

# 2021 ANNUAL REPORT

ALLIANCE FOR HEALTH POLICY AND SYSTEMS RESEARCH



World Health  
Organization



**Alliance**  
for Health Policy  
and Systems Research

**The Alliance for Health Policy and Systems Research** works to improve the health of those in low- and middle-income countries (LMICs) by supporting the generation and use of evidence that strengthens health systems. As an international partnership hosted by the World Health Organization, we work together with organizations around the world.

**2021 annual report of the Alliance for Health Policy and Systems Research**  
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# The Alliance's new five-year strategic plan

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**“The Alliance has historically focused on strengthening the six building blocks of health systems. While the building blocks will remain central to the mandate of the Alliance, it is also time to look beyond them.”**

- BROADENING HORIZONS: STRATEGIC PLAN 2021-2025

This year is the first year of the Alliance's new five-year strategic plan. This plan outlines three core objectives of the Alliance and this annual report is structured around them.

- **We advance knowledge** through supporting the *generation and synthesis* of policy-relevant health systems research;
- **We catalyse change** through the promotion of *dissemination and use* of HPSR;
- **We empower leaders** by facilitating the *development of capacity* for HPSR among researchers, policy-makers and other stakeholders.

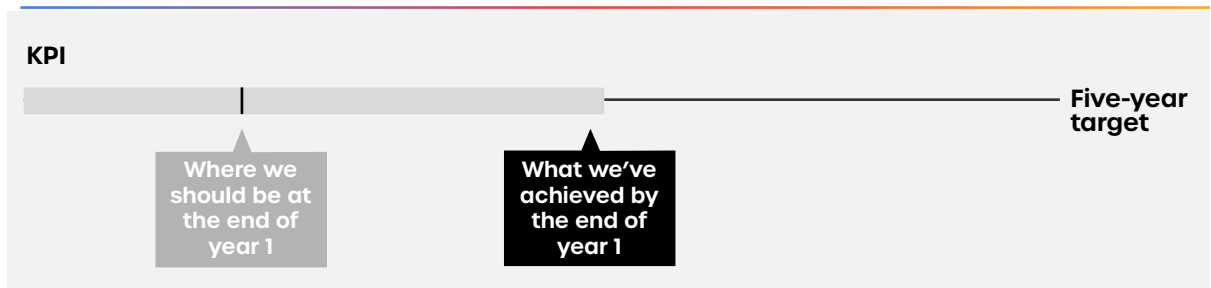
And while these objectives maintain core elements of the Alliance's approach, we recognize the context has changed significantly and we need to evolve, too.

This annual report showcases both how we continue to invest in actionable research for stronger health systems, but also how we are working toward resilient and responsive health systems that are able to respond to emergencies and, more broadly, how to foster healthier populations.

# Tracking progress on the strategic plan

The 2021-2025 strategic plan contains a results framework along with a set of must-achieve actions and key performance indicators (KPIs) for the five years. To monitor progress toward these targets, the Alliance has been developing a tracking system that shows our progress against these indicators in the first year. The charts below also indicate whether or not we are on track to meet the five-year target. In many cases, we are already at or well beyond where we should be in the first year.

## LEGEND



## Strategic Objective 1. We advance knowledge.

The Alliance will stimulate the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods.

### Must accomplish actions

- Supporting generation and synthesis of HPSR evidence for stronger health systems
- Developing methods, frameworks and concepts to build the field of HPSR

#### # of externally peer reviewed research publications



#### # of methods, tools and frameworks developed



#### # of new and existing research grants



## Strategic Objective 2. We catalyse change.

The Alliance will promote the dissemination and use of health policy and systems knowledge to improve the performance of health systems.

### Must accomplish actions

Convening stakeholders to advance HPSR	Increasing the use of evidence	Strengthening the Alliance Partnership
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#### # of collaborations within WHO and with other partners



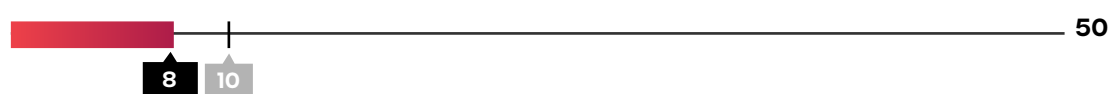
#### # of decision-makers equipped with HPSR tools and knowledge



#### # of times that Alliance supported research programmes have influenced policies



#### # of media stories about Alliance-funded research



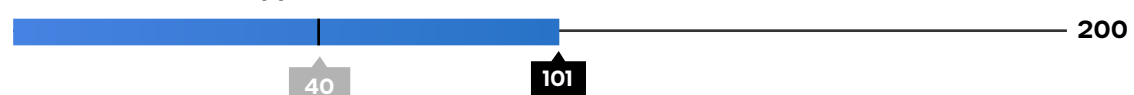
## Strategic Objective 3. We empower leaders.

The Alliance will facilitate the development of capacity for the generation, dissemination and use of HPSR knowledge among researchers, policy-makers & other stakeholders

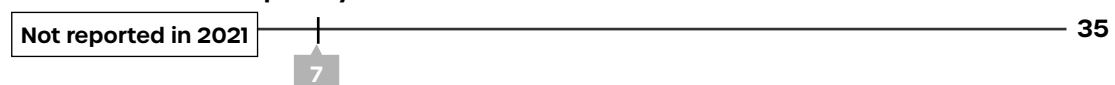
### Must accomplish actions

Strengthening capacities to generate and use HPSR	Supporting partnerships to disseminate and use HPSR
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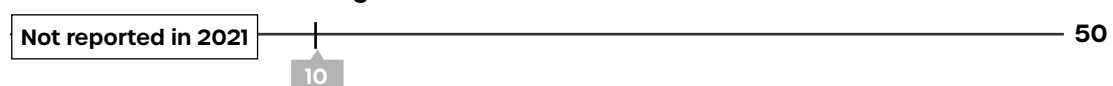
#### # of researchers supported



