THE JOURNEY TO RESILIENCE

A GLC4HSR Learning Series

Peer to Peer Learning: Policy, Strategy and Planning as a Part of Health Governance

23rd July 2026

2:00 – 3:30 PM IST

GLOBAL LEARNING COLLABORATIVE FOR HEALTH SYSTEMS RESILIENCE

THE JOURNEY TO RESILIENCE

A GLC4HSR Learning Series

The second session of The Journey to Resilience, a learning series convened by the Global Learning Collaborative for Health Systems Resilience (GLC4HSR), turned its attention to a fundamental dimension of health governance: how health priorities are identified, policies are shaped, and strategies are translated into action.

Building on the inaugural webinar's focus on assessment, monitoring, and surveillance, the session moved from understanding health system needs to examining what happens next—how governments decide which needs require policy attention, how evidence enters decision-making, how stakeholders contribute to policy dialogue, and how institutional capacities and resources influence implementation.

THE JOURNEY TO RESILIENCE

A GLC4HSR Learning Series

Bringing together perspectives from government, health policy, research, and civil society, the webinar demonstrated that policymaking is rarely a linear progression from evidence to decision to implementation. Priorities emerge through an interaction of disease burden, available evidence, political commitment, economic considerations, institutional capacity, stakeholder perspectives, and implementation realities.

Across experiences from Egypt and India, the discussion highlighted a central proposition: effective health governance depends not simply on making sound policy decisions, but on creating institutional processes that allow evidence, stakeholder perspectives, implementation experience, and political leadership to continuously inform one another.

Setting the Frame: From Health Intelligence to Policy Decisions

Opening the discussion, **Dr. N. Krishna Reddy, CEO of ACCESS Health International**, positioned policy, strategy, and planning as interconnected governance functions that determine how health systems respond to identified population needs.

The inaugural webinar in the series examined how assessment, monitoring, and surveillance help health systems understand their current situation. The second session took the discussion forward by asking what governments do with that understanding. Once a health need has been identified, policymakers must determine whether it warrants intervention, what form that intervention should take, how it should be financed, who should participate in its design and implementation, and how progress should be assessed.

This framing brought attention to the complexity behind seemingly straightforward policy decisions. Health systems face multiple and often competing priorities, from maternal and child health, malnutrition, infectious diseases, and non-communicable diseases to antimicrobial resistance, climate-related risks, ageing populations, and emerging health emergencies. Governments therefore cannot respond to every identified need simultaneously.

Political priorities, public expectations, economic constraints, institutional readiness, feasibility, and stakeholder interests influence policy choices. Good governance therefore requires mechanisms that allow these different considerations to be assessed transparently and systematically.

The discussion also emphasized that policymaking cannot end with the announcement of a policy. Strategy and planning determine whether policy intent can be converted into measurable outcomes. This requires assessing implementation capacity, allocating financial and human resources, defining institutional responsibilities, engaging relevant stakeholders, and creating mechanisms for monitoring and course correction.

Key Takeaways

- *Policy, strategy, and planning connect the identification of health needs with concrete government action.*
- *Priority setting requires governments to make choices among multiple competing population health needs.*
- *Evidence is fundamental to policy decisions, but political, economic, institutional, and social considerations also shape priorities.*
- *Policy decisions must be accompanied by implementation planning, capacity assessment, resource allocation, and mechanisms for continuous learning.*

Setting National Priorities: Lessons from Egypt

Drawing on her experience as **Former Minister of Health and Population of Egypt, Dr. Hala Zaid** explored how governments can translate a major health challenge into a national policy priority, using Egypt's hepatitis C elimination programme as a central example.

Egypt had historically faced one of the world's highest burdens of hepatitis C. Addressing the disease therefore represented an important public health objective, but disease burden alone did not explain the scale of the national response. The decision to prioritize hepatitis C reflected the convergence of several conditions: a clearly identified health need, evidence demonstrating the economic and social consequences of the disease, increasingly affordable and effective treatment, and high-level political commitment.

The experience illustrated how economic evidence can strengthen the case for health investment. The costs associated with hepatitis C extended beyond treatment expenditure to productivity losses, premature mortality, and wider consequences for households and the economy. Framing the disease in terms of both health and economic impact helped elevate its elimination from a programme-level objective to a national development priority.

Political commitment then enabled the health system to mobilize the scale of resources and coordination required for implementation. The programme went beyond treating individuals already diagnosed with hepatitis C. Large-scale screening was required to identify people who were unaware of their status, followed by systems for referral, treatment, and follow-up.

Importantly, the initiative generated benefits extending beyond hepatitis elimination itself. The population-wide screening effort contributed to the development of a large national health database and created opportunities to identify other conditions, particularly non-communicable diseases. The programme therefore became an entry point for strengthening broader population health management and supporting Egypt's movement towards Universal Health Coverage.

The experience demonstrated that well-designed policy interventions can create system-wide value when they are linked to broader health reform objectives rather than implemented as isolated disease programmes.

