

Hosted partnerships

Review of the Alliance for Health Policy and Systems Research

Report by the Secretariat

1. In accordance with the Executive Board's decision EB132(10) (2013), the Programme, Budget and Administration Committee of the Executive Board periodically reviews the arrangements for WHO-hosted health partnerships and makes recommendations for the consideration of the Board, as appropriate, through a standing item on the subject on the Board's agenda.
2. This report summarizes the contribution of the Alliance for Health Policy and Systems Research to improved health outcomes, the harmonization of its work with the relevant work of WHO, and the Secretariat's interaction with the partnership.
3. The Alliance was established in 1999, with the mission to promote the generation and use of health policy and systems research as a means to strengthen the health systems of low- and middle-income countries. It is governed by a Board, supported by the Alliance Scientific and Technical Advisory Committee, and is administered by a secretariat hosted in WHO's headquarters.
4. The Alliance currently comprises more than 350 partners, including representatives of organizations of the United Nations system; government institutions; academic and research institutions; and alliances, coalitions and similar entities.

CONTRIBUTION TO IMPROVED HEALTH OUTCOMES

5. Since 1999, the Alliance's research grants have enabled more than 1200 researchers (nearly all from low- and middle-income countries and more than half women) to innovate, experiment and hone their skills, build institutional capacity and develop this nascent field. The quality of this work is evident from the number (nearly 400) of resulting peer-reviewed publications, which have been widely cited, and its relevance is reflected in the more than 60 policies and practices that have been directly influenced as a result. Recognizing that contributing to good decision-making requires proactive engagement with policy communities, the Alliance has sensitized policy-makers at subnational, national, regional and global levels to the need for programmes and policies to be informed by the best available evidence. These efforts have been crucial in raising this area of work high up on the global health agenda and maintaining its eminence.

Stimulating the generation and synthesis of policy-relevant knowledge on health systems

6. In the area of knowledge generation, the role of the Alliance as a thought-leader in promoting innovative research areas is reflected in cross-cutting publications such as the joint Alliance/WHO flagship report on systems thinking for health systems strengthening,¹ which has been downloaded more than 4000 times in the past two years alone, the report on advancing access to, availability of and appropriate use of medicines,² and the recently launched flagship report on participatory leadership.³ The Alliance's methodology reader⁴ has been included in syllabi of Masters programmes in schools of public health in many countries. By demonstrating the applicability of a wide-range of disciplines to the conduct of health policy and systems research, publications such as the practical guide on implementation research in health⁵ and the methods reader on participatory action research⁶ have broken new ground. The methods and approaches described have shaped the conduct of health policy and systems research and both influenced how complex health issues are understood and ensured that the research responds to the needs of those responsible for the development and implementation of health policies.

7. The Alliance's research grants programmes have supported more than 300 projects in more than 70 countries and catalysed much innovation, in terms of both examining issues through a health systems lens, as demonstrated by the research on access to medicines, and moving towards filling gaps in knowledge through implementation research on how results-based financing schemes are being scaled up. Furthermore, the Alliance has introduced novel concepts, such as promoting research led by decision-makers to ensure that research is demand-driven.

Strengthening capacity for the generation, dissemination and use of health policy and systems research knowledge among researchers, policy-makers and other stakeholders

8. Capacity strengthening for the generation and use of health policy and systems research by researchers and policy-makers lies at the heart of the work of the Alliance. Since 1999, Alliance-

¹ Alliance for Health Policy and Systems Research, WHO. Systems thinking for health systems strengthening (de Savigny D, Adam T, eds). Geneva: World Health Organization; 2009 (http://apps.who.int/iris/bitstream/10665/44204/1/9789241563895_eng.pdf?ua=1, accessed 16 March 2017).

² Alliance for Health Policy and Systems Research, WHO. Medicines in health systems: advancing access, affordability and appropriate use (Bigdeli M, Peters DH, Wagner AK, eds). Geneva: World Health Organization; 2009 (http://apps.who.int/iris/bitstream/10665/179197/1/9789241507622_eng.pdf, accessed 16 March 2017).

³ WHO, Alliance for Health Policy and Systems Research. Open mindsets: participatory leadership for health. Geneva: World Health Organization; 2016 (<http://www.who.int/alliance-hpsr/resources/publications/participatory-leadership/en/>, accessed 15 March 2017).

⁴ Alliance for Health Policy and Systems Research, WHO. Health policy and systems research: a methodology reader (Gilson L, ed). Geneva: World Health Organization; 2016 (http://www.who.int/alliance-hpsr/alliancehpsr_reader.pdf, accessed 16 March 2017).

⁵ Peters DH, Tran NT, Adam T. Implementation research in health: a practical guide. Alliance for Health Policy and Systems Research, Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/91758/1/9789241506212_eng.pdf?ua=1, accessed 16 March 2017).

