This point was made clearly and reiterated in the WHO *"World health report 2013: research for universal health coverage"*:

"Researchers and decision makers typically work in different communities, and the research described in technical publications and scientific journals cannot easily be evaluated by most of the people who make most of the decisions. ... The influence of research depends on how research activities are positioned with respect to the bodies that are responsible for setting policy and practice. For maximum effect, health research should be embedded as a core function in every health system."[xi]

The Alliance foresaw that embedding the research process in this way could improve the outcomes and uptake of systems and implementation research, and decided to embark on a mission to define embedded research, put it into practice and advocate for its use globally. Achieving this goal would require a huge shift in mindsets, particularly since, at the time, the conventional wisdom was that the binding constraint on policy makers was a knowledge gap that needed to be bridged through knowledge translation.

Through its diverse activities, the Alliance had reached the conclusion that the distinction so often drawn between knowing and doing – research versus policy and practice – was artificial, unnecessary and obscured the development and uptake of research. Often, the fact that policy makers were not involved with the research process inhibited how the research findings were used. Another insight was that it was an oversimplification to attribute a lack of uptake to a knowledge gap: other factors were important when developing policy and programmes that might have little to do with direct medical evidence. This realisation deepened the conviction that embedding research was crucial for success.

To advance the operationalisation of the approach, the Alliance convened a meeting of global public health experts in May 2013 to discuss how the goal of embedding research could best be achieved. This meeting served to confirm the importance of embedded research and delineate a conceptual framework for the approach. The meeting was hosted and led by Dr Julio Frenk, then Dean of the Harvard School of Public Health and now President of Miami University, United States, and attendees included senior policy makers from countries as diverse as Niger, India, Thailand and South Africa, funding agencies and others – a reflection of the Alliance's ability to bring diverse stakeholders together and the esteem in which the global public health community holds the Alliance.

The strategy for changing systems and implementation research methods had to overcome three major challenges. First, an extensive reframing of existing debates on the uptake of research and knowledge translation would be needed. Then, the Alliance would have to assuage a certain scepticism about whether decision-makers and implementers were even interested in or willing to carry out research in this way – did the demand actually exist? Finally, it would be necessary to demonstrate that it was feasible to embed research in the real world.

In effect, the Alliance was pioneering a relatively new approach in the domain of health policy and systems research. In response to the first challenge – reframing the debate – a theoretical framework for embedded research, linked to the concept of learning health systems, was developed. The purpose of the framework was to guide the design of research and programmes whose purpose was to increase the uptake of HPSR in policy and practice.

To address the second challenge – scepticism about the existence of demand – the Alliance issued a fresh call for research in 2014, with a radically different approach. This time, there was a new requirement: the principle investigator in each programme had to be a decision maker or implementer.

BEFORE THE ALLIANCE

Limited discussion and use of embedded research in public health and health research

PRIMARY ALLIANCE INTERVENTION

WHO Strategy on Health and System Research launched recommending embedded research in decision-making processes

New initiatives for embedded research

YEAR LAUNCHED

2012

OUR CONTRIBUTION SINCE THEN

- Embedded research became a recommendation in the World Health Report 2013

- Alliance has supported more than 85 embedded research projects since 2013

- Australian Medical Research Council, DDCF, WHO EMRO, PAHO and UNICEF have formally embraced embedded research in their programmes

THE NEXT LEAP FORWARD

Systems and implementation research is budgeted as an integral component of public health programmes.

Since launching the Improving Programme Implementation through Embedded Research (iPIER) initiative in 2014,[xii] the embedded research programmes that have been implemented with the Alliance's support, in collaboration with WHO regional offices in the Americas and the Eastern Mediterranean, as well as with UNICEF and Gavi (Global Alliance for Vaccines and Immunisation), have shown that the approach is indeed feasible. However, research carried out in this way does need additional support to develop protocols and ongoing monitoring. Having recognised these constraints, the Alliance soon set the wheels in motion to begin addressing them, issuing a new request for proposals that focused on developing capacity for carrying out embedded implementation research in LMICs in August 2015.[xiii]

To date, the Alliance has supported a total of 96 embedded research projects with funding totalling US$ 4 million. Embedded research has been adopted by the Doris Duke Charitable Foundation, UNICEF and the Medical Research Council of Australia, early evidence that the targeted shift in mindsets is gaining traction.

