INFLUENCING POLICY
MESSAGE FROM THE CHAIR

As I look back over the past six years, I see major accomplishments and contributions to the field which are worth noting. The Alliance has worked to increase visibility for the field of health policy and systems research, it has promoted systems thinking, demand-driven research and innovative new models of embedded and decision-maker led research. Most important, it has fostered collaboration, recognizing that partnerships are key to increasing outreach and impact.

From a first tentative launch in Switzerland in 2010 and a major effort on the part of the Alliance itself, there have now been three useful and successful global symposia on health systems research – the last, held in Cape Town in 2014, gathering nearly 2000 people from 125 countries. I also take pride in the establishment of a dedicated platform on implementation research which demonstrated the critical value of research to inform the scale up of effective interventions. From this platform have emerged a number of studies that have impacted policies and practice as well as several widely used guidance documents for implementation research. The Alliance’s work in this area continues to evolve with new approaches and models being implemented to optimize the impact of implementation research.

Further contributions concern influential publications. The first WHO Strategy on Health Policy and Systems Research, entitled Changing Mindsets, was led by the Alliance and published in 2012. This was followed by contributions by the Alliance to the 2013 World Health Report on research for universal health coverage. Other important publications have included a new volume in the Alliance Flagship Report series – Medicines in Health Systems: Advancing access, affordability and appropriate use appeared in 2014 – and two methodology readers that have become standard reference materials for teaching and training in this field.

In 2015, the Alliance continued its momentum and the activities and successes highlighted in this report illustrate what can be achieved with even modest resources by a small organization that is innovative, collaborative and forward looking with clear objectives.

I now hand over my charge to Professor David Peters, chair of the Department of International Health at the Bloomberg School of Public Health, Johns Hopkins University, confident that he brings expertise in the field and knowledge of the Alliance that will lead to further successes. My last pleasant duty is to recognize the work of my colleagues on the Board, that of the Scientific and Technical Advisory Committee and of the Secretariat and its Executive Director during 2015. Although less closely involved in the future, I remain a firm supporter of the Alliance for Health Policy and Systems Research.
MESSAGE FROM THE EXECUTIVE DIRECTOR

2015 was a particularly significant year for the Alliance as it marked the end of the 2011–2015 strategic plan and provided the opportunity to look back at what has been accomplished, what lessons have been learned and what opportunities exist for the Alliance. Two studies contributed to this analysis: first, the External Review 2014 and second, a Strategic Analysis of the Alliance for Health Policy and Systems Research: Relationships, roles and future directions, March 2015. A strategic planning retreat, held in Oslo and gathering members of the governing bodies, of the Secretariat and other stakeholders, also informed thinking.

The Strategic Analysis report recognized the strength of the Alliance in three key areas: what it called convening power, knowledge power and influencing power. We will build further on these strengths, focusing attention on the need for more investment and greater collaboration in health policy and systems research. The Alliance is the only agency that attempts the difficult task of combining knowledge generation for health systems and its use in the development of health policy. In the new era of the Sustainable Development Goals, we have many contributions to make towards the achievement of universal health coverage through continued implementation research, for example working in the local context with those responsible for policy decisions, and through collaboration with schools of public health and schools of public policy, for example, to build capacity and promote systems thinking.

What has emerged is a reaffirmation of the need for the Alliance’s work as well as a better understanding of its particular strengths: the ability to convene partners, to engage with decision-makers and to support innovations in methods and approaches in health policy and systems research, focusing on institutional capacity strengthening.

This was a year of transition therefore. At the end of the year John-Arne Røttingen left his post as chair of the Board. We recognize here with gratitude his valuable contributions to the Alliance since 2003, first as Board member and then chair. From the Secretariat, we said goodbye to Maryam Bigdeli who carries on her work in the Department of Health Systems Governance and Financing and welcomed Dena Javadi and, as our first Implementation Research and Delivery Science Fellow, Arielle Mancuso.

Progress in our work so far has been made possible by support, collaboration and partnerships at many levels. We are grateful to our core donors for their continued support, to new partners, to all those who believe in the mission of the Alliance and promote its work. With your help, we will achieve more in 2016.
CONTINUITY AND TRANSITION

Throughout 2015 the Alliance continued to build momentum and community. This year was the end of an administrative period (the second half of a two-year workplan and last year of a strategic plan) and the exercise allowed us to take stock of progress, learn from challenges and adjust plans as necessary.