Dr. Zaid's reflections on the COVID-19 pandemic extended this lesson into the context of health emergencies. Pandemics demand rapid decision-making under conditions of uncertainty, making preparedness, institutional coordination, data availability, and clearly defined responsibilities essential governance capabilities. Emergency response cannot be built only after a crisis begins; institutional mechanisms must be established and strengthened during normal times.

Together, the hepatitis C and COVID-19 experiences illustrated two dimensions of governance: the ability to mobilize sustained political and institutional commitment around a long-term national priority, and the capacity to make coordinated decisions rapidly during a public health emergency.

Key Takeaways

- *Disease burden alone does not determine national priorities; economic evidence, feasibility, political commitment, and available solutions also shape policy choices.*
- *High-level political commitment can mobilize resources and institutional coordination at the scale required for ambitious health programmes.*
- *Disease-specific initiatives can strengthen broader health system capabilities when they are designed to generate information, infrastructure, and institutional capacity.*
- *Pandemic preparedness requires permanent institutional mechanisms for coordination and decision-making rather than systems created only during emergencies.*

Institutionalising Evidence-Informed Policymaking

Moving from a country-specific priority to the broader policymaking process, **Dr. K. Madan Gopal, Senior Health Sector Expert; Former Senior Consultant, Health NITI Aayog; and Advisor, National Health Systems,** examined how evidence is generated, interpreted, and incorporated into health policy.

His reflections highlighted that evidence-informed policymaking depends on an ecosystem of institutions rather than a single source of research. In India, organizations including the Ministry of Health and Family Welfare, NITI Aayog, NHSRC, research institutions, state governments, and technical agencies contribute different forms of knowledge to the policymaking process.

Evidence itself takes multiple forms. National surveys and routine information systems help identify population health trends and inequalities. Research provides deeper insight into specific problems and potential interventions. Programme monitoring reveals whether policies are producing intended results. State and district experiences provide information about implementation barriers that may not be visible in national datasets.

The challenge is therefore not simply producing more evidence, but creating mechanisms through which different forms of evidence can enter policy decisions at the appropriate time.

Examples such as the State Health Index illustrate how comparative measurement can strengthen accountability by allowing health system performance to be examined across states and over time. Similarly, the Aspirational Districts Programme demonstrated how routinely monitored indicators can focus attention on areas requiring improvement while encouraging learning and competition across administrative units.

These approaches show that evidence can serve multiple governance functions. It can identify problems, inform resource allocation, create accountability, stimulate institutional learning, and provide feedback on whether policies require adjustment.

Stakeholder consultation is equally important. India's federal structure means that national policy must accommodate significant variation in health needs, administrative capacity, and implementation contexts across states. Consultation with states and other stakeholders helps ensure that policy design reflects these differences rather than assuming uniform implementation conditions.

The discussion therefore positioned evidence-informed policymaking as a feedback loop. Policy generates implementation experience; implementation produces new information; that information should then return to decision-makers and inform subsequent policy refinement. Institutions capable of sustaining this cycle are central to adaptive governance.

Key Takeaways

- *Evidence-informed policymaking requires an ecosystem connecting government, research institutions, technical agencies, and implementing authorities.*
- *Routine data, research, programme evaluation, and implementation experience provide complementary forms of evidence.*
- *Performance measurement can strengthen both accountability and learning when it is used to identify variation and guide improvement.*
- *Effective governance requires feedback mechanisms through which implementation experience continuously informs policy refinement.*

Policy Dialogue and the Changing Role of Civil Society

While governments hold the formal mandate for policymaking, **Himani Sethi, Global Director, Programs at ACCESS Health International**, highlighted the increasingly important role of non-governmental actors in strengthening the processes through which policies are discussed, designed, and implemented.

The role of civil society in health systems has evolved considerably. Non-governmental organizations have historically played an important role in filling gaps in service delivery, particularly among underserved populations. Increasingly, however, many organizations also contribute technical expertise, implementation research, convening capacity, and policy analysis.

Policy dialogue represents an important part of this evolving role. Governments routinely consult stakeholders, but non-governmental organizations can complement formal consultation mechanisms by creating neutral spaces where policymakers, providers, researchers, communities, development partners, and other stakeholders can examine complex policy issues together.

Such dialogues can help surface perspectives that may otherwise remain disconnected. Policymakers may understand regulatory and administrative constraints, providers may identify practical implementation challenges, researchers may contribute evidence, and communities can articulate how policies are experienced at the point of delivery. Bringing these perspectives together can expose gaps between policy intent and implementation reality.

However, effective policy dialogue requires more than convening meetings. Credibility and trust are built through sustained engagement, technical competence, and an understanding of government priorities and constraints. Non-governmental organizations are most effective when they contribute evidence and implementation experience while recognising that final policy authority remains with government.

Implementation research can further strengthen this contribution. Organizations working closely with health systems are often able to observe how policies operate in real-world settings, identify barriers, test approaches, and bring those lessons back into policy discussions. In this way, implementation itself becomes a source of evidence.

The discussion also highlighted the importance of continuity. Policy influence rarely results from a single consultation or dialogue. It develops through long-term relationships, repeated engagement, and the ability to demonstrate practical value over time.