#### # of institutions based in LMICs using methods, tools and frameworks developed by the Alliance

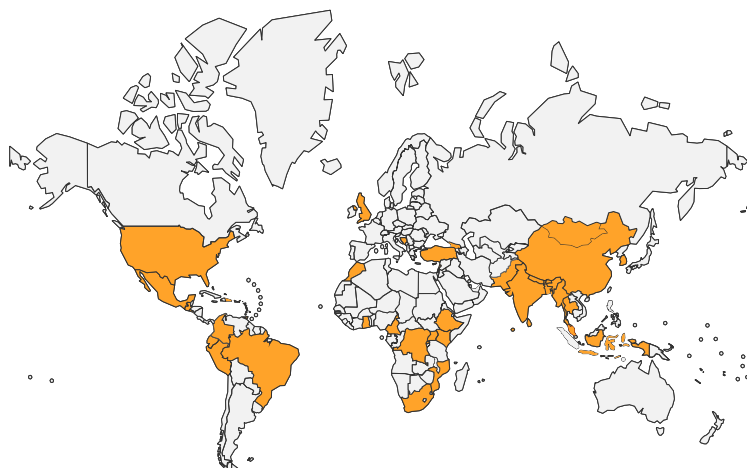


#### # of instances where Alliance support has enabled an institution to increase the generation of HPSR



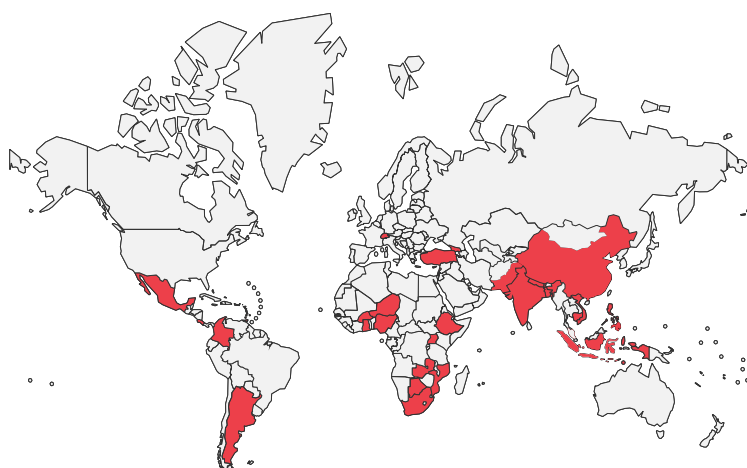
# Where we work

## We advance knowledge



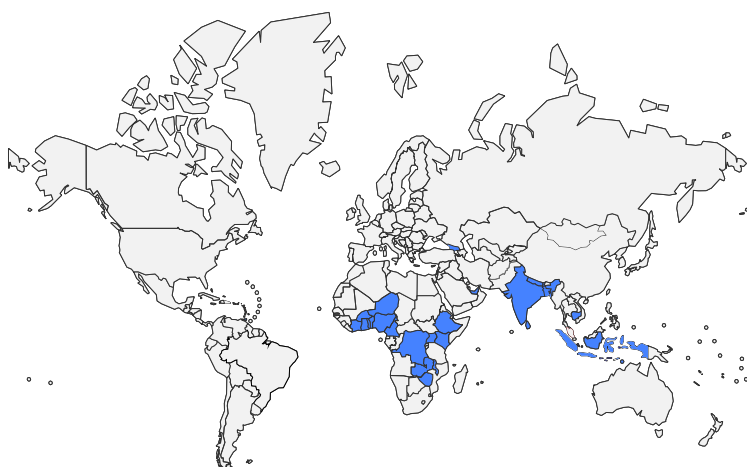
PROJECT TITLE	GRANTS
Analysing research uptake institutions	4
Citizen-responsive insurance	7
Case studies on PHC and COVID-19	25
Health policy analysis for health taxes	8
Political determinants of HPSR funding	6
Research on health & migration in the Americas	12
Setting the research agenda on social determinants of health	2
Transitions from external financing	6
Understanding the commercial determinants of health	6
<b>TOTAL GRANTS</b>	<b>76</b>

## We catalyse change



PROJECT TITLE	GRANTS
Applied systems thinking case studies	2
Country-led implementation research for UHC	8
Demand-driven research on COVID-19	17
Embedded implementation research on immunization in Ethiopia and Nigeria	17
Implementing health protection in two countries	8
Implementation research on compassionate and respectful care in Ethiopia	7
Implementation research to strengthen data systems for immunization coverage and equity	5
Partners' report	16
Research to enhance the adaptation of health systems guidelines	6
System thinking for district managers	3
SYSTAC regional institutions	5
<b>TOTAL GRANTS</b>	<b>94</b>