One of the most important outcomes of this year’s work – and a key aspect of most of these engagements – has been the strengthening of relationships with decision-makers and their direct involvement in the research process. The Alliance has thus gained a better understanding of their needs and how best to engage them. We have learned that it is possible to engage decision-makers as leaders for implementation research studies, that there is a strong demand and willingness for them to collaborate as partners with researchers. This is an area of the Alliance’s strength, where efforts will continue to be focused.

Key to the Alliance’s success in 2015 has been the strengthening of its relationship with others through collaborations that it has led. Such collaborations include work on developing and testing new models for research, addressing issues related to ethical reviews of health policy and systems research as well as reporting standards for implementation research. Such successful collaborations have highlighted the value the Alliance can bring: the Alliance has demonstrated innovation and leadership that is recognized by others in the field. The leveraging of additional resources to maximize impact is clearly important for a small organization like the Alliance but equally is the recognition of its ideas and innovations by larger partners, which adds to its reputation and helps build influence.
SOME HIGHLIGHTS OF 2015

UHC research on the role of non-state providers. Protocol development workshop. Tunis (8 studies)

Policy Information Platform (PIP) launch & planning meeting. Istanbul

Improving Programme Implementation through Embedded Research (iPIER). Protocol development workshop. Cairo (13 studies)

Board and stakeholder strategic planning retreat. Oslo

Announcement of support to the Alliance from South Africa, the first middle-income country to become a donor

Access-to-Medicines Research. Analysis workshop. Brussels (7 studies)

Decision-maker led implementation research (DELIR) on priority immunization challenges. Call for proposals (jointly with UNICEF & GAVI)

Secretariat strategic planning retreat. Geneva

Alliance for Health Policy and Systems Research External Evaluation released

Implementation Research on taking results-based financing from scheme to systems. Analysis workshop. Antwerp (11 studies)

iPIER. Analysis workshop. Santa Fe, Argentina

GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative Research). Advisory group meeting. Oslo
DECEMBER

- Lancet series on Implementation Research & Delivery Science. Meeting of authors, Washington DC
- Meeting of the advisory group for the report on Leadership in Health. London
- Approval of the 2016-2020 Strategic Plan by the Alliance Board

Zurich

- Primary Care Systems Profiles and Performance (PrimaSys). Launch and planning meeting.

Geneva

- Inauguration of Implementation Research and Delivery Science fellowship programme.
- Fund flows for health policy and systems research. Findings presented at Global Forum 2015, Manila
- Development of a methods reader on evidence synthesis. Planning meeting at the 23rd Cochrane Colloquium, Vienna
- Strengthening capacity for implementation research (SCAPIR). Call for proposals
- Launch of DELIR projects and protocol development workshop. Montreux (6 studies)

ANNUAL REPORT 2015
INFLUENCING POLICY
The Alliance’s three stated objectives – to stimulate the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods; to promote the dissemination and use of health policy and systems knowledge to improve the performance of health systems; and to facilitate the development of capacity for the generation, dissemination and use of health policy and systems research knowledge among researchers, policy-makers and other stakeholders – continued to provide the framework for its work.

Leading the field of health policy and systems research requires innovative and inclusive approaches. A true alliance brings together all those with an interest and expertise to contribute to its work, generating and testing new ideas and sharing these with others. Such behaviour highlights successful practices and encourages adoption on a broader scale. By providing examples, the Alliance can hope to influence others, particularly decision-makers, to adopt its thinking. It can leverage additional funding by developing innovative projects that partners are prepared to support and promote. It can achieve impact through asking the right questions, bringing together those who can propose and test solutions, sharing broadly its results and encouraging others to use and take further its approaches and methodologies. The role of addressing key gaps in knowledge is also fundamental: helping identify priorities for the research that is needed to achieve health goals, developing new methods and approaches.

**LEADING THE FIELD IN RESEARCH**

The platform provided by the Alliance is central to its activities and behaviour: it seeks to engage with policy-makers, works with others to identify priorities, addresses knowledge gaps, develops guidance – linking to the Alliance’s position within WHO and the latter’s normative function.

The examples here are given to illustrate the growing influence of the Alliance as a thought leader in health policy and systems research.

