MESSAGE FROM THE CHAIR

It is with great pleasure that I introduce the 2016 annual report as Chair of the Alliance Board. 2016 has been a year of transitions, marked by a shift from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs). The year also saw the launch of the Alliance’s new strategic plan 2016–2020. It has been a very productive and exciting year with many significant achievements and milestones.

In assuming the role of Chair, I have had the opportunity to see first-hand how the Alliance works and how it has contributed to facilitating progress in the field – especially in bringing together the worlds of policy and research. The launch of the first Societal Awards for Health Systems Research, along with Health Systems Global (HSG), recognizes the contributions researchers and policy-makers bring to the field of health policy and systems research (HPSR) and evidence-informed policy-making – an indication of the growth and maturation of this field.

Another highlight this year was the publication of the Alliance’s fourth flagship report, *Open mindsets: Participatory leadership for health*, along with a special issue in the *Health Systems & Reform* journal on “Effective leadership for health systems.” The report is an example of the Alliance’s thought leadership in putting participatory leadership on the agenda. The report stimulates further research on the potential role of participatory leadership on the path towards more effective and equitable health systems.

The progress made during 2016 would not have been realized without the solid leadership provided by colleagues on the Board and those on the Scientific and Technical Advisory Committee (STAC). Moreover, the significant achievements outlined in this annual report are a result of the leadership and dedication of the Executive Director, Abdul Ghaffar, and the Alliance Secretariat. Despite being a small team, they continue to undertake extensive and innovative work in placing HPSR as a critical part of health systems, particularly so that those who have little can enjoy better health outcomes.
MESSAGE FROM THE EXECUTIVE DIRECTOR

As I reflect on the achievements of 2016, what stands out for me is the enormous trust that has been placed by partners, donors and policy actors in the Alliance to advance and promote the use of embedded policy and systems research as a means of strengthening the performance of health systems in low- and middle-income countries.

Since embedded research emerged as an “option for action” in the WHO Strategy for Health Policy and Systems Research in 2012 and as a recommendation to enhance research for universal health coverage (UHC) in the 2013 World Health Report, the Alliance took up the challenge of defining and operationalizing a concept that was relatively unknown and not widely accepted in the field of HPSR. In so doing, we have had to challenge conventional thinking about how evidence is generated and used within health systems. We have had to challenge the assumptions made about the so-called “know-do” gap in order to put forward ideas of co-production and use. Though this has meant taking risks on innovations that were untested, together with partners, including decision-makers, we are now able to demonstrate the feasibility and potential of embedded research in a variety of settings.

There is now growing recognition among global actors of the value of this approach and of the leadership role played by the Alliance in advancing its use in health systems. We have been privileged to work in 2016 with partners including PAHO, UNICEF, USAID, the World Bank, and Gavi (the Vaccine Alliance) to implement and test new models of embedded research as well as to document and disseminate the learnings generated through collective experiences. Policy actors are also now joining the Alliance and engaging as partners, rather than as recipients or target audiences, for research initiatives.

With a small though dynamic and dedicated Secretariat, the Alliance recognizes that its impact is greatest when we engage with partners. As such, we are thankful for the confidence and trust that has been given to us in 2016, and look forward to continued engagement with partners, policy actors, and donors in the coming year.
HOW THE ALLIANCE HAS WORKED IN 2016

2016 can be summed up in three words: partnership and policy engagement. Under a new strategic plan that emphasises greater engagement with global actors, the work of the Alliance in this past year has focused on building new partnerships and strengthening existing ties with a wide range of global and national actors, with a single aim in mind: to achieve greater and sustainable impact. The transition to the Sustainable Development Goals has made unequivocally clear the importance of and critical need for strengthening health systems in low- and middle-income countries, as well as the value of research – particularly health policy and systems research – in achieving that aim. The enhanced attention to these issues has highlighted the role of the Alliance, with its unique position within the World Health Organization, and established its reputation as an innovator in the field of HPSR in building bridges and facilitating mutual learning and action among different actors and stakeholders.