## We empower leaders

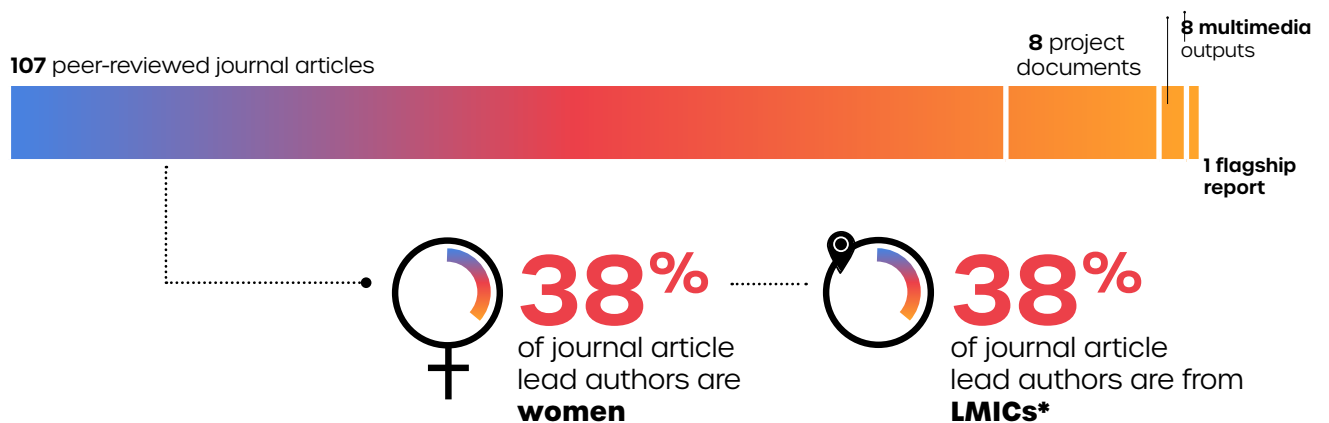


PROJECT TITLE	GRANTS
Building institutional capacity for HPSR and delivery science	6
Health policy analysis fellowship	10
Heightening institutional capacity for governments to use health research	3
Intersectionality and gender equity fellowship	9
Strengthening capacity for HPSR in francophone Africa	10
<b>TOTAL GRANTS</b>	<b>38</b>

# 2021 by the numbers


**25** ongoing projects    **208** grants     **59** in countries around the world

## Publications



\* Includes journal articles supported through open calls for journal supplements and articles where the lead author is Alliance Secretariat staff. More than 90% of commissioned primary research is with researchers from LMICs.

## Communications

 **22%** ↑  
increase in Twitter followers since 2018

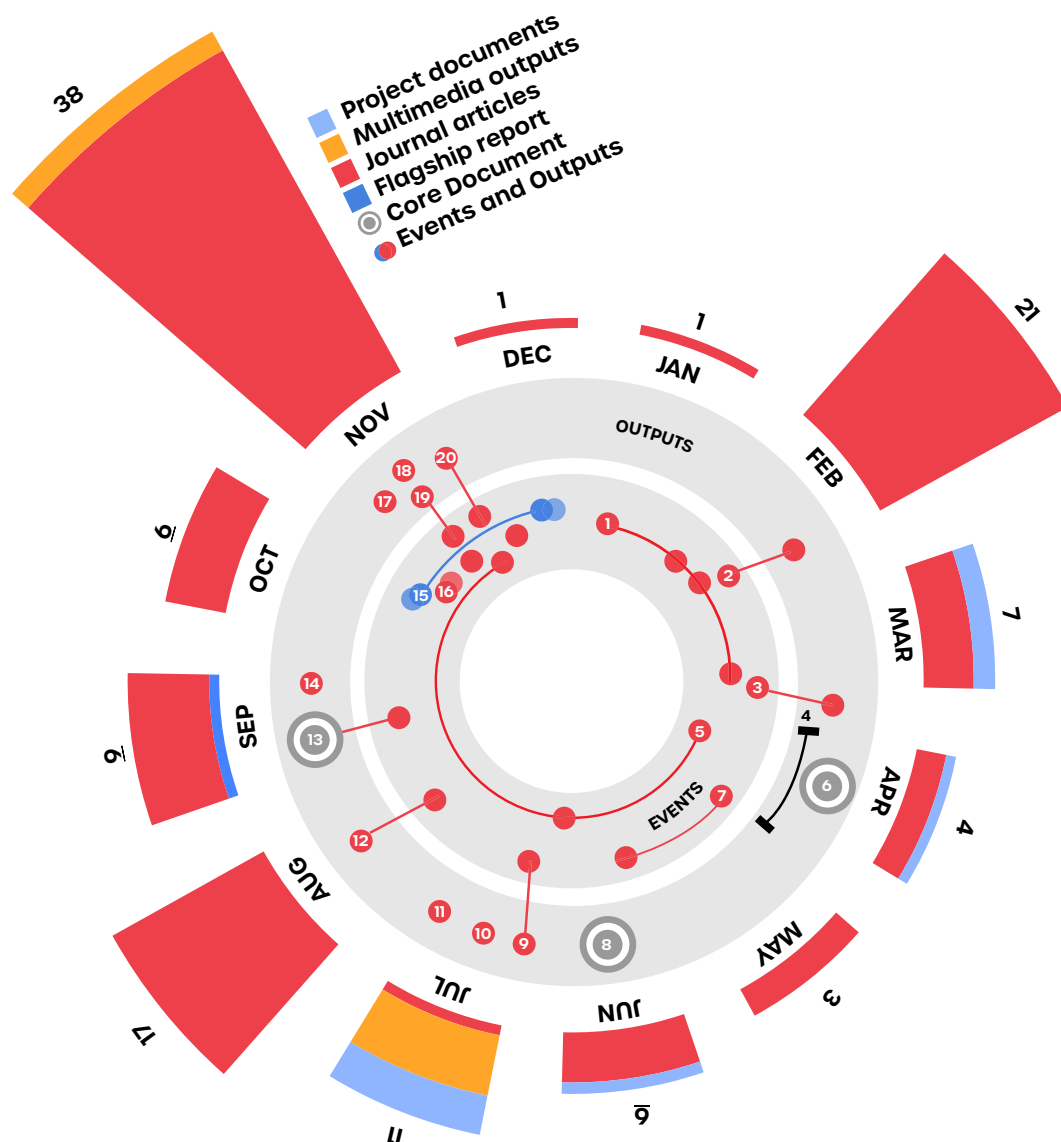
 **105%** ↑  
increase in Facebook followers