Advancing the field of health systems research synthesis: blazing the trail in neglected territory

Ten years ago, the Alliance recognized that there was a paucity of systematic reviews of health systems in LMICs and sought to mitigate this by leading a new field: health system research (HSR) synthesis, leveraging its relationships and experience as a thought leader to do so.

Policy makers and other stakeholders use evidence synthesis to support decision making. In LMICs, this support was lacking due to a paucity of underlying studies relevant to the local context, and a lack of capacity to implement and use reviews. In response to this need, the Alliance established systematic review centres in a number of LMICs in 2007, and has, since then, supported systematic review centres in Bangladesh, China, Chile, Ethiopia, Lebanon, South Africa, and Uganda. These centres have produced key insights into domestic health systems research priorities, through the generation of systematic reviews, protocols, methods papers and other publications. Their policy briefs have played an increasingly important role in informing policy makers' decisions.

An important aspect of the approach advocated by the Alliance consists in engaging policy makers themselves in the process of synthesizing evidence. In South Africa, for example, policy makers sit on the steering committee that oversees research, while in Lebanon, key policy makers are canvassed to identify their priorities for HPSR reviews. The Alliance review centres have had a very real impact on health system outcomes. A recent systematic review on the coordination of health services during humanitarian crises provided the foundation for a policy discussion on the Syrian refugee crisis and resulted in the recruitment of a Refugee Health Coordinator at the Lebanese Ministry of Public Health, along with the creation of a health information system for refugees. Outcomes such as this are clearly highly relevant for managing the global migrant crisis.

The Alliance has further advanced the field of health systems research synthesis by actively engaging with other stakeholders and developing partnerships with them. For example, the Alliance played a key role in founding the new Global Evidence Synthesis Initiative (GESI), which aims to develop the capacity to generate and use research synthesis in developing countries, in order to enhance public policy and service delivery. The Alliance also sits on the Steering Committee of Evidence Synthesis International, a new cross-sectoral network that advocates the use of evidence synthesis for policy making. The Alliance also coordinates the activities of the Advisory Group on Health Systems Research Synthesis, leading support to the development and uptake of reviews on complex health system questions. Since Health Systems Global does not have a thematic working group on Health Systems Research Synthesis, the Alliance fills an important role by demonstrating the added value of evidence synthesis to researchers and policy makers alike.

Recently, the Alliance has focused on encouraging policy makers to use review findings by supporting rapid response services. These services, which respond to policy makers' requests, are attracting growing interest thanks to their potential to provide policy makers with information that is both actionable and relevant to local settings. Rapid response services are still very new in LMICs, and the Alliance has been recognised for its innovative approach in supporting the programme, which serves to develop institutional capacity to produce demand-driven syntheses rapidly.

The Alliance has also supported the development of materials that demonstrate how a wide range of approaches to carrying out complex health system research synthesis can be implemented. These include *"Rapid Reviews to Strengthen Health Policy and Systems: A Practical Guide"*, which is to be launched at the Global Evidence Summit in South Africa in September 2017.

BEFORE THE ALLIANCE

Absence of systematic review centres specifically dedicated to health policy and systems research in LMICs

PRIMARY ALLIANCE INTERVENTION

Four systematic review centres established on HSR synthesis in Bangladesh, Chile, China and Uganda

YEAR LAUNCHED

2007

OUR CONTRIBUTION SINCE THEN

- Alliance convened the Advisory Group on HSR Synthesis
- New systematic review centres in Lebanon, South Africa, and Ethiopia

- Establishment of the Global Evidence Synthesis Initiative (GESI)

- Publication of *Rapid Reviews to Strengthen Health Policy and Systems: A Practical Guide*

THE NEXT LEAP FORWARD

Rapid response services drawing upon a range of evidence are established in all MOH.