In 2016 much of the work of the Alliance was done through collaborative engagements with partners both within and outside of the WHO, including policy-makers. With its modus operandi as a convenor, facilitator and catalyst, the Alliance has further advanced the approach of “embedded research” through new calls jointly implemented with UNICEF, Gavi and PAHO that seek to generate evidence on how limited investments and training can stimulate systems level changes within programmes and health systems. Similarly, the implementation research and delivery science (IRDS) initiative co-sponsored by the Alliance, World Bank and USAID, is helping to bring greater clarity and consensus in terminology and methods through the synthesis of real-world experiences and learning by researchers, practitioners and policy-makers. The collective knowledge generated through these engagements was shared through resources and other public goods developed by the Alliance including a training course on systems thinking in public health, case studies on primary health care, as well as the 2016 flagship report, Open mindsets: Participatory leadership for health, which was launched in November.

The unique position and role of the Alliance as a convenor of diverse actors was exemplified by the establishment and engagement of a Policy Leadership Group at the Fourth Global Symposium on Health Systems Research in Vancouver, as well as numerous other meetings that took place throughout the year including a Bellagio Meeting on Essential Public Health Functions, as well as a multistakeholder meeting on the engagement of drug shop and pharmacy workers as a point of care in the health system. The trust that the Alliance has gained through these partnerships enabled it to achieve a major milestone in 2016, which was the inception of the Learning, Engaging and Advocating for Policy and Systems Research (LEAP) Forum. The LEAP Forum will act as a network of networks, to bring together those who seek, support and conduct research to inform health systems decision-making. The Forum will enable greater synergies across groups involved in the generation and promotion of health policy and systems knowledge to improve health systems performance. A central objective of the Forum will be to increase the sustainability of investments and ownership of HPSR by local governments.

“Solving the complex challenges that threaten the health and well-being of the world’s population will require systems thinking and leadership to be exercised at all levels by a range of different actors. It is not the responsibility of one, but of all of us, to assume leadership in health and it is through this collective action, through vigorous debate – through open mindsets – that we will ensure sound choices in health.”

Carissa Etienne, Director, Pan American Health Organization
Inception of the LEAP Forum

In an effort to coordinate and harmonize efforts across global actors working in HPSR, the Alliance convened a meeting of key networks and entities in May 2016 at WHO headquarters, Geneva. During this meeting participants discussed the prevailing challenges and opportunities for the field of HPSR and how, through collective action, a network of global actors could advance progress towards health goals. At the end of this meeting, participants committed to work together to improve coordination, share knowledge and promote demand-driven and embedded research.
ENGAGING POLICY ACTORS

The Alliance continued to deepen its engagement with policy- and decision-makers, appreciating that they are the main funders, beneficiaries and users of the knowledge generated through the work it supports. In this last year, the Alliance worked to implement models such as embedded research, led by decision-makers, and establish new mechanisms – such as the Health Policy Leadership Initiative and the LEAP Forum, through which policy- and decision-makers can be engaged as active partners in financing, supporting and using policy and systems research. This comes with an understanding that demand for and use of evidence is an iterative process and one which requires different types of investments and tools to support the development of individual competencies, organizational capacities, and effective system level engagement and interaction.

Health Policy Leadership Initiative

To capitalize on the WHO’s pre-existing relationship and links with national policy- and decision-makers and to leverage the lived experience of these knowledge users, the Alliance has established a policy-makers’ group to increase the demand for and use of health systems research evidence to strengthen health systems (Health Policy Leadership Initiative). The launch of this group was held at the Fourth Global Symposium on Health Systems Research where 20 of the selected policy-makers attended the symposium, participating in panel discussions and organized sessions, and coming together for daily meetings with the group to devise a way forward, and serving as ambassadors for the use of evidence in policy decision-making.

“We need mechanisms to connect; of course, the Symposium is a great mechanism to connect and network with people. But beyond that what we need is a mechanism for sustained interaction with one another. The Alliance can play an important role in this regard and help ensure that we as policy-makers have access to all the best practices which have been implemented anywhere, any part of the world, which other countries and states can benefit from.”