 **253%** ↑  
increase in LinkedIn followers

 **274** ↑  
new members of the new community of practice, the Alliance Hive



# 2021 at a glance



## Key activities from 2021

1. [HSR2020 Phases 2 & 3](#)
2. [BMJ special collection on knowledge co-production](#)
3. [Report from the Commission on the Social Determinants of Health in the Eastern Mediterranean Region](#)
4. [New Alliance website goes live and a new online community platform, the Alliance Hive, opens its doors](#)
5. [Wilton Park dialogues on healthier populations](#)
6. [2020 annual report](#)
7. [Co-creation series on strengthening the HPSR ecosystems in Asia](#)
8. [Broadening horizons: the 2021-2025 strategic plan](#)
9. [IJHPM special issue on health policy analysis](#)
10. [Analyzing HPSR institutions](#)
11. [Seeing the full picture: A special podcast series on systems thinking](#)
12. [Special issue of HARPS on decision-maker-led implementation research for immunization \(DELIR\)](#)
13. [Learning health systems flagship report](#)
14. [Special issue of the Pan American Journal of Public Health on embedded research for the SDGs in the Americas](#)
15. [Technical assistance to the Ministry of Health in Kuwait](#)
16. [SYSTAC global meetings](#)
17. [PHRP special issue on funding for HPSR](#)
18. [Rapid research responders story of change](#)
19. [Special collection of JOPPP on the role of drug shops for health systems strengthening](#)
20. [Partners' HPSR report](#)

# Message from the Board Chair

This last year has reminded us, yet again, of the inequities found in and perpetuated by global health systems. 2021 saw emergency authorization for the use of vaccines to help control the COVID-19 pandemic, and yet we have not yet contained the virus. This failure is, in part, because of uneven access to vaccines and other treatments for COVID-19. In a year when the world collectively learned the Greek alphabet as new variants of the virus emerged, it became clear: no one is protected from this disease until we all are.

2021 also reminded us that technical innovation is necessary but not sufficient as we work to improve health and well-being for all. It has been vital to ensure effective distribution networks, trained staff and physical and digital infrastructure to respond to the COVID-19 pandemic. But countries have also had to keep their day-to-day health services going – and find the money to pay for it all. And we have also seen the critical importance of leadership, not just within health systems but also at a global level to steward multisectoral responses to the pandemic.

Of course, COVID-19 has not been the only crisis to confront the world in 2021. Climate change has contributed to extreme weather events, drought and food insecurity. And humanitarian disasters have led to the near collapse of health systems.

The Alliance has risen to these challenges. It has continued to support research that responds to the COVID-19 pandemic and other threats to health and well-being. It has continued to deepen and expand the field of health policy and systems research, and it has been a strong advocate for greater investment in such research at this pivotal moment. It has also built on its partnerships to enhance the dissemination and use of research to strengthen entire health systems.

If 2021 has been a year of uncertainty, 2022 may well be a year of learning to live with uncertainty and a virus that is becoming endemic, hopefully while making the transition to health systems that are based on equity. A stronger focus on equity will help the Alliance and its partners achieve the goals outlined in its most recent five-year strategic plan. Above all, by prioritizing equity in health globally, we can finally turn the page on this pandemic and be better prepared to meet similar crises in the future.

**- DAVID PETERS**



# Message from the Executive Director

While the COVID-19 pandemic continued to have devastating impacts around the world, in 2021 we also saw signs of hope that the end of the acute crisis stage of the pandemic may be near. Despite the uncertainty, the Alliance Secretariat was able to adapt and innovate in the way it approaches its activities.

2021 was the first year of our new five-year strategic plan. Developed through a consultative process, [Broadening horizons](#) sets out an ambitious agenda that moves the Alliance beyond the traditional health systems building blocks. In this strategic plan, we committed to: doing more policy analysis, supporting health systems to better prepare and respond more effectively during emergencies, creating healthier populations and engaging more deeply with all levels of the World Health Organization. Even in the first year of the strategy, this report is a testament to the strong progress the Alliance is making on these fronts.

In fact, 2021 was one of the most productive years for the Alliance in its history. We supported or were involved in the publication of seven journal supplements. A total of 107 journal articles were published. We also launched our [flagship report on learning health systems](#) and the digital only [Partners' HPSR report 2021](#).

The Alliance has always championed equity, especially in the field of health policy and systems research, and our ability to expand participation in our activities has significantly improved. Over the last year, we hosted and participated in an increasing number of webinars. While the digital divide remains, we were pleased to see that more than 70% of registrants for our webinars indicated that they were based in low- or middle-income countries (LMICs).

These may be turbulent times, but the Alliance remains committed to its core objective of strengthening health systems through better, and more policy-relevant research. The Secretariat staff have been working harder than ever to ensure that the Alliance is able to deliver, and I thank the Secretariat, our partners and grantees for their dedication. We have also benefited greatly from the oversight and guidance provided by our Board and Scientific and Technical Advisory Committee during this last year.

**- ABDUL GHAFAR**






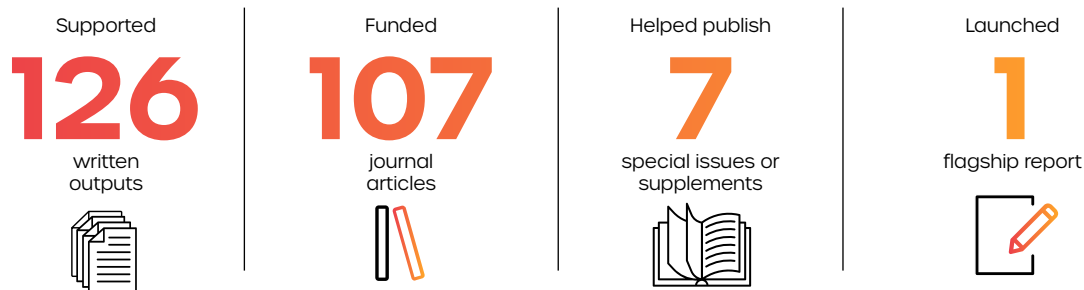
# We advance knowledge

**The Alliance builds the field through investing in new frameworks, methods and tools. It also supports research to generate knowledge on innovative topics that help deepen and expand the field.**

Our flagship report on learning health systems is a key example of our work to advance the field in 2021. We also supported research across a range of portfolios.