An important aspect of the approach advocated by the Alliance consists in engaging policy makers themselves in the process of synthesizing evidence.

INFLUENCING POLICY

Engaging with and supporting policy makers in their efforts to strengthen national health systems lies at the heart of the Alliance's mission. This engagement has not only led the Alliance to be seen by many policy makers as a trusted advisor, it underpins the progress that the Alliance has been able to make in realising its strategic objectives.

The engagement has taken many forms. From consultations to establish research priorities, to bringing researchers and policy makers closer together and fostering better mutual understanding – and outcomes. The Alliance walks alongside policy makers, providing assistance that extends beyond financial support to active involvement in helping policy makers achieve their goals. Help in building in-country capacity to use research in the formation of policy, and supporting the development of research relevant to local needs is also valued by policy makers and has served to improve the uptake of HPSR.

On the following pages, policy makers from Argentina, Ghana, India, Pakistan and South Africa share their experiences of the impact that the Alliance has had in their countries over the years.

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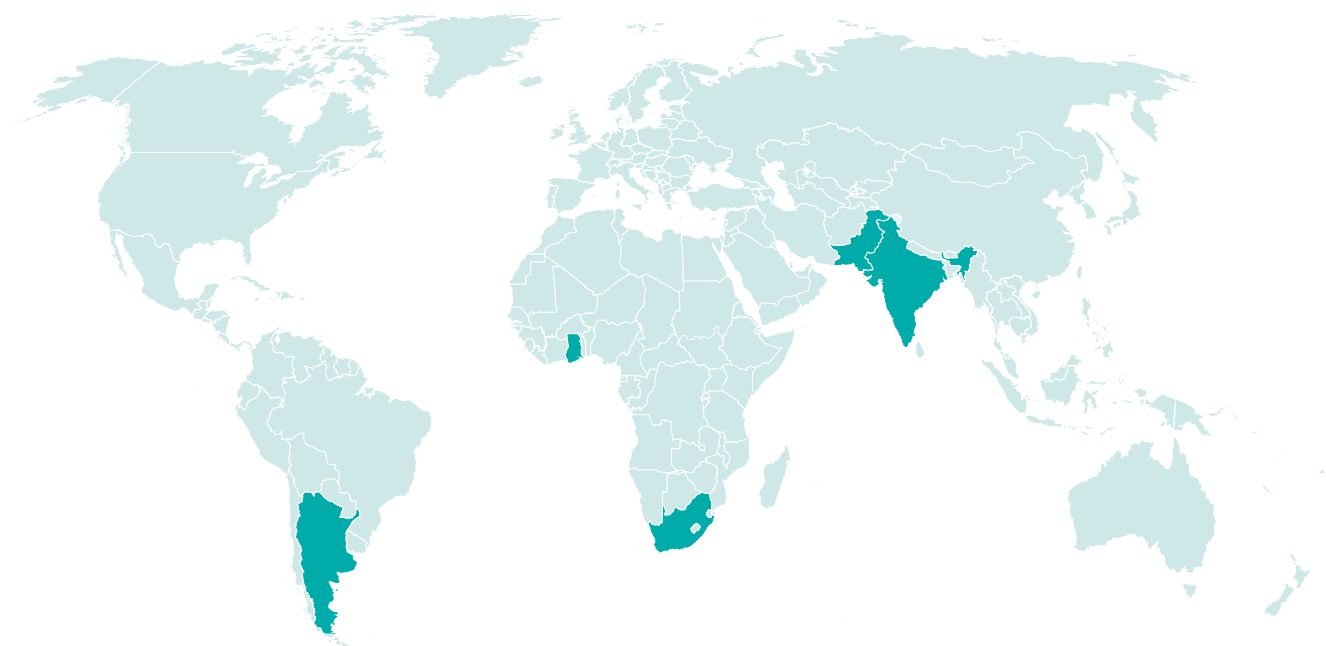
Mario Drisun