Bhupinder Aulakh, Secretary, Health and Family Welfare, State Government of Uttarakhand, India
### ALLIANCE SPONSORED RESEARCH IN 2016

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<th>Access to medicines</th>
<th>Universal health coverage (UHC)</th>
<th>Systematic review centres</th>
<th>Primary Health Care System Profiles &amp; Performance (PRIMASYS)</th>
<th>Decision-maker led implementation research (DELR)</th>
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Evidence needs for achieving universal health coverage in the Americas

Moving towards universal access to health and universal health coverage (universal health) is essential to progress towards the Sustainable Development Goals. Countries in the Americas have adopted a range of approaches moving towards universal health in areas as diverse as health financing, service delivery, and medicines and information systems. They have also been steadily progressing on making their health systems more efficient, effective, accessible and inclusive. However, there is much that remains unknown about their impact as this region continues to produce relatively little evidence that can inform policy. To address this, the Alliance and PAHO supported a day-and-a-half-long policy dialogue bringing together researchers and decision-makers from 13 countries in the Region to discuss gaps between the current available evidence and that needed to advance towards universal health coverage.
2016 HIGHLIGHTS

January 2016

- Launch of HPSR training database
- 2016–2020 strategic plan released
- Workshop on the role of drug and pharmacy shop workers in the health system
- Analysis workshop on improving programme implementation through embedded research (IPIER), WHO Eastern Mediterranean Region
- Inception meeting for the LEAP (Learning Engaging and Advocating for Policy and Systems Research) Forum
- Call for systematic review centres announced
- Launch of rapid response services in LMICs
- Workshop on the role of drug and pharmacy shop workers in the health system
- Call for decision-maker led implementation research for immunization (DELIR) programme announced
- Launch of SCapIR (Strengthening Capacity for Implementation Research)
- High-level meeting on improving access to quality care for mothers and children
- Establishment of the Global Evidence Synthesis Initiative (GESI)
- Workshop on Politics of Health Financing Policy ITM, Antwerp
- Analysis workshop on improving programme implementation through embedded research (IPIER), WHO Eastern Mediterranean Region
- Call for systematic review centres announced
- Launch of rapid response services in LMICs
- Workshop on the role of drug and pharmacy shop workers in the health system
DECEMBER

- Launch of the AHPSR/HSG Societal Awards
- Establishment of the Alliance HPSR Policy Network
- National conference on bringing evidence into public health policy (EPHP)
- Launch of implementation research study on the electrification of health facilities
- Meetings with the Sax Institute and Ministry of Health, Australia, discussing embedding of HPSR into policy and practice
- Policy dialogue in Chile to establish priorities for research for universal health coverage
- Launch of Health Policy Leadership Initiative
- Launch of second phase of DELIR and protocol development workshop
- Bellagio meeting on essential public health functions
- Publication of PRIMASYS case studies for Bangladesh, Nigeria, Pakistan, South Africa and United Republic of Tanzania
- Meeting of the African Health Economics Association
- Launch of flagship report, Open mindsets: Participatory leadership for health and special issue on “Effective leadership for health systems” in Health Systems & Reform journal
- PAHO iPIER protocol development workshop
GLOBAL PARTNERSHIPS FOR EVIDENCE SYNTHESIS

Building upon its work in health systems evidence synthesis, in 2016, the Alliance worked with its partners in the GESI Consortium to establish the secretariat for the new Global Evidence Synthesis Initiative (GESI), hosted at the American University of Beirut in Lebanon. The Alliance is one of the founding organizations and an active member of the GESI Consortium, committed to the development and use of research synthesis to enhance public policy, public service delivery and citizens’ involvement. Other founding organizations include the International Initiative for Impact Evaluation (3ie), the Campbell Collaboration, Cochrane and the EPPI Centre. One of the hallmarks of the approaches being developed through this consortium is the early and active engagement of policy-makers in identifying priorities for syntheses to ensure they respond to current needs. The Alliance provided seed funding to support the establishment of the GESI Secretariat and the activities of the GESI Coordinator.