# Advancing knowledge in 2021



## LEARNING HEALTH SYSTEMS



**Throughout history, the ability of health systems to learn has made the difference between success and failure.**

- DR SOUMYA SWAMINATHAN  
Chief Scientist, WHO

A [new flagship report from the Alliance](#) advances a comprehensive understanding of what is meant by and how to create learning health systems. It outlines the benefits of learning health systems and the actions needed to build such systems. This is because learning – at individual, team, organization and cross-organization levels – is fundamental to health systems strengthening and the achievement of health goals. Yet especially in LMICs, many health systems still do not have adequate capacity to generate and use the knowledge that they need to be effective.

The report was launched at a webinar that saw a record number of registrants. It was covered in an editorial in the [International Health Policies \(IHP\) newsletter](#). It has been presented at diverse fora since launch and it has been well received. The thirteen case studies included in the report have garnered particular interest, as they present clear examples of the benefits of integrating learning approaches into health systems strengthening.

## GLOBAL FUNDING FOR HEALTH POLICY AND SYSTEMS RESEARCH

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### Less than 2% of global health funding is being spent on health systems strengthening and HPSR

A [special edition of Public Health Research & Practice](#) supported by the Alliance provides the most comprehensive analysis to date of the state of funding for health policy and systems research (HPSR), covering more than 50 countries, regions and territories spanning all six WHO regions.

Its editorial suggests that the COVID-19 pandemic has clearly demonstrated the need for stronger health systems and the context-relevant knowledge that HPSR can provide. It adds that several factors are at play in the underfunding of HPSR. One is the over-medicalisation of health research, in part due to the pharmaceutical industry's emphasis on disease-oriented rather than prevention-oriented health care. Another is the issue of randomized controlled trials as the gold standard in health research. However, it argues that health policy and health system reforms deal with complex and interconnected systems and other methods may be more helpful.

## DETERMINANTS OF HEALTH

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**In recognizing the inequities in health and their social determinants, building back fairer will mean making health and social systems more equitable to achieve our regional vision of health for all by all.**

**DR AHMED AL-MANDHARI**  
EMRO Regional Director, WHO

The Commission on the Social Determinants of Health in the Eastern Mediterranean was established in 2019 by the WHO Regional Director for the Eastern Mediterranean as an independent, expert Commission co-sponsored by the Alliance. The Commission conducted an extensive review of health inequities in the region and produced a report, including a research agenda, which was launched in March of 2021. The report, [Build back fairer: achieving health equity in the Eastern Mediterranean Region](#), provides detailed analysis of the status of health inequities and a list of actionable recommendations.

Throughout 2021, the Alliance was also worked with Wilton Park to co-convene a series of dialogues on healthier populations. The first dialogues, held in April 2021, focused on the urgent actions and lessons from the COVID-19 pandemic. This was followed by four regional workshops exploring how to develop collective visions and narratives around healthy societies. We have also launched two new research programmes focusing on the broader determinants of health – one that will develop detailed policy analysis case studies on the implementation of taxes on harmful products like tobacco and alcohol. Another is examining how health systems are responding to the climate crisis.

## EXPLORING CO-PRODUCTION OF KNOWLEDGE FOR STRONGER HEALTH SYSTEMS

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**This is not about just a passive sharing of knowledge. It's about a testing of ideas, a critique of ideas, and a dialogue about those ideas. There's a focus not just on knowledge sharing, but on the action that results from sharing knowledge.**

- PROFESSOR LUCY GILSON  
University of Cape Town

Co-production of knowledge through research involves collaborations between researchers and end-users of research, including patients and the public, health professionals, health system managers and policy-makers. This approach is being advocated globally and across sectors. But there remains uncertainty on what co-production of research entails, how to do it, when and when not to do it. More evidence on these issues is essential if the co-production of research is to deliver on its promise to produce knowledge and share power and responsibility from the start to the end of research and avoid wasting time, resources, and the good will of end-users.

The Alliance collaborated with the BMJ to release a special collection on [Increasing the impact of health research through co-production of knowledge](#). It provides an overview of the evolution, potential, influence, learning and challenges in co-producing evidence to inform decision-making in health policy and practice, and points to the core principles which should underpin it.

## Key articles from the year

### **Power and the commercial determinants of health: ideas for a research agenda**

By Jennifer Lacy-Nichols and Robert Marten in *BMJ Global Health*

<http://dx.doi.org/10.1136/bmjgh-2020-003850>

### **COVID-19 pandemic: a unique opportunity to 'build back fairer' and reduce health inequities in the Eastern Mediterranean Region**

By Ahmed Al-Mandhari, Michael Marmot, Abdul Ghaffar et al. in the *Eastern Mediterranean Health Journal*

<https://doi.org/10.26719/2021.27.3.217>

### **Public health education post-COVID-19: a proposal for critical revisions**

By Abdul Ghaffar, Sabina Faiz Rashid, Rhoda Wanyenze and Adnan Hyder in *BMJ Global Health*

<http://dx.doi.org/10.1136/bmjgh-2021-005669>

### **Time to reconceptualise health systems**

By Zubin Shroff, Robert Marten, Jeanette Vega, David Peters, Walaiporn Patcharanarumol and Abdul Ghaffar in *The Lancet*