Former Minister of Health,
Santa Fe Province, Argentina

Argentina
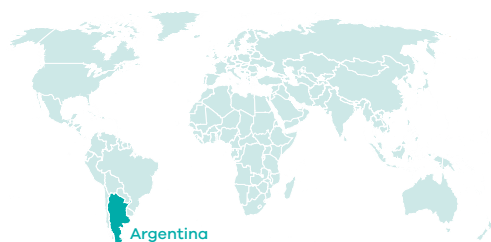
We first engaged with the Alliance through iPIER in 2014. When we saw the call for proposals, we thought this offered a good chance to address some of the challenges that we had experienced in implementing the policy to decentralise perinatal health services in the Province of Santa Fe. At the time, we saw this as a research project. It did not occur to us that this work would lead us to change our approach to research within the Ministry, which is eventually what happened in Santa Fe.

Drawing on the experience of other countries, Argentina had adopted a policy of decentralising health services with the aim of strengthening capacity at regional authority level so as to tailor services better to the needs of the local populations. However, Santa Fe had been struggling to implement the strategy since 2009. What attracted us to the Alliance's invitation initially was the fact that the call focused on implementation issues. We were intrigued by the fact that it specifically targeted implementers. We had never seen anything like that before and weren't sure what to expect.

One of the first things that was different about this experience was the workshops that were convened to help the projects. At the start of the project we attended a workshop with other projects to refine our protocols. I found this experience – particularly the discussion between researchers and decision makers – very enriching. I think we often view the differences between researchers and decision makers as a negative – something that keeps us from getting the evidence that we wanted when we wanted it. However, being at those workshops made me realize that these differences are actually strengths.

Many of the issues that the researchers raised were things that I hadn't considered because I was more focused on the practical issues and the day-to-day challenges that we deal with. The more we discussed and debated, the better our research questions became. I wish that all research was conducted like this because we really need both perspectives when thinking about the implementation of policies.

The biggest change, however, came when we began carrying out the research in Santa Fe. As we started to dig further into the issues, we saw the need to engage with departments within the Ministry, and people started to become more involved and interested. Interestingly, one of the challenges that we had been facing was how to engage different stakeholders and share guidance and communications within the Ministry of Health (MOH). Through the process of implementing this research, we were able to engage them.

While the findings of the study have been useful in helping us understand some of the systems-level issues, it's really been the process of engaging with people within the Ministry on research that has had the most impact on how we think and work. Prior to ending my tenure as Minister in 2015, I committed to establishing a knowledge management and research department within the MOH so that research can be institutionalised within our work. Since then, the new Minister, Dr Miguel Gonzalez, embodied the Provincial Directorate for Knowledge Management, providing continuity to research projects and focusing on the implementation of public policies and continuous training of human resources for health.

"The more we discussed and debated, the better our research questions became. I wish that all research was conducted like this because we really need both perspectives when thinking about the implementation of policies."

Irene Akua Agyepong

Public Health Specialist, Research and Development Division,
Ghana Health Service, Ghana

Ghana

Over the course of my career, I have been on each side of the research-policy interaction, sometimes even playing a role on both sides at the same time. I know from first-hand experience that the line between the two is not always clear-cut.

This is especially true when we talk about implementing programmes and the roles played by the different actors, including researchers and implementers such as programme managers. In real-world settings, implementers often have to take on multiple roles, sometimes engaging in and even leading research. If research is to serve and inform implementation, it is generally not ideal to conduct it in academic settings with little or no engagement with end-users during agenda setting, design and execution, and then expect it to be "used". The response is more likely to be apathy and disinterest.

I found it very refreshing and encouraging that the Alliance was exploring ways to include implementers in leading and engaging with research and researchers throughout the research cycle rather than just at the end. The difference was that this wasn't just about paying lip-service to having implementers participate, research was actually being driven, led and carried out by implementers, in collaboration with researchers.