**The role of non-state providers in achieving universal health coverage**

Early 2015 saw the launch of a programme of work on the role of non-state providers in achieving universal health coverage. A protocol development workshop was carried out for eight country teams selected through a competitive call for proposals. The workshop, facilitated by experts from the programme’s technical support centre based at the Bloomberg School of Public Health, Johns Hopkins University, provided an opportunity for capacity development and also helped teams to strengthen their research protocols through peer learning.
Implementation research and delivery science (IRDS)
This is another area in which the Alliance continues to push forward the field and where other actors have recognized the utility of the approach and its development. The World Bank and USAID have become actively involved and their outreach and networks have taken the concept much further. Through their support, the role of the Alliance and its expertise has been broadly recognized. One important outcome was the establishment in 2015 of an IRDS fellowship programme, funded by USAID and hosted by the Alliance.

From scheme to system: Scaling up results-based financing approaches in 11 countries
This work, initiated in 2014, addresses an important gap in the existing body of knowledge. While significant efforts and resources have been invested in understanding the impact of results-based financing schemes, there is little knowledge of how these approaches can be sustainably scaled up and integrated into health systems. In 2015, the 11 case studies supported by the Alliance were finalized and the results have already contributed to national planning processes in the United Republic of Tanzania.

The Global Evidence Synthesis Initiative
Stimulating the synthesis and uptake of health policy and systems research is core to the Alliance’s work. Since its inception, the Alliance has led a range of health systems research synthesis initiatives to improve health systems performance. These include the establishment of systematic review centres; the development of synthesis methods and tools; the engagement of policy- and decision-makers through priority setting; and the creation of a global expert advisory group on health systems research synthesis. Despite growing recognition of the role synthesis can play in informing policy-decisions, a number of methodological and evidence-uptake challenges remain, especially in low- and middle-income countries where institutional capacity to synthesize health systems research is lacking. The Alliance is committed to tackling these challenges and building on the momentum of its past work. Through active engagement in global partnerships and collaborations with new and emerging bodies such as the Global Evidence Synthesis Initiative (GESI) and Evidence Synthesis International, the Alliance has a leading role to play in harnessing the expertise of its Advisory Group and networks to strengthen this field.

“The Alliance project has encouraged us to analyse crucial, previously unexplored areas within results-based financing. It has brought to the centre of the policy debate in the United Republic of Tanzania issues such as how policies are formulated, how evidence is framed and used and the roles and interactions of different actors. The research spurred a multi-country workshop on health systems perspectives within results-based financing, held in Dar-es-Salaam in November 2015 and attended by more than 100 participants including policy-makers, practitioners and researchers. Additionally, it has led to an increasing involvement of junior researchers in policy analysis work, greatly enhancing national capacity in this area.”

Masuma Mamdani, Chief Research Scientist, Ifakara Health Institute, United Republic of Tanzania
ACHIEVING IMPACT IN 2015

COUNTRIES IN WHICH THE ALLIANCE SUPPORTED WORK IN 2015

MEXICO
Increasing local demand and use of implementation research
Through the use of a community-of-practice approach among district-level managers, key implementation challenges related to the scale up of maternal health programmes have been identified as priorities for research in the State of Morelos. A formal committee and mechanism for supporting implementation research has been established by the State Secretary of Health.

NIGERIA
Strengthening capacity for health policy and systems research
Ongoing engagement with the Alliance through the Sponsoring National Processes and Policy Information Platform initiatives has resulted in greater recognition of the need to strengthen capacity for health policy and systems research among decision-makers and academic leaders. This has led to the establishment of the first African Institute for Health Policy & Health Systems, in Ebonyi State University Nigeria, as well as to the foundation of the Society of Health Policy & Knowledge Translation Nigeria.