Rapid response services

To ensure the timeliness, responsiveness and relevance of reviews, in 2016, the Alliance developed a programme of work focusing on rapid review as a result of requests by policy-makers. There is a growing interest in rapid syntheses as a means to provide actionable and locally relevant knowledge synthesis to support the development and implementation of health policies. The rapid response service developed by the Alliance’s review centres aims to respond in a timely fashion to policy-makers’ demands for new HPSR reviews. Rapid response services remain a nascent approach in health policy and systems research, and the Alliance is gaining important recognition as an innovator by supporting this scheme in LMICs. In doing so, the Alliance also builds the capacity of LMIC institutions to produce rapid syntheses in response to the needs of policy- and decision-makers.
SUSTAINING EMBEDDED RESEARCH IN LMICS

With its growing understanding of embedded research gained from the iPIER (improving programme implementation through embedded research) and DELIR (decision-maker led implementation research) programmes, both of which were renewed for a second phase with PAHO and UNICEF/Gavi respectively, in 2016 the Alliance sought to expand its work to include research institutions in LMICs that are being supported to implement small grants schemes for embedded research. Additionally, the Alliance and partners are developing a course on implementation research that targets implementers and other non-research audiences with the aim of enabling them to participate in and lead research that is embedded within their health systems. Through these efforts, a critical mass of research institutions, implementers and funding agencies engaged in or supporting embedded research in LMICs is emerging. The engagement of partners and institutions at the national level is key to ensuring local buy-in and ownership as well as impact that is sustained beyond the initial investment by the Alliance.

Strengthening Capacity for Implementation Research (SCapIR)

SCapIR is a comprehensive strategy for strengthening capacity for implementation research in selected low- and middle-income countries. Six training centres have been selected from the existing network of institutions currently engaged with the Alliance and other entities within WHO in capacity development activities. Each of these institutions is implementing a small grants scheme to support implementation research in their respective regions. As part of this process, the training centres are also delivering training workshops for successful applicants to develop implementation research protocols. The Alliance will work closely with the selected training centres throughout this process to help support their institutional capacity to carry out training and courses on implementation research.

“I can say with optimism that this project (SCapIR) will yield important outcomes. The engagement with the Alliance and this network of institutions has already resulted in a great deal of learning for us – particularly in adopting a systems lens in implementation research.”

Emmanuel Asampong, University of Ghana
COUNTRIES IN WHICH THE ALLIANCE SUPPORTED WORK IN 2016

ARGENTINA
Research highlighted heterogeneous implementation of the regionalization strategy of perinatal health services across different subregions of the province of Santa Fe. The embedding of the research within policy processes facilitated the involvement and participation of key stakeholders from the five subregions. This led to the establishment of new process indicators to monitor and support implementation of the policy.

NIGERIA
Continuous engagement between researchers and decision-makers supported by the Alliance HPSR initiative led to the establishment of the Society for Health Policy Research and Knowledge Translation which was approved by the Nigerian Federal Government’s Corporate Affairs Commission.

CHILE
Based on the outcome of implementation research to improve access to contraceptive services among adolescents, a training programme on gender, and sexual and reproductive rights was established for professionals working in municipal health facilities.

DOCUMENTS AND PUBLICATIONS PRODUCED IN 2016

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<td>Technical reports by Alliance-funded researchers</td>
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<td>Book or book chapters published by or sponsored by the Alliance</td>
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<td>Conference papers and proceedings (e.g. reports for ministerial summits/high-level task forces on research, conference abstracts, posters)</td>
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<td>Policy documents supported or funded by the Alliance</td>
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UNITED REPUBLIC OF TANZANIA

Results of implementation research on “taking RBF from scheme to system” were discussed at a regional meeting in September and are currently being used to inform the scale up of the results-based financing scheme supported by the World Bank.

WEST BANK AND GAZA

Following the dissemination of study results on adverse events following immunization (AEFI) surveillance in Gaza, unified guidelines and protocols for AEFI have been developed and an advisory committee comprising the Ministry of Health of the Palestinian Authority, United Nations Relief and Works Agency, nongovernmental organizations and universities was established as a consultancy reference team to monitor and support topics regarding immunization.

