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.
MESSAGE FROM THE CHAIR

The Alliance was founded 20 years ago. Twenty years have changed the world in many ways, but have not obviated the need for decisions and policies to be informed by the best possible evidence – especially in health, where people’s lives are at stake. It is now recognized that cost-effective and equitable responses to population health needs, including responses to health emergencies, depend on strong health systems, where decision-making is informed by the best available evidence.

Twenty years of Alliance work has resulted in more visibility for the field of health policy and systems research (HPSR), more scientific publications, more funders, more funding, and more symposia (the fifth Global Health Systems Symposium will be held in Liverpool in 2018). The first-ever World Report on Health Policy and Systems Research: 20 Years on was launched in 2017, and could not be more timely and relevant. A seminal publication, the World Report traces the evolution of HPSR from 1996-2016. Much of the progress in the field would not have occurred without the leadership shown by the Alliance.

In the Sustainable Development Goal (SDG) era, where tackling inequity, a central organizing principle linking multiple sectors, increasing international and domestic funding for health system strengthening and HPSR is essential. Effective mechanisms are needed to improve networking among low- and middle-income country (LMIC) researchers, and to connect researchers and policy-makers to generate knowledge that responds to policy-maker and civil society demand, and is used in decision-making. The Alliance is well-positioned to rise to the challenges presented by the SDGs, being a thought leader in applying systems thinking to support integrated approaches to development in local and global contexts. Through its work, the Alliance demonstrates that good health depends on addressing related social and environmental factors, and continues to share these learnings with diverse communities of stakeholders around the world.

Continued leadership and life-long learning would not have occurred without the consistent support provided by the Board, those on the Scientific and Technical Advisory Committee (STAC), the small but committed Alliance Secretariat, and the Executive Director, Abdul Ghaffar. Their innovative efforts to apply systems thinking to co-produce and use knowledge across sectors to improve health contribute importantly to LMIC health systems’ efforts to achieve Universal Health Coverage and health equity for all.
MESSAGE FROM THE EXECUTIVE DIRECTOR

Throughout 2017 the Alliance continued to put forward ideas, with appropriate partners, about the importance of making use of what we know. Remaining true to the principles of equity, collaboration, systems thinking, and leadership, the small but dedicated Alliance Secretariat has worked diligently to set directions and to facilitate learning across boundaries to achieve Universal Health Coverage and the SDGs.

We have co-produced manuals, guides, peer-reviewed journal articles, and journal supplements as we continue to challenge assumptions about how to turn research into practice at the health policy level. It is through change that national policy-makers and funders can see how their investments have contributed to the creation and use of policy-relevant knowledge to improve the performance of health systems. Measuring the impacts of generating and using evidence to inform health policy decision-making is a lengthy, slow, and difficult process. Notwithstanding, this year’s Annual Report presents more than twice the number of country stories than in 2016 demonstrating how Alliance-supported work contributed to change and influenced policy. The increase reflects to some extent information capture that often best emerges at the end of grant cycles/biennia, but also reflects the use-value of demand-driven research.

Funders demonstrated their ongoing trust in the Alliance’s innovative and important work not only by asking the Alliance to continue its activities, but by making new grant commitments and increasing support for the future. We are grateful for the confidence shown. For me, this recognition of the Alliance’s work comes with a great sense of responsibility to ensure that health policy and systems research be demand-driven, context-centric, and impactful by bettering people’s lives through improved health.

We look forward to continuing our perseverance in leading and learning how HPSR can best reflect the expectations of decision-makers. Similarly, we will continue to advocate for investment in this field, while considering diversity and inclusivity as essential among all stakeholders and citizens of all countries and regions.
2017: A MILESTONE YEAR

2017 marked the 20th anniversary since the Alliance’s inception. The milestone was commemorated in Stockholm, Sweden at a gathering of donors, researchers, policy-makers, and other partners. The event was hosted by the Swedish International Development Cooperation Agency (Sida) and the Norwegian Agency for Development Cooperation (Norad), with co-sponsorship by the World Bank and WHO.

Among the highlights of the event was the launch of the first World Report on Health Policy and Systems Research, which provides a definitive overview of the state of the field of HPSR and its future directions. In particular, the report demonstrates the evolution of funding for HPSR, while highlighting that it is still a neglected field in spite of its established value for strengthening health systems and improving health.

Participants in the event, including policy-makers from low- and middle-income countries (LMICs), research leaders, and funding agencies, recognised and appreciated the contributions of the Alliance as a leader and catalyst in the field of HPSR.
The event also featured an announcement of the Alliance-convened Learning, Engaging and Advocating for Policy and Systems Research (LEAP) Forum. LEAP is a consortium of networks that aims to increase the sustainability of investments and ownership of HPSR by governments and other stakeholders. Forum participants identified the need for more HPSR, more policy-relevant research, and more research that is co-produced. LEAP affirms the Alliance’s role as a convener of diverse global actors and leaders advancing learning and research for stronger health systems and better policies.