DOCUMENTS AND PUBLICATIONS PRODUCED IN 2015

- Peer-reviewed documents, by Alliance-funded researchers or Alliance Secretariat: 50
- Technical reports by Alliance-funded researchers: 38
- Book or book chapters published by or sponsored by the Alliance: 8
- Other conference papers including proceedings (e.g., reports for ministerial summits/high-level task force on research and learning, conference abstracts, posters): 10
- Presentations by Secretariat or Alliance-funded researchers in national and international fora: 102
- Policy documents supported or funded by the Alliance: 19

INDIVIDUALS IN LOW- AND MIDDLE-INCOME COUNTRIES SUPPORTED BY THE ALLIANCE IN 2015

- Researchers: 98
- Decision-makers sensitized to evidence use: 320
- Researchers and decision-makers involved in short-term training programmes: 472
SOUTH AFRICA
Leadership development for improved decision-making
The project known as Policy BUDDIES (Policy Building Demand for Evidence in Decision-Making through Interaction and Enhancing Skills) has led to an adaptation of the National Guideline on Prevention of Mother-to-Child Transmission in South Africa, based on the WHO guidelines. A second outcome was the adaptation of healthy-eating guidelines put forth as part of the WoW! (Western Cape on Wellness) Initiative.

PAKISTAN
Enhancing the performance of lady health workers
The positive results demonstrated by research on supportive supervision and the use of SMS-based tracking of diarrhoea and pneumonia by lady health workers has led to the scale up of this approach in the Badin district of Pakistan. The involvement of decision-makers and implementers as collaborators in this study has increased their appreciation and demand for research as a means of addressing implementation barriers.

LEBANON
Systematic Review Centre
The reviews supported by the Alliance were presented and discussed at a policy dialogue on “Promoting access to essential health care services for Syrian refugees”. This led to a number of actions taken by the Ministry of Public Health and international agencies including the strengthening of information systems on refugee health and the appointment by the Ministry of a national coordinator to help implement the recommendations.

INDIA
Improving maternal and neonatal health in urban slums
As a result of its active engagement in the design and implementation of research on scaling up the use of urban ASHAs (accredited social health activists) in slum areas, the Delhi Government is adopting key elements and approaches used in the ANCHUL model as part of the National Urban Health Mission – in particular the strategies to recruit, train and retain slum residents with limited literacy as well as the approach developed by the study to map slum communities.

UGANDA
Implementation research to improve referral networks
Implementation research has led to improvements in the timeliness of referrals in district hospitals resulting in improved maternal and neonatal health outcomes. This has been achieved by reducing the number of unnecessary referrals, particularly for caesarean sections that are now being carried out at local health centres.

SOUTH AFRICA
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WHO region

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Region</td>
<td>33%</td>
</tr>
<tr>
<td>Region of the Americas</td>
<td>19%</td>
</tr>
<tr>
<td>South-East Asia Region</td>
<td>20%</td>
</tr>
<tr>
<td>European Region</td>
<td>4%</td>
</tr>
<tr>
<td>Eastern Mediterranean Region</td>
<td>11%</td>
</tr>
<tr>
<td>Western Pacific Region</td>
<td>13%</td>
</tr>
<tr>
<td>Total percentage from low-income countries</td>
<td>58%</td>
</tr>
</tbody>
</table>

ANNUAL REPORT 2015
Ethics guidance

Researchers and research ethics committees worldwide sometimes struggle with how principles for the ethical conduct of health research should be interpreted and applied to policy and systems research, including implementation research. This type of research engages with complex scenarios and situations that arise from real world contexts and the ethical implications are often more nuanced and subtle, but nonetheless important. Currently no guidance exists to support ethics committees and researchers in addressing these complexities and nuances. Ethical review of health policy and systems research is not always clear, and a high degree of variability has been observed in the outcomes of these reviews. At the same time, researchers may not always be aware of the specific ethical considerations and risks that may arise from their projects. The Alliance has commissioned work to review existing guidance and resources in this area, to identify key issues and to understand how well existing guidance is integrated. An expert group of health systems researchers, policy-makers and practitioners, ethicists and patient advocates representing over 10 countries convened in July 2015 to review this work and identified the gaps and scope of issues for which guidance will need to be developed. A draft guidance document will be developed and shared for feedback and comment.

PRIMASYS

In 2015 the Alliance received funding from the Bill and Melinda Gates Foundation to lead a programme of work on Primary Care Systems Profiles & Performance (PRIMASYS) in collaboration with the WHO Department for Service Delivery and Safety. PRIMASYS aims to lend a new perspective to existing knowledge on primary care systems by adding an understanding of the dynamic processes and contextual factors that impact health systems performance. Through the development of case studies, PRIMASYS will support policy-makers, practitioners, development agencies, and other similar entities to think strategically about health systems issues. A first consultation was held in July 2015 and over the next three years, 20 case studies will be undertaken across selected low- and middle-income countries. This work, with its focus on primary care, will provide evidence that will support universal health coverage and the new global goals.

