

## **Review of hosted partnerships**

### **Review of the Alliance for Health Policy and Systems Research**

#### **Report by the Director-General**

1. In accordance with Executive Board decision EB132(10) (2013), the Programme, Budget and Administration Committee reviews the arrangements for hosted health partnerships on a case-by-case and timely basis 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 the Alliance's work with the relevant work of WHO; and the Secretariat's interaction with the Alliance.
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's Scientific and Technical Advisory Committee, and is administered by a secretariat hosted by WHO headquarters. The Board is composed of a selection of key stakeholders in the field of health policy and systems research.
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.

#### **CONTRIBUTIONS TO IMPROVED HEALTH OUTCOMES**

5. Stronger and more resilient health systems are a prerequisite for the achievement of health outcomes.<sup>1</sup> The Alliance serves its mission of strengthening the health systems of low- and middle-income countries through its three strategic objectives as aligned in its 2021–2025 strategic plan:<sup>2</sup> (1) stimulating the generation and synthesis of policy-relevant health systems knowledge; (2) promoting the dissemination and use of knowledge to improve the performance of health systems; and (3) facilitating capacity development for the generation, dissemination and use of knowledge to strengthen health systems.

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<sup>1</sup> WHO. *Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action*. 2007.

<sup>2</sup> Forthcoming.

## Alliance's broader contributions

6. Since the establishment of the Alliance, its research grant programmes have supported more than 400 projects in 90 countries and catalysed much innovation, especially in terms of examining issues through a health systems lens. More than 2000 researchers (the majority of whom are women) have been supported to undertake research studies in low- and middle-income countries on a range of topics, including primary health care; intersectoral collaboration for health; health care financing; access to medicines; human resources for health; and implementation research on immunization delivery and maternal and child health. More than 3300 researchers have been trained through Alliance-funded short-term training, nearly half of whom are young researchers in low- and middle-income countries and most of whom are women. Alliance grants have directly supported nearly 600 peer-reviewed publications, while Alliance-supported research has informed more than 80 policies, practices or programmes in low- and middle-income countries.

7. The Alliance has been instrumental in developing the field of health policy and systems research. The Alliance-produced Health Policy and Systems Methods Reader<sup>1</sup> has been included in syllabuses of Masters programmes in schools of public health in many countries. Methodological guides for implementation research<sup>2</sup> and participatory action research<sup>3</sup> that were developed by the Alliance are in widespread use globally. The flagship report on systems thinking<sup>4</sup> remains one of the most respected and impactful documents from the Alliance, while WHO strategy on health policy and systems research<sup>5</sup> continues to chart a way forward in the field. The Alliance has pioneered emerging research approaches such as embedded research, in which policy-makers and practitioners are core stakeholders, empowering them and increasing their ownership and utilization of research findings.

8. The Alliance has also been an advocate for health policy and systems research and has contributed to raising and sustaining the profile of this area of work on the global health agenda. The Learning, Engaging and Advocating for Policy and Systems Research Forum launched by the Alliance, which brings together funders interested in supporting research for stronger health systems, has become an important advocate for the field and for increased alignment among funders. The Alliance has also supported the establishment of Health Systems Global, a membership society that brings together health systems researchers and other stakeholders in sharing evidence on health policy and systems.

9. As part of the recent transformation process at WHO, the Alliance has increasingly aligned its efforts in response to the Thirteenth General Programme of Work, 2019–2023 and the triple billion framework. The key contributions of the Alliance to the triple billion goals in the past four years since the last review by the Executive Board in 2017 are reviewed below.

## One billion more people benefiting from universal health coverage

10. The Alliance continued its historical focus on supporting the generation and use of knowledge on strengthening health systems to achieve universal health coverage, particularly in response to the

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<sup>1</sup> Gilson L. *Health Policy and Systems Research: A Methodology Reader: The Abridged Version*. WHO; 2013.

<sup>2</sup> Peters D, et al. *Implementation research in health: a practical guide*. WHO; 2013.

<sup>3</sup> Loewenson R, et al. *Participatory action research in health systems: a methods reader*. TARSC, AHPSR, WHO, IDRC Canada, Equinet; 2014.

<sup>4</sup> Savigny D, Adam T (editors). *Systems thinking for health systems strengthening*. WHO; 2009.