Civil society's contribution to governance therefore lies not simply in advocating for particular policy positions, but in helping create a stronger interface between evidence, implementation experience, stakeholder perspectives, and government decision-making.

Key Takeaways

- *The role of civil society is expanding from service delivery towards technical assistance, implementation research, and policy engagement.*
- *Non-governmental organizations can strengthen policy dialogue by convening diverse stakeholders and connecting perspectives that may otherwise remain fragmented.*
- *Trust, credibility, and sustained engagement are essential for constructive participation in policymaking.*
- *Implementation experience can generate valuable evidence for improving policy design and delivery.*

Connecting Research to the Policy Cycle

Prof. Bhuputra Panda, Director, Professor, KIIT University; Sr. Advisor, ACCESS Health International, examined the relationship between health systems research and policymaking, emphasizing that research creates public value only when it becomes relevant to decisions.

Research can contribute at multiple stages of the policy cycle. It can help identify emerging problems, define the scale and distribution of health needs, compare possible interventions, inform policy design, monitor implementation, and evaluate whether programmes have achieved their intended outcomes.

India's health policy experience provides multiple examples of this relationship. The evolution of the National Health Mission has been informed by evidence on health service access, maternal and child health, workforce gaps, and health system performance. Research has helped identify where programmes require strengthening and has contributed to subsequent changes in policy and implementation.

Tobacco control provides another illustration of how evidence can influence policy over time. Research documenting the health consequences of tobacco use, patterns of consumption, economic costs, and the effectiveness of regulatory interventions has contributed to progressively stronger public health measures. The example demonstrates that policy change often emerges from an accumulation of evidence rather than a single study.

The COVID-19 pandemic further illustrated the need for rapid connections between evidence and decision-making. Experiences such as Odisha's response demonstrated how research, surveillance, administrative information, and implementation feedback can support decisions during periods of uncertainty. In such contexts, policymakers cannot always wait for perfect evidence; they must interpret evolving information and adjust strategies as new knowledge becomes available.

At the same time, the relationship between research and policy is not automatic. Policymaking responds to multiple considerations, including political priorities, fiscal constraints, public expectations, administrative feasibility, and competing interests. High-quality evidence may therefore not translate immediately into policy change.

This places responsibility on both researchers and policymakers. Researchers need to understand policy questions and communicate findings in ways that are relevant to decision-makers, while governments need institutional mechanisms capable of accessing, assessing, and applying research evidence.

The discussion ultimately reframed the relationship between research and policy as an ongoing partnership rather than a one-directional transfer of knowledge. Research informs policy, implementation generates new questions, and evaluation produces further evidence. Strengthening these connections enables health systems to learn continuously.

Key Takeaways

- *Research can inform every stage of the policy cycle, from agenda setting and policy design to implementation and evaluation.*
- *Policy change often reflects the accumulation of evidence over time rather than the influence of a single study.*
- *During health emergencies, governance requires mechanisms capable of interpreting evolving evidence and adapting decisions rapidly.*
- *Stronger connections between researchers and policymakers are essential to ensure that evidence responds to real policy needs and informs action.*

Overarching Insights

The second webinar of The Journey to Resilience highlighted several principles that help explain how policy, strategy, and planning function as core elements of health governance:

- Priority setting is itself a governance function. Health systems face multiple competing needs, and effective governance requires transparent processes for determining which challenges receive policy attention, political commitment, and resources.
- Evidence becomes influential when it is connected to decision-making institutions. Generating research and data is not sufficient. Governments require institutional mechanisms that can interpret evidence, combine it with implementation experience, and incorporate it into policy choices.
- Political commitment can transform evidence into system-wide action. Egypt's hepatitis C experience demonstrated how a clearly defined health challenge, strong evidence, feasible interventions, and political leadership can combine to mobilize action at national scale.
- Policymaking should operate as a continuous feedback loop. Implementation should generate new evidence about what works, where barriers remain, and how policies need to evolve. Governance becomes more adaptive when these lessons routinely return to decision-makers.
- Stakeholder engagement is most valuable when it goes beyond consultation. Governments, researchers, civil society, providers, communities, and development partners hold different forms of knowledge. Sustained policy dialogue can bring these perspectives together and help bridge the gap between policy intent and implementation reality.

Overarching Insights

- Institutional capacity determines whether policy intent becomes impact. Effective strategies require appropriate human and financial resources, clearly defined responsibilities, implementation capability, and mechanisms for monitoring and accountability.

Taken together, the discussion demonstrated that health policy is not simply the product of a decision taken at a particular moment. It is the outcome of a broader governance process through which health needs are identified, priorities are negotiated, evidence is interpreted, stakeholders are engaged, resources are mobilized, and implementation experience feeds back into future decisions.

This is what distinguishes policy as a document from policy as a governance capability. Resilient health systems require institutions that can sustain this cycle under routine conditions while remaining capable of accelerating and adapting it during crises.

As The Journey to Resilience continues, these lessons provide an important bridge between understanding health system performance and examining how governance mechanisms can convert that understanding into sustained action.