Systems thinking

The Alliance has for some time already championed systems thinking and now this understanding has begun to influence others. It was a given throughout our work on results-based financing (which ended in 2015) where a systems lens was adopted in the research study. An online course on systems thinking is now being developed in order to further promote and increase understanding of the concept. In the same way, the portfolio of work on universal health coverage that was launched in 2015, in collaboration with the Canadian International Development and Research Centre, is also proving influential.
ENGAGEMENT WITH DECISION-MAKERS

An important lesson learned in the past phase of the Alliance’s work is that simply targeting decision-makers with documents and publications is just not enough. We realise the importance of engaging them as equal partners, from the outset, in identifying priorities for the types of work that we support as well as in research that they themselves lead. It is too simplistic to think of decision-makers as ‘others’ and to include them, in a sense, as part of the problem if they are not using evidence in policy-making. We have made progress in thinking about this issue and have really begun to engage with decision-makers as partners (see examples below).

One approach that has been shown to interest decision-makers concerns what we call ‘embedded research’. This was in fact one of the recommendations in the 2012 Strategy on Health Policy and Systems Research and, although the Alliance has advocated this approach in the past and begun certain initiatives before 2015, it was only this year that some of the benefits of such engagement became evident. Decision-makers are not simply interested, their engagement as partners in research increases the ownership of the results generated and improves the likelihood that those results are used to inform changes in programmes and policies.

“The Alliance support in developing the Policy BUDDIES project was crucial to fostering iterative exchanges between researchers and policy-makers, which were necessary for a meaningful engagement built on trust and the value of science.”

Taryn Young, Director, Centre for Evidence-based Health Care, South Africa
The Policy Information Platform (PIP)

The Policy Information Platform is a pilot initiative that aims to synthesize and consolidate policy-relevant health policy and systems research evidence and knowledge via national repositories of evaluations, best practices and grey literature. Through the development of national and state-level repositories, PIP aims to enable greater access to existing knowledge to improve decision-making. The initiative is being piloted in Georgia, Nigeria and Pakistan. In this work, the Alliance is trying to bring together a wide range of information that can be used in decision-making and not only focusing on research evidence. This is another approach that responds directly to the needs of decision-makers, going beyond knowledge produced from research.

MgSO\(_4\): how evidence has been used in Pakistan

Eclampsia and pre-eclampsia are among the leading causes of maternal death in a large number of countries including Pakistan. Despite the proven effectiveness of inexpensive magnesium sulphate in addressing these conditions, it remains underutilized. An Alliance-led research study in Pakistan employed a health systems approach to understand the barriers to accessing magnesium sulphate and an action plan was developed with relevant national stakeholders. The implementation of the plan has led to the inclusion of magnesium sulphate in provincial essential drug lists, development of clinical guidelines for use of the drug for all tiers of health workers, development of policy briefs and of communication materials for the use of magnesium sulphate.

Enhancing the use of evidence synthesis

In 2015, the Alliance worked with the Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre), University College London, to better understand and improve the policy relevance of systematic reviews for health systems research. As a part of this engagement, a report has been produced describing effective approaches to commissioning, supporting and producing policy-relevant reviews. The report (which is available along with others referred to here on the Alliance website www.who.int/alliancehpsr) demonstrates that when policy-makers were involved in identifying topics for review by researchers, this involvement led to use of the synthesized evidence.

“The work generated by the systematic review centre is helping to inform the most important health financing reform in China: the establishment of a consolidated health insurance system by 2020, one of the main goals of the health system reform agenda.”

Qingyue Meng, Dean, Peking University School of Public Health, China
Improving programme implementation through embedded research (iPIER)/PAHO

The iPIER model places implementers, such as policy-makers, district health officers, programme managers and front-line health workers, at the centre of the research process. Implementers identify the problems to be resolved and play a leadership role in the research itself, working with researchers to apply systematic methods of inquiry to understand barriers in health systems that obstruct implementation as well as to identify solutions to these barriers. In this way, implementation research can be used as a tool to improve decision-making processes related to the scale up of effective health interventions. iPIER does not intend to “transform” implementers into researchers, but rather works to ensure that implementation research activities reflect the needs and priorities of decision-makers while strengthening the capacity of the system to respond to implementation challenges. At the end of 2014, seven projects from Argentina, Brazil, Chile, Colombia, Mexico and Peru were funded and in 2015 these were completed. Teams are now working on applying the knowledge generated by the research to their practice and, although it is still too early to describe the full impact, we can see that the process of embedding research has changed the way that these programmes operate. Research is no longer seen as an optional activity performed externally; it is increasingly seen as a process that is of direct relevance to the programmes themselves.