[https://doi.org/10.1016/S0140-6736\(21\)01019-9](https://doi.org/10.1016/S0140-6736(21)01019-9)

### **Applied systems thinking: unlocking theory, evidence and practice for health policy and systems research**

By Aku Kwamie, Solip Ha and Abdul Ghaffar in *Health Policy and Planning*

<https://doi.org/10.1093/heapol/czab062>

### **Why strengthening health systems is vital across the world**

By Kabir Sheikh in the *Medical Research Council blog*

<https://www.ukri.org/blog/why-strengthening-health-systems-is-vital-across-the-world/>



# We catalyse change.

**Our efforts to strengthen health systems involve not just working with researchers but also with decision-makers. Researchers are some of the best placed to share the results of their work, while decision-makers are well positioned to make use of evidence.**

Many of the research projects that we support bridge this divide by default – they are designed so that research is embedded into decision-making processes. Sometimes decision-makers are joint investigators. Working in partnership has been key to fostering evidence-informed policy-making.

# Catalysing change in 2021

## PARTNERS' HPSR REPORT

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**This type of work enables debate at the country level about what HPSR is, what it does, why it's important, and why we need to fund it.**

**PROFESSOR LUCY GILSON**  
University of Cape Town, South Africa

In January 2021, the Alliance embarked on a collaborative and collective process with some of its partners to develop an annual account of national-level HPSR production in low- and middle-income countries (LMICs).

In all, 16 country teams across all six WHO regions and two global HPSR entities were involved in the development of this work. The result – the [Partners' HPSR Report 2021](#) – gives insights into the development and evolution of HPSR in various LMICs and advocates for far greater investments in HPSR, particularly at country-level. The Report reflects the complex and varied nature of HPSR across a diversity of countries, highlighting the different ways that HPSR is organized around the world.

## SYSTEMS THINKING ACCELERATOR (SYSTAC)

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**In the current context of persistent and emerging challenges facing health systems – including climate change, urban health and noncommunicable diseases – there is great need to further the field of transdisciplinary systems thinking.**

As an outgrowth of its project on Systems Thinking for District-level Health Systems (ST-DHS), the Alliance has spent 2021 working with partners to develop the [Systems Thinking Accelerator \(SYSTAC\)](#), a community-of-practice for applied systems thinking that seeks to be a platform for systems thinking science and practice; a community; and an amplifier of applied systems thinking in LMICs.

SYSTAC now hosts more than 100 members in its [Alliance Hive sub-community](#). Regional institutions have also conducted five regional assessments and local activities as well as leading capacity webinars and developed 'how-to' briefs and short videos through its capacity stream. A [limited podcast series hosted by SYSTAC members](#) was released in July. In November, a two-day global meeting was held with 185 participants from all regions. During the meeting, regional institutions presented their findings, multi-disciplinary panels featuring experts from within and outside the health sector shared insights, and breakout sessions enabled participants to share their own perspectives.

## IMPROVING IMMUNIZATION SERVICE DELIVERY THROUGH IMPLEMENTATION RESEARCH

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**“Implementation research will be critical from local, to country, to global levels to support the implementation of [the new Gavi 5.0] strategy.”**

- HOPE JOHNSON

Director of the Monitoring, Evaluation and Learning Department at Gavi, the Vaccine Alliance

The Alliance has been partnering with the United Nations Children’s Fund (UNICEF) with support from Gavi, the Vaccine Alliance to undertake more than 50 embedded implementation research studies focusing on immunization across 16 countries. Many findings from this substantial body of work were published in 2021, with the release of three journal special supplements: one on [Decision Maker Led Implementation Research on Immunization](#), one showcasing [results from Ethiopia](#) and [another from Pakistan](#). Taken together, these studies spotlight challenges and bottlenecks for improving vaccination coverage, and they identify and test strategies to address immunization service delivery constraints.

But immunization is not the only area where the Alliance has been pursuing this approach. In 2021 we also shared [results from embedded implementation studies](#) looking at how to achieve the health-related sustainable development goals, a programme done in partnership with the Pan American Health Organization and the Special Programme for Research and Training in Tropical Diseases.

## SCALING UP PAKISTAN’S HEALTH INSURANCE SCHEME

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**Pakistan is in the process of rolling out a large national health insurance scheme. Research done in conjunction with those rolling out the programme has the potential to impact millions of lives.**

The *Sehat Sahulat* Insurance Program, a social health protection initiative in Pakistan, has enrolled over 37 million poorer Pakistani families and been responsible for reimbursing more than three million hospitalization cases. It is a cornerstone of Pakistan’s move towards universal health coverage (UHC). To help with the roll out of the programme, the Ministry of National Health Services, Regulation and Coordination in Pakistan worked with the Alliance to develop research studies to support programme implementers to help address any challenges during roll out.

Four research teams were brought in to undertake studies responding to themes identified by a range of stakeholders involved in the programme. In addition to detailed reports, study teams have developed policy documents that summarize the main findings of the research and provide actionable recommendations to improve programme design and implementation.



# We empower leaders.

**The Alliance aims to strengthen the capacity of researchers, decision-makers and other HPSR leaders of tomorrow.**

We work to support capacity at both the institutional and individual level to generate, disseminate and use HPSR knowledge.



# Empowering leaders in 2021

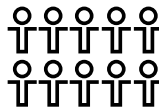
6

LMIC-based mentor institutions or technical support centres are strengthening capacities



10

HPSR fellows from francophone Africa



## BUILDING INSTITUTIONAL CAPACITY FOR HPSR AND DELIVERY SCIENCE (BIRD)



**We are building a cadre of policy-making and research institutions that have the right systems, processes and culture in place to champion and institutionalize the use of evidence in decision-making in health.**

**FADI EL-JARDALI**

Director of the Knowledge to Policy (K2P) Centre  
American University of Beirut

Since 2019, the Knowledge to Policy Center at the American University of Beirut has provided a wide-range of support to help institutions in Cambodia, Georgia, Indonesia, Nigeria, Trinidad and Tobago, and the United Arab Emirates to identify priority health needs, gather and analyze the evidence, and share key findings with policy-makers in a way that will influence policy decisions. The initiative has helped to build a cadre of young research teams that are skilled in the application of HPSR approaches, and it has also bolstered the reputation and influence of the participating institutions.