PAKISTAN

Findings from research on implementing mixed public and private programmes for tuberculosis (TB) control in Sindh Province were discussed at a stakeholder meeting that led to the implementation of an incentives scheme by the Global Fund to Fight AIDS, TB and Malaria.

INDIA

Building on the work of the Alliance HPSR, the Government of India established a national knowledge platform to identify and support priority policy and systems research as well as facilitate the use of evidence in policy-making.

SOMALILAND

Findings of a study on reducing pre-eclampsia among women were shared at a national advisory group for reproductive health. The Ministry of Health is using these results to develop a health sector strategic plan and related monitoring and evaluation framework to address the gaps highlighted in the study.

INDIVIDUALS IN LOW- AND MIDDLE-INCOME COUNTRIES SUPPORTED BY THE ALLIANCE IN 2016

Researchers 529
Decision-makers sensitized to evidence use 399
Researchers and decision-makers involved in short-term training programmes (including online courses and webinars) 917

WHO region

African Region 262
Region of the Americas 70
South-East Asia Region 92
European Region 10
Eastern Mediterranean Region 75
Western Pacific Region 20

Total percentage from low and lower middle-income countries 70%
CONCLUSION

“IF YOU WANT TO GO FAST, GO ALONE.
IF YOU WANT TO GO FAR, GO WITH OTHERS.”

This African proverb opens the Alliance’s 2016 flagship report on participatory leadership and it summarizes how the Alliance has worked this past year. In 2016 the Alliance, together with its network of collaborators and partners, has helped to move the field further. What was once conceptual, embedded research, has now been put into practice and new learning is being generated on how small investments in resources and capacity development can result in significant changes within health systems. Calls for greater engagement of policy-makers as active members of the HPSR community are now being realized and the outcomes, as demonstrated at the 2016 HSR symposium, are fantastic. Left behind is the rhetoric of “divides” and “know-do” gaps; and being taken forward are ideas and models of co-production and collaboration. Slowly, but surely, and together with partners, collaborators and supporters, the Alliance is changing mindsets.

Marie-Paule Kieny, Assistant Director-General, WHO Health Systems and Innovation Cluster
DONORS AND OTHER KEY PARTNERS

The Alliance gratefully acknowledges the continued core financial support of the Norwegian Agency for Development Cooperation (Norad), the Swedish International Development Cooperation Agency (Sida), the UK Department for International Development (DFID), and the Government of South Africa through the South African Medical Research Council.

Other donors and supporters include the Bill & Melinda Gates Foundation, Gavi (the Vaccine Alliance), IDRC Canada, UNICEF, the UN Foundation and the U.S. Agency for International Development (USAID).
**ALLIANCE GOVERNING BODIES AS OF 31 DECEMBER 2016**

**ALLIANCE BOARD**

**CHAIR** David H Peters, Edgar Berman Professor and Chair, Department of International Health, Bloomberg School of Public Health, Johns Hopkins University, United States of America

Ros-Mari Balow, Senior Research Advisor, FORSK - Research Cooperation Unit, Department for Partnerships and Innovation, Swedish International Development Cooperation Agency (Sida), Sweden

Esther Curnock, Health Adviser, Research and Evidence Division, Department for International Development, United Kingdom

Keshav Desiraju, former Union Health Secretary, Government of India, India

Alex Ezeh, Executive Director, African Population and Health Research Center, Kenya

Maimunah A Hamid, former Deputy Director General of Health, Malaysia

Maire-Paule Kieny, Assistant Director-General, Health Systems and Innovation Cluster, World Health Organization, Switzerland

Kelechi Ohiri, Chief Executive Officer, Health Strategy and Delivery Foundation, Nigeria

Ingvar Theo Olsen, Policy Director, Department for Global Health, Education and Research, Norwegian Agency for Development Cooperation, Norway

Diana Pinto, Health Lead Specialist, Division of Health and Social Protection, Inter-American Development Bank, United States of America

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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.