Although I was strongly supportive of the idea and believed in the rationale, I knew this was a bit of a risk because it was still a new approach to implementation research and was not fully accepted by the broader global health community. So I was glad to see that the Alliance was willing to take a risk with this and explore territory that, even though it is not completely new, still remains relatively young and emerging. I was even happier to see that the initial call for implementer-led research resulted in hundreds of responses. This was a clear indication that there was demand for this type of work among implementers.

While there is still some scepticism about the approach, particularly among researchers, I think more and more people are coming to recognise the value and potential of this approach. This is what we heard when we co-hosted the Implementation Research and Delivery Science consultations series initiated by the Alliance, the World Bank and USAID in Ghana in 2014.

Since those consultations, I am happy to say that further work has been initiated in Ghana to develop training to support the capacity of implementers to conduct implementation research. This builds on previous efforts that started here in the 1990s to strengthen the capacity of system managers and implementers to conduct simple operational research. The engagement of the Alliance has been critical in shaping the thinking of both researchers and implementers in a way that doesn't pit one against the other, but encourages collaboration as both have a role to play in this process. Clearly this approach will require further refinement and adjustment, particularly in supporting implementers such as programme and district level managers – some of whom are not research professionals – to lead research. While it is critical that implementers define the research priorities, they may not always have the skills to formulate research questions and/or design a study.

Words like "pioneer" and "innovator" are often used, but in reality these roles are tough to play, because they mean taking risks and going against the tide. In this case, however, I do think they apply to the Alliance, which has helped to put forward new thinking and taken risks to develop and test new approaches. In a way, this is what all research is about: unless we try new things, we don't learn or grow.
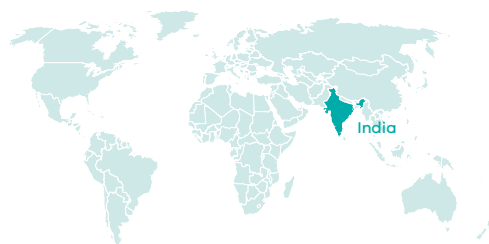
"The engagement of the Alliance has been critical in shaping the thinking of both researchers and implementers in a way that doesn't pit one against the other, but encourages collaboration as both have a role to play in this process."

Keshav Desiraju

Former Union Secretary of Health & Family Welfare
for the Government of India

Having worked in various capacities within the Government of India for more than 35 years, including as Secretary of Health in the state of Uttarakhand and Union Secretary of Health & Family Welfare for the Government of India, I have always been an advocate for the greater use of evidence in policy making. I know how important this is for ensuring sound policy choices for health. The challenge for us has always been the issue of capacity within the country and states.

While in the past, India has faced a limited capacity for research, particularly policy and systems research, we have also, over the years, developed excellent research institutions that produce a wealth of knowledge. The Indian Council of Medical Research, with its affiliated institutions, is now supplemented by a Department of Health Research, with a view to emphasize the importance of health research and the need for greater budgetary support. Despite these advances, it is still not clear that hard evidence is systematically used to drive the framing of policy.

The 2012 WHO Strategy for HPSR: Changing Mindsets has suggested various options for action. These include the need to embed research decision-making processes and to support demand driven research. These are key lessons for India, borne out by my own experience of working in government and in the health sector. Our government generates a lot of useful and valuable data; the very recently released National Family Health Service data (NFHS 4 data) is a good example. External groups are often surprised at the quantity and quality of the data that is collected but we recognize that it is not always optimally used. To this end there has been consideration of the establishment of a platform where researchers

and policy makers could come together to align their work and to learn from each other.

While India has been fortunate to have had external support, my priority was to ensure that we had the local capacity to do this. A crucial feature of the WHO Strategy is the emphasis on strengthening of local institutions. With the support of the Alliance we were able to convene a multi-stakeholder consultation to discuss the roles that a potential knowledge platform could play and how it would work. Following this, the Public Health Foundation of India (PHFI), with support from the Alliance, began to take on some these roles.