In 2021, members of the different teams along with policy-makers with whom they had developed relationships through the programme participated in a high-level panel as part of the closing session of the Sixth Global Symposium for Health Systems Research. Each of the six institutions has created a fellowship scheme. They have also prioritized areas for influence and worked on creating policy briefs and hosting policy dialogues, though some in-person activities were delayed by COVID-19.

## HEIGHTENING INSTITUTIONAL CAPACITY FOR GOVERNMENT USE OF HEALTH RESEARCH (HIGH-RES)

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**The mentorship programme has been an instrumental learning opportunity and has especially taught us the value of commitment.**

**SANDRA YVONNE**

Mentee in the systematic reviews and meta-analyses training follow up programme in Kenya

The HIGH-Res project is led by the African Institute for Development Policy (Afidep) in Kenya. It is working with partners and ministries of health in Kenya, Malawi and Uganda to strengthen institutional capacity for the systematic use of evidence for health systems strengthening.

Members of the re-activated technical working groups on research that were established within each of the ministries have undertaken training on rapid evidence synthesis. Several reviews were subsequently undertaken in response to requests from the relevant ministries. In Kenya, the training has been followed up with a six-month mentorship scheme and the Ministry of Health has committed to establishing an evidence synthesis mechanism through its Research Division. In Uganda, 16 ministry staff who had previously received training through the project have since become ambassadors for evidence use in ongoing policy review processes.

## TECHNICAL SUPPORT CENTRES SUPPORTING EMBEDDED IMPLEMENTATION RESEARCH

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**For embedded implementation research to take hold at the national level and play an enduring role in solving health system and delivery problems, local institutions need sustained support to sharpen their capacities.**

As part of the embedded implementation research projects on immunization supported by Gavi, the Vaccine Alliance, two technical support centres have been established to coordinate the research projects and to provide mentorship and guidance, one in Ethiopia and one in Nigeria.

In Nigeria, the Alliance is partnering with the Health Policy Research Group (HPRG) at the University of Nigeria. The group has been able to secure additional resources to strengthen the teams' capacity for data analysis. This has allowed the HPRG to work closely with the teams at baseline and assist them with designing the interventions. This in-depth approach to baseline data analysis has generated interesting findings and resulted in the development of blogs, policy briefs and manuscripts. A strengthened approach to endline data analysis will also be supported through these funds.

## **GENDER AND INTERSECTIONALITY IN HEALTH POLICY AND SYSTEMS RESEARCH**

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**Gender, in intersection with other individual characteristics (e.g., race, religion, class, disability and caste) is an important determinant of inequities in access, choices and opportunities within health systems. HPSR has a crucial role in unpacking why and how these disparities play out in health systems and in informing policy and action to strengthen equitable health systems.**

The Alliance is working with the Ramalingaswami Centre for Excellence in the Social Determinants of Health (RCESDH) at the Public Health Foundation of India and the United Nations University – Institute of Global Health (UNU-IIGH), Malaysia on an initiative to strengthen capacity in HPSR on gender and intersectionality. As part of the project, nine research fellows have been selected and are being mentored by RCESDH to undertake HPSR projects on gender equity and intersectionality, including research conducted in fragile contexts. An online course has been developed and consists of nine modules and uses case-based learning with voice-over presentations, embedded videos, podcasts, and reading resources. It has been piloted for 33 participants in UNU-IIGH, and is being finalized for general access.

## **STRENGTHENING HPSR CAPACITY IN LOW-INCOME COUNTRIES ACROSS FRANCOPHONE AFRICA**

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**The persistence of low HPSR authorship from francophone African LICs suggests that there is scope to strengthen capacities of local academic and research institutions**

The Alliance kicked off a new fellowship programme focusing on low-income countries in Africa that predominantly speak French to strengthen capacities for HPSR. The programme is supported by a mentor institute and targets mid-level faculty, as they are already experienced in conducting their own research, may have established professional networks, but desire further experience in developing curricula, training and supervising students, and managing modest-sized grants.

In May, the Alliance launched a call for the mentor institute to develop and deliver the fellowship programme. *La Laboratoire d'études et recherches sur les dynamiques sociales et le développement local* (LASDEL), in Niger, was chosen and began curriculum adaptation, integrating Alliance materials on systems thinking and implementation research. Ten fellows have been selected from across Benin, Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo, Niger and Togo. After the training, fellows will be invited to apply to a closed Alliance call to develop a two-year programme of HPSR training at their home institutions.



# We have impact.

**The approaches and research the Alliance supports are designed to affect change.**

The projects we support can help build critical networks and relationships, especially between researchers and policy-makers. Studies can also inform governance systems and processes as well as the design and implementation of policies and programmes.



# Impacting change around the world in 2021



## **BOSNIA AND HERZEGOVINA: ENSURING ELDERLY RURAL RESIDENTS IN REPUBLIKA SRPSKA UNDERSTAND THEIR INSURANCE ENTITLEMENTS**

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A significant part of the elderly population in Republic Srpska live in rural settings, where they may live far from other neighbours, not to mention health infrastructure. Coupled with the fact that they often have limited ability to use and to access the Internet, they are often unaware of their government health insurance entitlements. The Alliance supported a research team to understand the gap and to make suggestions for closing it. The researchers confirmed that the information was not being accessed on the Internet and suggested that the family medicine teams who had mobile clinics could do outreach and provide information if they had the right training from the national Protector of Patients Health Insurance Entitlements (the PPHI). Meetings with the PPHI and the Ministry of Health helped the various stakeholders to clarify their roles and develop better information material to ensure the programme was running as it was intended.