<sup>5</sup> WHO. *Strategy on health policy and systems research: changing the mindset*. 2012.

demands and priorities of decision-makers and Member States. Notable universal health coverage-focused research grant programmes include programmes on citizen-responsiveness to social insurance schemes (seven grants in seven countries); the role of non-State providers (seven grants in seven countries); strengthening the health workforce (Ethiopia – 10 grants); and strengthening health systems (Nepal – seven grants). In India, the Alliance supported two rounds of demand-driven research projects (five grants to local researchers) based on priorities identified by senior policy-makers and informing the early implementation of India's new national health insurance scheme.

11. The Alliance has increased its focus on primary health care, including a strong collaboration with the newly established Special Programme on Primary Health Care. To help policy-makers strengthen their primary health care systems, the Alliance developed an approach to assess primary health care systems and supported the development of 20 country case studies. In collaboration with the WHO Regional Office for the Western Pacific, the WHO Regional Office for South-East Asia and the Special Programme on Primary Health Care, the Alliance led consultations with policy-makers in the South-East Asia and Western Pacific regions on their priorities for primary health care research in a post-COVID world. These priorities are intended to inform future investments in primary health care research globally and were shared with major global health funders through joint consultation.

12. The Alliance partnered with the United Nations Children's Fund and Gavi, the Vaccine Alliance in supporting more than 60 research projects, led by decision-makers in health systems in 15 countries, to improve the implementation of immunization programmes in low- and middle-income countries. This has produced context-specific evidence to inform decision-making and action with instances of improved implementation in multiple countries and also helped strengthen capacity in implementation research.

13. The methods, tools and approaches developed by the Alliance have been widely used and cited. Nearly 40 000 students have enrolled in an online course developed and supported by the Alliance on systems thinking. Methodological guides for health policy analysis and evidence synthesis to strengthen health systems have been developed by the Alliance and are in widespread use globally. With WHO's Department of Health Governance and Financing, the Alliance has developed guidance for ministries of health on strengthening capacities for governance. To increase the demand for and use of evidence in strengthening health systems, the Alliance has established a partnership network with policy-makers and decision-makers across all WHO regions and supported them by providing fellowships and targeted skills-building and promoting peer-to-peer learning.

### **One billion more people better protected from health emergencies**

14. The Alliance developed several activities and programmes that contributed to the COVID-19 pandemic response. Based on priorities for the COVID-19 pandemic response identified through consultation with country policy-makers, the Alliance supported 14 case studies documenting policy and programmatic interventions and innovations in low- and middle-income countries in Africa, Asia, Europe and Latin America. Alliance-established rapid review platforms in countries responded to several requests of policy-makers in relation to the COVID-19 pandemic response, including on the role of front-line health workers in COVID-19 prevention and control (India); epidemic projections and policy options (Georgia); isolation and mask-wearing (Zimbabwe); and analysing regional health systems responses (Malaysia).

15. Four case studies were conducted on how countries have learned to respond to the COVID-19 pandemic based on their experiences of previous epidemics (Nigeria, India, Republic of Korea, Georgia), as part of the development of the Alliance flagship report on learning health systems. The

Alliance is also collaborating with the newly established WHO Special Programme on Primary Health Care in a research programme to explore how primary health care systems in more than 20 countries have responded to the COVID-19 pandemic.

### **One billion more people enjoying better health and well-being**

16. Health and well-being go beyond ensuring that the six building blocks of a health system are in place and are influenced by a range of broader determinants. The Alliance, the WHO Regional Office for the Eastern Mediterranean and the Institute of Health Equity at University College London collaborated to establish a new Commission on Social Determinants of Health in 2019, which focuses on the region. The Commission, chaired by Sir Michael Marmot, will look at how to achieve health equity in the region. The Alliance also established a Sustainable Development Goals learning platform in the region, which works to identify and share knowledge about the policies, approaches and interventions in the countries of the region that contribute to achieving the health-related Sustainable Development Goals.

17. A participatory research priority-setting exercise was undertaken with policy-makers and researchers to identify their needs, priorities and research questions to implement the health policy and systems research to help achieve the Sustainable Development Goals. The priority questions, including social protection, social accountability and multisectoral collaboration, were used to support a programme of research in low- and middle-income countries. The resulting 14-article collection is focused on policies and programmes outside the health sector – often in collaboration with the health sector – that have health implications through commercial, cultural, economic, environmental, political or social determinants of health.<sup>1</sup>

18. The Alliance, together with the Pan American Health Organization and the Special Programme for Research and Training in Tropical Diseases, jointly awarded 13 grants to decision-makers and researchers in 11 countries to examine how to improve health decision-making for the Sustainable Development Goals in the Americas. The initiative facilitated evidence-informed decision-making processes and the creation of tailored solutions to local challenges.<sup>2</sup>

19. The Alliance has been collaborating with WHO's Rehabilitation Unit to develop a global health policy and systems research agenda for rehabilitation. A regional consultation process has been convened and the framework will be used to guide further action and research on the topic. The Alliance is also expanding its collaborations with the Department of Non-Communicable Diseases, initially through the co-development of seminal publications to advance an agenda for implementation research on noncommunicable diseases.