Over this trial period when we had the financial and technical support of the Alliance, we were able to iron out the details of how this platform could work as well as to demonstrate its feasibility, and most importantly, utility to health policy making in India. India has since demonstrated the political commitment and financial resources to establish the National Knowledge Platform (NKP) for health systems and public health research. The NKP aims to ensure that research is embedded within decision making and fosters greater alignment, collaboration and coproduction and use of knowledge in India. Most importantly, it is aimed at strengthening the capacity of our local institutions.

As a career civil servant, I understand how delicate policy processes are and am appreciative of the critical catalytic role played by the Alliance in securing this decision. The Alliance's credibility and its position within WHO, along with the timing of the Changing Mindsets strategy document, provided the subtle nudge that was needed to tip the balance in our favour.

"With the support of the Alliance we were able to convene a multi-stakeholder consultation to discuss the roles that a potential knowledge platform could play and how it would work."

Assad Hafeez

Director General, Ministry of Health, Pakistan

Pakistan

What I have appreciated most about the Alliance is its ongoing engagement, which goes beyond its financial contributions and sets it apart from other research funders with whom we have worked.

For example, the Alliance awarded us a grant to study why, despite its proven efficacy, magnesium sulfate was not being used systematically to treat pre-eclampsia and eclampsia. All we expected, apart from the grant, was to send reports to the Alliance. But the Alliance also helped to develop protocols for the research and supported the analysis of the results. They even helped us to convene a meeting of stakeholders, including service providers, consumers and industry, so that we could jointly discuss the results of the study and develop an action plan to improve the use of magnesium sulfate. Thanks to these efforts, magnesium sulfate has been included in Pakistan's essential medicines list and is now produced locally. This represented a huge win for everyone affected: the Ministry of Health, communities and industry. While the research itself was critical in generating the insights needed to solve the problem, this success was really made possible thanks to the Alliance's ongoing engagement and support to see the work through from A to Z.

Our current engagement with the Alliance aims to strengthen the delivery and reach of immunization programmes. The Alliance is providing some seed funding to support a workshop to identify gaps and priority actions to improve immunization programmes. They are also working with implementation partners, including Gavi (Global Alliance for Vaccines and Immunisation) and UNICEF, to leverage financial resources for this work.

It may come as a surprise to some people, but our biggest challenge is not the lack of financial resources. It is the lack of engagement with partners and funders necessary to enable the optimal use of available resources. That is not intended as a criticism: it is a reflection of the complex systems in which we all work. But it is what makes the Alliance different, in my opinion. In acting as an engaged funder, the Alliance really is filling an important gap to help ensure that the research it supports truly has an impact, while also facilitating, coordinating and aligning different actors to achieve greater synergy and better leverage existing resources.

It is not what one has that matters, but what one does with it that counts. From our experience, the Alliance knows how to make what they have count. The dollar value of the Alliance's contributions to Pakistan have been relatively modest, but the impact achieved has been quite impressive. It is the engagement that comes with the funding that has brought the most value to our work.

"In acting as an engaged funder, the Alliance really is filling an important gap to help ensure that the research it supports truly has an impact, while also facilitating, coordinating and aligning different actors to achieve greater synergy and better leverage existing resources."

Malebona Precious Matsoso

Director-General, Department of Health, South Africa

South Africa

One of the things that I appreciate about the Alliance is how it engages with policy and decision makers in a meaningful way and then uses their perspectives and insights to develop its work. This is partly thanks to the Alliance's position within WHO and its mandate to work with member states, but I also see it as a defining characteristic of the Alliance.

Over the years, I have had the opportunity to take part in various initiatives led by the Alliance, including the advisory committee for the development of the WHO Strategy on HPSR and the subsequent efforts to operationalise embedded research. I recall that during many of these discussions there was clearly a divided view of the role of HPSR, how it should be carried out, and how it should be used.