⁶ Loewenson R, Laurell AC, Hogstedt C, D'Ambruoso L, Shroff Z. Participatory action research in health systems: a methods reader, Harare: Regional Network for Equity in Health in East and Southern Africa, in association with Training and Research Support Centre, Alliance for Health Policy and Systems Research, World Health Organization and the International Development Research Centre, Canada; 2014 (<http://www.equinetafrica.org/sites/default/files/uploads/documents/PAR%20Methods%20Reader2014%20for%20web.pdf>, accessed 16 March 2017).

funded projects have led to more than 2700 researchers and decision-makers receiving short-term training in health policy and systems research. The Alliance has supported policy dialogues and provided the evidence base for policy processes in 46 low- and middle-income countries and these collaborations between researchers and decision-makers have been associated with the production of more than 60 policy-relevant products.

9. The achievements in capacity strengthening lie in the impact on policy-making processes, on individual researchers and on research institutions. For example, the Alliance is supporting the health ministry in Pakistan to ensure a greater demand for and use of research by capacity building for provincial managers to identify implementation research questions that respond to the challenges and barriers they experience in their daily work.

Promoting the dissemination and use of health policy and systems knowledge

10. As a partnership housed within WHO and with close ties to the health policy and systems research community, the Alliance has brought together researchers and decision-makers to bridge what are often viewed as two disparate worlds. Most notable of these achievements is the Alliance's role in spearheading the First Global Symposium on Health Systems Research (Montreux, Switzerland, 16–19 November 2010), which led to the creation in 2012 of a new society, Health Systems Global, devoted to advocacy for the field of health systems research. The most recent (fourth) Global Symposium attracted nearly 2000 people from 125 countries with a shared vision of improving the performance of health systems through research. The Alliance's strength in convening researchers and policy-makers was exemplified by the establishment and recent engagement of a policy leadership group as well as the Learning, Engaging and Advocating for Policy and Systems Research Forum.¹ The Forum will enable greater synergies across groups involved in the generation and promotion of health policy and systems knowledge to improve health systems performance. A central objective of the Forum will be to increase the sustainability of investments and ownership of health policy and systems research by local governments.

HARMONIZATION OF THE PARTNERSHIP'S WORK WITH THE RELEVANT WORK OF WHO

11. The platform provided by WHO gives the Alliance significant convening power among relevant stakeholders. It enables the Alliance to access decision-makers at global, regional and national levels through an extensive network of WHO regional and country offices. It provides the Alliance opportunities to promote its work and achievements through major events, for instance, during the World Health Assembly. Finally, the Alliance benefits from WHO's robust accounting and financial controls.

12. The demands to implement WHO's normative work in the area of health systems strengthening are high. The Alliance plays a crucial role in gathering evidence on how to strengthen health systems. It engages with relevant departments in the WHO Secretariat in developing its workplan with a view of creating positive synergies and alignment with WHO's mission and mandate. The Alliance has undertaken a wide range of activities to implement WHO's strategy on health policy and systems

¹ <http://www.who.int/alliance-hpsr/resources/annual-report-2016/en/> (accessed 27 March 2017).

research,¹ in whose development it played a vital role. Embedding research within decision-making processes is one of the key action points of the strategy; to do this, the Alliance has collaborated with the Regional Office for the Eastern Mediterranean and the Regional Office for the Americas/PAHO on developing research programmes in both regions.

13. Additionally, through its Implementation Research Platform, the Alliance has contributed more than US\$ 10 million to support joint work with WHO. The results of this work, which includes guidance documents and training materials, have helped to establish WHO as a leader in advancing the field of implementation research.

14. The Alliance directs its work in line with WHO's General Programme of Work, collaborating with several departments and programmes in the Secretariat. For example, it undertook research on the scale-up of results-based financing schemes in low- and middle-income countries, prompted by the gap identified by the Department of Health Systems Governance and Financing. The Alliance and the Secretariat convened a technical consultation to develop a framework to understand the scale-up of such schemes through a systems lens that was applied in the research in 11 countries. As health systems strengthening has become central to the current discourse on global health and universal health coverage, health policy and systems research will be essential to the development of multisectoral approaches need for health systems strengthening. For this reason, the Executive Director of the Alliance is engaged as a member of the management team of the Health Systems and Innovation cluster and participates in overall efforts to coordinate and harmonize work within the cluster.

WHO'S INTERACTION WITH THE ALLIANCE

15. **Human resources.** Through special procedures agreed by the Director-General, representatives of the Alliance Board participate in the selection panel for the Executive Director of the Alliance. The delegation of authority to the Executive Director in order to implement administrative matters in WHO's Global Management System comes from the Assistant Director-General, Health Systems and Innovation.

16. The Alliance's currently comprises six staff members on fixed-term and continuing appointments and eight staff members on temporary appointments, with no staff implications at the regional and country levels. These staff members are subject to WHO's Staff Regulations and Staff Rules.