### **HARMONIZATION OF THE ALLIANCE'S WORK WITH THE RELEVANT WORK OF WHO**

20. As part of the WHO transformation, the Alliance and the other research entities<sup>3</sup> are hosted in the Science Division. This measure strengthens the collaboration and harmonization of work processes between the Alliance and other initiatives/programmes within the Science Division and across WHO.

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<sup>1</sup> See <https://www.biomedcentral.com/collections/HealthinSDGs>, accessed 16 April 2021.

<sup>2</sup> See <https://www.who.int/alliance-hpsr/news/2018/er-sdg-award-announcement/en/>, accessed 16 April 2021.

<sup>3</sup> Special Programme for Research and Training in Tropical Diseases; and Special Programme of Research, Development and Research Training in Human Reproduction.

The Executive Director of the Alliance is a member of the management team of the Science Division and participates in efforts to coordinate and harmonize work within the Division and the overall mission and goals of the WHO.

21. The Alliance develops its workplans in alignment with the Thirteenth General Programme of Work, 2019–2023 and the triple billion targets. The programmes of the Alliance complement WHO efforts in responding to country needs and achieving universal health coverage. WHO and the Alliance collaborate to strengthen research capacities, especially in low- and middle-income countries, at the three levels of the Organization. As a hosted partnership at WHO, the Alliance has significant convening power among relevant stakeholders, which helps it to access decision-makers at global, regional and national levels through WHO regional and country presence. The Alliance also benefits from WHO's accounting and financial controls and human resources practices.

22. The Alliance works to improve health conditions in low- and middle-income countries by supporting the generation and use of policy and systems research to strengthen health systems, identifying and advocating for locally driven research, understanding how health systems can support the health and well-being of migrants and building capacities to drive change. WHO and the Alliance collaborated in addressing governance challenges and capacities in ministries of health and advancing the role of research in strengthening primary health care systems.

23. WHO and the Alliance collaborated in developing the WHO Strategy on Health Policy and Systems research<sup>1</sup> and work jointly on embedding research within decision-making processes by supporting the development of research programmes and advancing programmes of embedded research on primary health care in the WHO South-East Asia and Western Pacific regions. WHO and the Alliance further collaborate on a joint programme to build capacity for research on migration and health.

## **WHO' INTERACTION WITH THE ALLIANCE**

### **Hosting arrangements**

24. In 2016, the Director-General issued generic hosting terms for WHO hosted partnerships, which apply to the Alliance and were developed through a consultative process with all WHO hosted partnerships. They set out the operational framework for WHO's hosting and administration of formal partnerships in the context of WHO's Constitution, together with the Organization's Financial Regulations and Financial Rules, Staff Regulations and Staff Rules, Manual provisions and applicable policies, procedures and practices (including WHO's technical norms, guidelines and procedures), as well as any relevant resolutions of WHO's governing bodies. Specific adaptations to these WHO rules, as applicable to hosted partnerships, are contained in the hosting terms.

### **Human resources**

25. Through special procedures agreed by the Director-General, representatives of the Alliance Board participate in the selection panel for the appointment of 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/Chief Scientist, Science Division.

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<sup>1</sup> WHO. Strategy on health policy and systems research: changing mindsets. 2012.

26. The Alliance currently comprises a total of 15 staff members on temporary, fixed-term and continuing appointments, with no staff implications at the regional and country levels. These staff members are subject to WHO's Staff Regulations and Staff Rules.

27. Staff members are normally assigned exclusively and solely to support the Alliance; therefore, should their positions be abolished they are not eligible for reassignment elsewhere within WHO. However, 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, which has been setting aside funds to meet such liabilities.

### **Programme and financial management**

28. The Alliance's budget is separate from that of WHO and is approved by the Alliance's Board. The activity budget in its workplan and budget for 2020–2021 was US\$ 22 million (workplan and budget 2020–2021).<sup>1</sup> The Alliance produces a full financial statement in line with WHO requirements. The Alliance produces an annual financial statement that is reviewed and certified by the WHO Comptroller in line with WHO requirements. The voluntary contributions by donors to the Alliance are listed in the annex of WHO's annual financial reports and audited financial statements.