What I observed and took away from these experiences is that policy and decision makers play an important role in shaping the global dialogue on health policy and systems research – after all, the words 'policy and systems' make up half of HPSR. Yet, it seems that policy and other decision makers are often seen as the problem – those whose behaviours have to change.

The Alliance's approach has always been more inclusive and I've come to see it as a forum through which I, a policy maker, can contribute and even influence work that is intended to improve health policies and practices.

The fact that it is hosted within WHO and is a trusted and respected thought leader, means that the approaches and work that the Alliance promotes can have a wide reach and impact on how member states deal with these issues.

That is the reason I have always been happy to engage with the Alliance, because I believed in its work but, equally importantly, because I felt like my voice would be heard. When we worked on the 2012 WHO Strategy on HPSR, we knew that this would be an opportunity to engage directly with policy and decision makers.

If you look at what is coming out of the Alliance, you will see the perspectives of policy and decision makers. This is evident not only from the publications but also from the way that the Alliance's programmes have been designed. You can also see this in the discussions that are taking place globally, including at the Global Symposiums on HSR, the third of which we had the honour of hosting in 2014. There is a stronger engagement with policy makers as part of the community.

And it is because I believe in the value of the work of the Alliance that I made a commitment in 2015 to provide financial support to the Alliance, and I believe that South Africa is the first low- or middle-income country to do so. For me, it is important that we not only continue to support the Alliance because of what it has done and continues to do, but also for us, as policy makers, to actively engage in dialogue and debate – through the platform provided by the Alliance – on how to improve health policies and practices through research.

"The fact that it is hosted within WHO and is a trusted and respected thought leader, means that the approaches and work that the Alliance promotes can have a wide reach and impact on how member states deal with these issues."
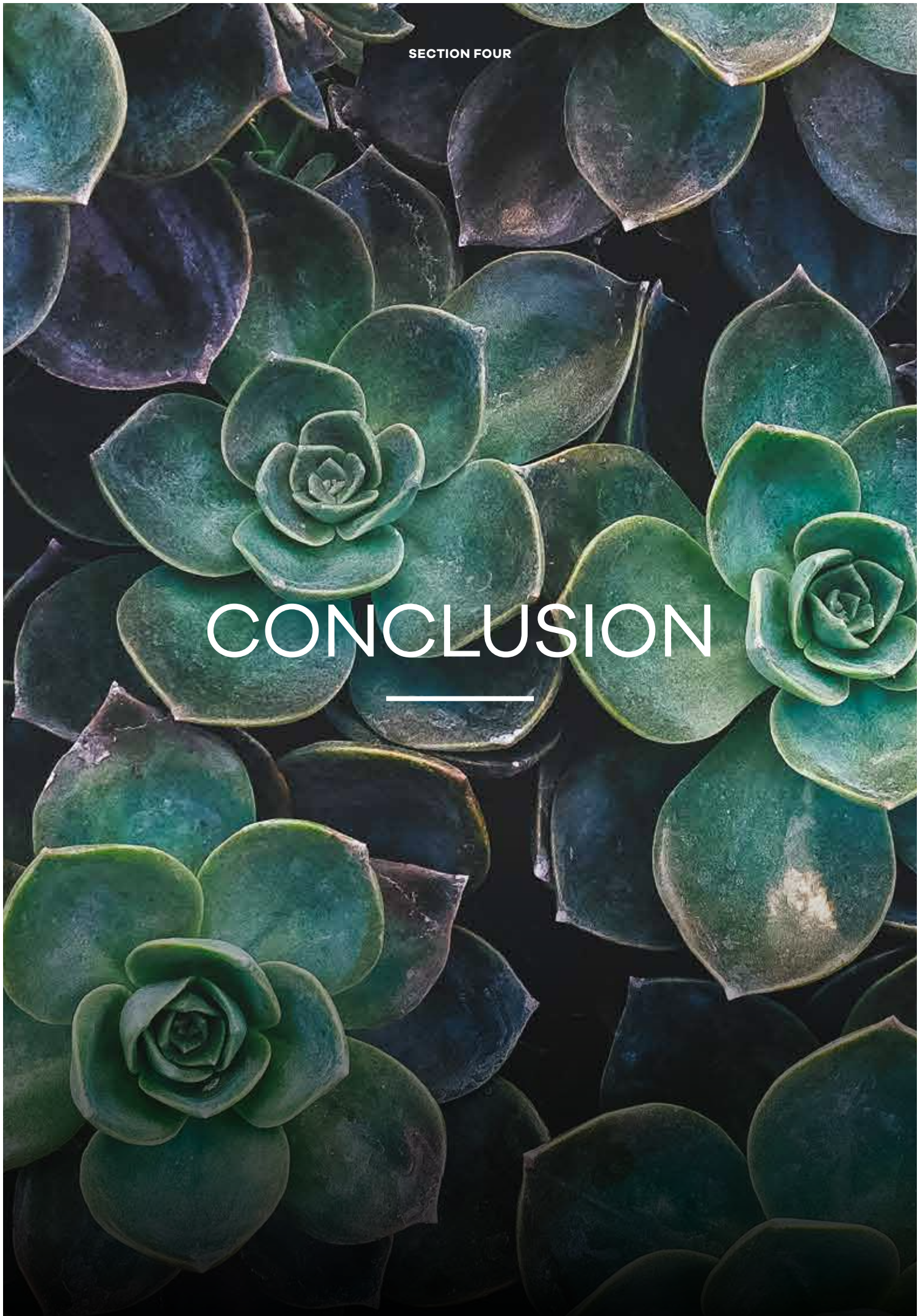
CONCLUSION