17. Staff members are normally assigned exclusively and solely to support the Alliance and, as such, should their positions be abolished, they are not eligible for reassignment elsewhere within WHO (although a few current staff members have reassignment rights within WHO as they were recruited before the establishment of the current policy). All liabilities incurred for any staffing decision and abolition of positions are borne by the Alliance.

18. **Programme and financial management.** The budget of the Alliance is separate from that of WHO and is approved by its Board. The Alliance does not produce a full financial statement, but submits a brief annual financial report, guided by its annual workplan, to its Board for approval. The

¹ WHO. Options for action: strategy on health policy and systems research. Geneva: World Health Organization; 2012 (http://apps.who.int/iris/bitstream/10665/77941/1/9789241504416_eng.pdf, accessed 16 March 2017).

voluntary contributions by contributors to the Alliance are listed in the notes to the financial statements of WHO.¹ No separate audit is conducted by the External Auditor of WHO, but the Alliance does commission an external review every four years.

19. **Resource mobilization and cost recovery.** The Alliance mobilizes its own resources and receives core financial support mainly from the Norwegian Agency for Development, the Swedish International Development Cooperation Agency, the Department for International Development (United Kingdom of Great Britain and Northern Ireland), and the Government of South Africa, through the South African Medical Research Council. Other donors and supporters include UNICEF, the United Nations Foundation, the Bill & Melinda Gates Foundation, the GAVI Alliance, International Development Research Centre, Canada, and the United States Agency for International Development.

20. The Alliance contributes towards administrative and other support services provided by WHO through the WHO cost-recovery methodology for hosted partnerships, which was revised in 2016. The new methodology provides a more transparent link between WHO's overall budget for central administrative and support services, and the allocated amount to the Alliance. The application of the new model has produced a slight reduction in the amount paid by the Alliance in 2016. In addition to this allocated charge, the Alliance pays for specific charges for services such as mail, use of meeting rooms and telephone, as is the practice for all WHO's programmes.

21. **Communications.** The hosting relationship is recognized in the Alliance's publications by a standardized statement: "The Alliance is housed as an international partnership within the World Health Organization". Its website is regularly updated by its secretariat as needed, a process that does not require the clearance of the Secretariat's Department of Communications. Should the Alliance want to use the WHO logo in its publications, WHO's procedures for clearance and publication are followed, including approval by the relevant Assistant Director-General of the Alliance's communication materials. Communications plans are shared with WHO's Department of Communications. The Alliance currently does not have "champions" or "ambassadors".

22. Communications, including the use of social media, on the Alliance's implementation of the approved workplan (including publications, press releases, meetings, circulation of documents, other information products such as advocacy, web or news materials, and events) are subject to WHO's guidelines and administrative procedures. All external communications, including media and publicity campaigns, press releases and interviews, and the use of communication tools and strategies involve consultation and coordination with WHO's Department of Communications and the Office of the Director-General or Regional Director, as appropriate.

23. **Other organizational policies.** The Alliance derives its legal personality from WHO and is subject to WHO's rules and regulations. Its secretariat systematically refers to WHO's Office of the Legal Counsel relevant contracts and agreements for clearance. These documents may involve collaboration with third parties, contracts for services and donor agreements. In addition, the Alliance regularly consults both the Office of the Legal Counsel and the Department of Partnerships and Non-State Actors for due diligence and risk assessment as well as the Alliance's engagement with non-State actors. The latter is also consulted in relation to the involvement of non-State actors in the Alliance and its governance processes.

¹ See document A69/45 for the most recent data.

24. WHO’s accountability and internal control frameworks apply to hosted partnerships. Therefore, the Alliance communicates its main risks to WHO’s Office of Compliance, Risk Management and Ethics. The main risks it has identified are assessed in accordance with WHO’s risk evaluation criteria and are included in the risk reports. The Alliance is also bound by WHO’s ethical principles, and its policies on declarations of interest and on whistle-blowing and protection against retaliation.

CONCLUSION

25. The review of the Alliance for Health Policy and Systems Research indicates that both the Alliance and WHO have benefited from the hosting arrangement in strengthening capacity for the generation, dissemination and use of health policy and systems research knowledge among researchers, policy-makers and other stakeholders.

26. The Alliance is well-focused, organizationally strong and supports a compelling programme of work that aligns appropriately and well with WHO’s overall goals. The Alliance adds strong value to the work of WHO. The Alliance has contributed significantly both to the creation of good research (relevant, quality assured and timely) and has raised the profile and defined the developing field of health policy and systems research globally: a major and strategic achievement. The Alliance’s work is well regarded and the topics covered in its flagship reports and research initiatives are of strategic importance to the work of the WHO. The review also confirmed that the platform provided by WHO as a hosted partnership gives the Alliance significant convening power among relevant stakeholders. It enables it to access decision-makers at global, regional and national levels through an extensive network of WHO regional and country offices.

ACTION BY THE EXECUTIVE BOARD

27. The Board is invited to note the report.

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