29. The Alliance was audited in March 2019 by the external auditors of WHO, who concluded that the Alliance had no lapses in implementation of WHO rules, regulations and had played a key role in generating and disseminating health policy and systems research for strengthened health systems. The Alliance has been successful in mobilizing funds for building the field of health policy and systems research, strengthening capacities of health policy and systems researchers in low- and middle-income countries and providing catalytic funds for policy-relevant research.

30. In addition to the external audit in 2019, the Alliance Board commissioned an independent external evaluation,<sup>2</sup> which is the fourth one that the Alliance has commissioned since its inception in 1999. The evaluation team made a number of important recommendations, which are being implemented and are reflected in the 2021–2025 strategic plan.

31. With respect to procurement, the Alliance is compliant with WHO's Financial Rules and Financial Regulations and its contracts for goods and services are cleared through the Secretariat's regular channels, such as the Office of the Legal Counsel.

### **Resource mobilization and cost recovery**

32. The Alliance mobilizes its own resources. Since 2017, the Alliance has secured more than US\$ 50 million, primarily from three core funders (Norway, Sweden and the United Kingdom of Great Britain and Northern Ireland); meanwhile, designated funds from other sources, especially from the International Development Research Centre, the Bill & Melinda Gates Foundation, the United States Agency for International Development, Gavi, the Doris Duke Charitable Foundation, the Wellcome

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<sup>1</sup> <https://www.ahpsr.org/wp-content/uploads/2021/03/Workplan-and-budget-2020-2021.pdf>, accessed 26 April 2021.

<sup>2</sup> Available at <https://www.ahpsr.org/wp-content/uploads/2021/03/Alliance-External-Evaluation-2020.pdf>, accessed 26 April 2021.

Trust and the Helmsley Trust, are in the process of receiving clearance. Donor contributions conform to relevant WHO rules and regulations.

33. The Alliance contributes towards administrative and other support services provided by WHO through WHO's cost-recovery mechanism for hosted partnerships, which was revised as part of the generic hosting terms in 2016. From 2018 to 2020, the Alliance provided US\$ 1.4 million to the WHO Secretariat.

### **Communication**

34. The hosting relationship is recognized in the Alliance's publications and website through a standardized statement noting that the Alliance is an "international partnership hosted by the World Health Organization". The Alliance website is regularly updated by its Secretariat, a process that does not require WHO's clearance, although the Alliance's website is maintained in coordination with WHO, as appropriate.

35. Should the Alliance wish to use the WHO emblem in its publications, it would follow WHO's procedures for clearance and publication.

### **Other organizational policies**

36. The Alliance derives its legal personality from WHO and is subject to WHO's rules and regulations. Its secretariat systematically sends relevant contracts and agreements to the Office of the Legal Counsel for the usual 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 Office of Compliance, Risk Management and Ethics for due diligence in connection with engagement with non-State actors in the Alliance and its governance processes.

37. WHO's accountability and internal control frameworks apply to hosted partnerships. As a hosted partnership, the Alliance communicates its main risks to the 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 risk reports. The Alliance is also bound by WHO's ethical principles and its policies on declarations of interest and on whistleblowing and protection against retaliation.

### **CONCLUSION**

38. Through its work, the Alliance has been a key partner in the development of the field of health policy and systems research. It has been instrumental in complementing and contributing to the work of WHO in health policy and systems research and the implementation of the WHO strategy on health policy and systems research. WHO and the Alliance have collaborated successfully to strengthen research capacities, especially in low- and middle-income countries at all three levels of the Organization.

39. During 2020, the work of the Alliance supported activities and research, identified through consultation with country policy-makers, that contributed to the global response to the COVID-19 pandemic, while it continued its mission to strengthen health systems through relevant and timely research.

40. The external evaluation of the Alliance undertaken in 2020 concluded that it fills a major gap in health policy and systems research. Its main added values were perceived to be its ability to engage with

policy-makers; its thought leadership in health policy and systems research; and its focus on health systems in low- and middle-income countries.

41. The year 2020 was the final year of the Alliance’s previous five-year strategic plan. The strategic plan 2021–2025 takes into consideration the outcomes of the external evaluation and the results of the Alliance’s consultations with its key stakeholders, including policy-makers, researchers, funders and WHO colleagues. The 2021–2025 strategic plan brings the Alliance into closer alignment with WHO’s triple billion targets.

## **ACTION BY THE EXECUTIVE BOARD**

42. The Board is invited to note the report.

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