The Alliance's achievements over the past 20 years have helped to strengthen health systems in LMICs through the development of HPSR.

This journey has included influential landmarks, such as the application of systems thinking to HPSR, the Implementation Research Platform (IRP), the iPIER initiative and HPSR synthesis to support policy makers. These landmark developments were constructed in response to real problems, notably to support the achievements of the MDGs and overcome barriers to progress. Applying a systems-thinking approach was critical in the development of these solutions; it becomes even more crucial as the world begins working towards the 17 SDGs that are far more inter-related, and which have outcomes that are also far more interdependent than was the case with the MDGs. Indeed, the 13 targets of SDG 3 (Ensure healthy lives and promote wellbeing for all at all ages) demand a systems-thinking approach and cannot be effectively addressed if each target is considered only in isolation from the others, nor if the underlying health policy and system "infrastructure" is not integrated into the solutions. Its deep experience and long-standing advocacy of systems thinking equip the Alliance with a unique value proposition in this regard.

Being hosted within WHO has proved to be a powerful enabling factor as the Alliance has brought together researchers and decision makers, for whom limited opportunities for collaboration existed in the past. The ability to bring such stakeholders together is certainly highly dependent on the reach that is afforded by virtue of the relationship with WHO. This applies particularly to accessing policy makers. The fact that the partnership is hosted within WHO has also facilitated the application of implementation research within WHO departments.

If the Alliance's status as a hosted health partnership has helped to unlock access to policy makers around the world, it has been the Alliance's consistent engagement and delivery of results that has served to build the trust that is testimony to strong relationships. Policy makers view the Alliance as a credible partner because of this. The network that the Alliance has established and nurtured over 20 years now includes more than 350 partners from academic and research institutions, government institutions, United Nations agencies, coalitions and other similar organisations.

The Alliance's reputational and institutional "capital" has been carefully built up over a long time. The "dividends" that it has paid over the years – improving the generation and use of HPSR as a means to strengthen the health systems in LMICs – rely on its credibility and position within WHO. It must continue to play this role if these results are to be sustained.

The network that the Alliance has established and nurtured over 20 years now includes more than 350 partners from academic and research institutions, government institutions, United Nations agencies, coalitions and other similar organisations.

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