Important to note is that based on the initial response to the call and the positive reactions to the protocol development workshop that brought together decision-makers and researchers, PAHO secured additional funding for five more projects using this model.

“The iPIER programme] … allows for the analysis of barriers and facilitators on the process of decentralization and regionalization of the public health system in the Provincial State of Sante Fe, Argentina, specifically in the area of perinatal care … This will foster a health system that promotes universal health coverage and equity for all citizens of Sante Fe.”

Mario Drisdun, Former Minister of Health, Santa Fe Province, Argentina
LOOKING FORWARD TO 2016 AND BEYOND

The Alliance Secretariat continues its work to achieve impact in increasing the generation and use of health systems knowledge through advocacy for health policy and systems research, influencing others, partnering, sharing best practices, hosting skill-sharing workshops, and commissioning and publishing free guidelines and manuals. What we learned especially in 2015 was the value of two-way engagement, particularly with decision-makers who bear responsibility for their health system, at all levels. The Alliance proposes approaches and pathways to ensure that their experience is valued alongside that of the researchers who can bring new thinking to specific concerns.

World events in 2015 were marked by serious issues touching global health: the continuation of the Ebola virus crisis in West Africa, the crowds of refugees fleeing from war-torn states towards Europe, the climate change agreement in Paris and the commitment of nations to the Sustainable Development Goals. These changes in the global context illustrate the need for knowledge that is generated in real time, for research that is embedded within practice in order to respond rapidly to new challenges and situations, bringing latest developments to bear and working in local contexts. Research to strengthen health systems must function in the real world, bringing the flexibility and innovation that are key to providing solutions. This is how the Alliance works. For example, our approach to embedded research involves decision-makers, practitioners and researchers, working together to solve ‘local’ problems whose solutions can be shared regionally, nationally and globally so that no knowledge is lost.

In 2016, the Alliance will work

- with a new Board chair, Professor David Peters
- under a new strategic plan, using lessons from the past to continue to build momentum and community
- alongside WHO, focusing on health policy and systems research for universal health coverage
- in support of the Fourth Global Symposium on Health Systems Research (Vancouver, 14-18 November 2016)
- to prepare and publish a new landmark report on leadership
- to engage further with decision-makers
- to continue to strengthen the field of health policy and systems research.

We invite you to join us in our efforts to make 2016 an even more successful year!
DONORS AND OTHER KEY PARTNERS

The Alliance gratefully acknowledges the continued core financial support of the Norwegian Agency for Development (Norad), the Swedish International Development Cooperation Agency (Sida) and the UK Department for International Development (DFID).

The Government of South Africa announced its first financial contribution, through the South African Medical Research Council, in May 2015. We are particularly grateful for this expression of confidence on the part of a middle-income country whose interest in and support for research should serve as an example to other like-minded nations.

Other donors and supporters include the Bill & Melinda Gates Foundation, the GAVI Alliance, IDRC Canada, UNICEF and the U.S. Agency for International Development (USAID).
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Arielle Mancuso, Implementation Research and Delivery Science Fellow
The Alliance for Health Policy and Systems Research was established in 1999 and is housed as an international partnership within the World Health Organization. It is governed by a Board made up of stakeholders in health policy and systems research, and assisted by a Scientific and Technical Advisory Committee. The Secretariat, headed by an Executive Director, manages day-to-day implementation of activities.

The Alliance works to:

1. **Provide a unique forum** for the health policy and systems research community
2. **Support institutional capacity** for the conduct and uptake of health policy and systems research
3. **Stimulate the generation of knowledge and innovations** to nurture learning and resilience in health systems
4. **Increase the demand for and use of knowledge** for strengthening health systems.

Its mission is to promote the generation and use of health policy and systems research as a means to strengthen the health systems in low- and middle-income countries.