## **MEXICO: ENSURING SAFE PERINATAL CARE DURING THE COVID-19 PANDEMIC IN MEXICO CITY**

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At the height of the pandemic, all general hospitals in Mexico City were turned into COVID-19 treatment facilities. Recognizing the need for ongoing care around birth, separate COVID-19-free units for pregnant women who were at low-risk of complications were established around the city, though not in other parts of the country. The Alliance supported a team of researchers and implementers to understand the impact of this arrangement. The researchers found that the strategy was successful in mitigating disruptions to care of women before and after birth. 90% of these patients reported easy access to antenatal consultation, for example. While maternal mortality went down in Mexico City during the outbreak, in other parts of Mexico the opposite was true. Findings of the research were shared with hospital staff, which helped refine implementation of the strategy. After the project, doctors noted closer relationships between tertiary, secondary and primary levels of care. They also appreciated the opportunity to develop and disseminate health promotion materials for COVID-19 for pregnant women.



## **EVALUATING THE HARIM NETWORK OF PRIMARY CARE PROVIDERS IN SYRIA**

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The conflict in Syria has displaced populations and created a difficult environment in which to provide health services. In response, the Harim Network of health care providers was created to support coordination and a common standard of care in north-west Syria around Idlib. After five years of the Network's existence, it was time to take stock of its impact. But how to do so in an area that – even in the absence of the COVID-19 pandemic – is so inaccessible? The Alliance helped to conceptualize an evaluation of the initiative for the WHO Field Presence in Gaziantep. We ensured that the themes it addressed and questions it answered could help inform efforts to strengthen health systems. The evaluation found that the Harim Network represents an appropriate response to the shifting situation in north-west Syria, with increased recognition of the need to build local management capacity to assure services over the longer term. It also showed how health systems research can help to shape day-to-day health policy and activities, even under challenging circumstances.



## **UGANDA: MITIGATING THE IMPACTS OF COVID-19 LOCKDOWNS IN INFORMAL SETTLEMENTS**

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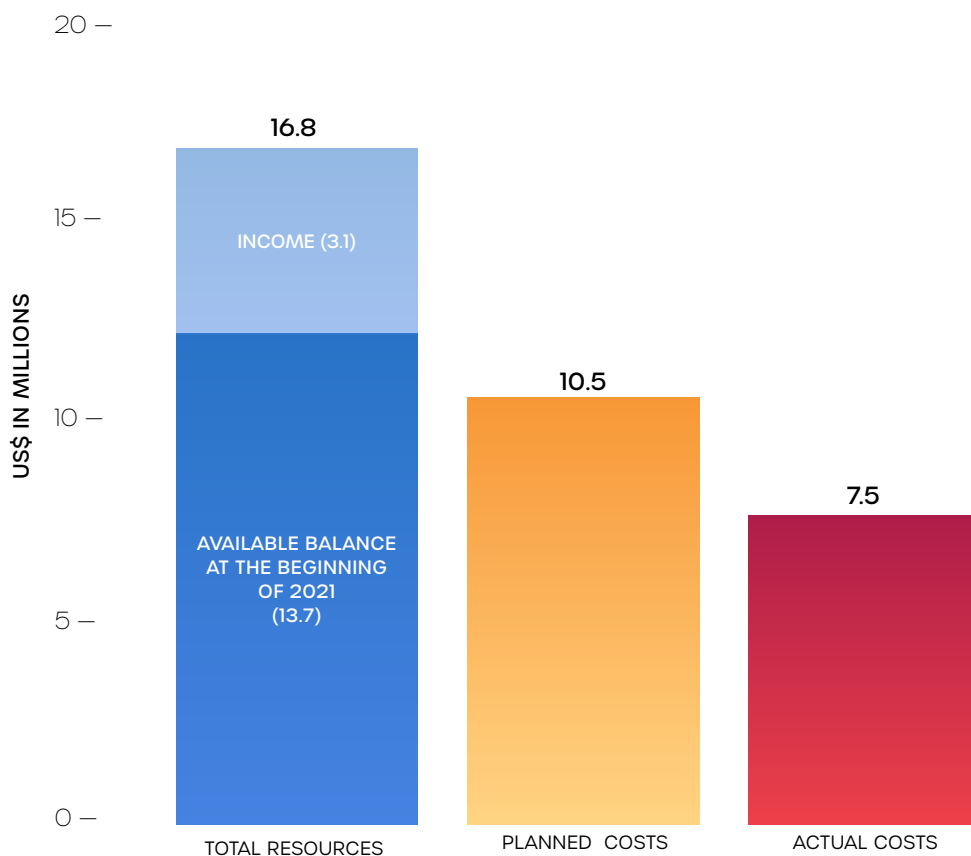
In Uganda, as in many other countries, one public health response to the COVID-19 pandemic was to institute lockdowns. While these strategies helped to reduce the spread of the disease, there was also a need to understand how they impacted vulnerable communities, like those living in informal settlements. The Alliance supported participatory research studies in two slums in Kampala to identify priority issues and to co-create strategies to overcome them. The communities were put at the centre of decision-making right from the start of the process. As a result, they were empowered to find long-lasting solutions that worked for them. In particular, the communities highlighted food insecurity as a problem. A short-term solution was food distribution among these communities, but the participatory approach also identified backyard gardening as an opportunity. A community health worker who had training in agriculture visited households and helped them to set up these backyard gardens, which helped counteract hunger in subsequent lockdowns.

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