The winning essay of an Alliance-issued competition was also featured at the 20th anniversary event. The competition theme “The future of health policy and systems research” generated 84 essays from a range of young researchers in LMICs. The winning submission, “Expanding the boundaries of HPSR: A southern perspective,” was presented by the lead author Amanda Edwards.

2017 was a year in which funders reaffirmed their trust in the Alliance, and requested that it continue its innovative and important work. The Department for International Development (DFID), United Kingdom of Great Britain and Northern Ireland extended its grants to the Alliance for a further five years and Sida increased its contribution of support to the Alliance.
LEADING AND LEARNING ABOUT DEMAND-DRIVEN RESEARCH

EMBEDDED RESEARCH

The Alliance has played a pioneering role in advancing embedded research as an approach to integrate evidence into decision-making processes for health. Embedding research also enables a range of health-related research disciplines to come together in providing evidence to strengthen health systems, and consequently improve health. The Alliance’s collaborations in 2017 provided support for over sixty research projects in LMICs. Lessons from the embedded research experience in the Americas were showcased in a special issue of the Pan American Journal of Public Health. A meeting on “Embedded Research for Health Systems Strengthening” in Ghana brought together researchers, policy- and decision-makers, and funders engaging in, advocating for, or supporting the embedded approach, from Africa and beyond.

RAPID REVIEWS

The Alliance has broken ground in generating demand-driven knowledge that can rapidly inform policies and practices. Rapid review approaches are nascent in HPSR and the Alliance is assisting their evolution by supporting rapid reviews of health policy and systems knowledge in LMICs, including their application in emergency situations. In 2017, the Alliance continued its programme of work on rapid reviews to address decision-makers’ needs and demands for timely, responsive, and relevant research to inform policy and systems decisions. The publication Rapid Reviews to Strengthen Health Policy and Systems: A Practical Guide provides guidance on developing and using demand-driven rapid reviews. Rapid review centers in Ethiopia, Lebanon, and South Africa received financial and technical support to address timely requests by decision-makers for context-sensitive evidence to support health policy and systems decisions.

GLOBAL EVIDENCE SYNTHESIS INITIATIVE

The Alliance provided financial support to the Global Evidence Synthesis Initiative (GESI), a network of organizations committed to the development and use of research synthesis to enhance public policy, public service delivery, and citizens’ involvement, with a strong focus on LMICs. In 2017, the GESI network coordinated capacity strengthening activities for 37 members in 24 LMICs. It organised sessions in global conferences, as well as webinars on evidence synthesis and the use of review findings to support policy and practice.
DECISION-MAKER LED IMPLEMENTATION RESEARCH

The Alliance partnered with UNICEF and Gavi, the Vaccine Alliance, in the Decision-Maker Led Implementation Research initiative to support 14 embedded research projects led by decision-makers with researcher counterparts to improve the implementation of immunization programmes in LMICs. This work produced context-specific evidence to inform decision-making and action, and also helped strengthened capacity in implementation research. The Alliance also supported ten country-led implementation research projects to improve vaccine coverage in Pakistan, where the Alliance provided technical assistance, working with Gavi and UNICEF country office and team.

MEASURING THE IMPACT OF SOLAR ELECTRIFICATION ON HEALTH SERVICES

Responding to decision-makers’ need for solutions to provide electricity to remote health facilities in Uganda and Ghana, in 2017 the Alliance launched an implementation research initiative on sustainable energy solutions for health services. The health and energy sectors in the two countries came together on the agenda of providing remote health facilities with solar electricity and measuring the impact on services for maternal and child health. The initiative aims to deepen the evidence base on the implementation of similar sustainable energy solutions, particularly at the primary care level.

STRENGTHENING CAPACITY FOR HPSR

The Alliance supported capacity strengthening for researchers and implementers through primary research grants for demand-driven embedded research in LMICs. To build sustainability, teaching materials aimed at institutional capacity strengthening were developed, including guides and readers. The publication A Health Policy and Systems Research Reader on Human Resources for Health provides guidance to policy-makers and researchers for addressing human resources for health needs to achieve universal health coverage in the SDG-era. Recognizing the lack of a critical mass of capacity in the area of health policy analysis (HPA) in LMICs, the Alliance initiated a PhD mentorship programme to provide hands-on training in applying HPA methods to inform policy design and implementation. In 2017, the Alliance launched the development of country case studies in nine LMICs of systems and structures which support the use of research evidence in decision-making. These examine contextual differences among countries with increasingly sustainable and robust institutions for both the demand and use of evidence, as well as similarities in approaches and strategies.

The Alliance has also strengthened the institutional capacity of a network of regional academic and research institutions that are managing calls for embedded implementation research.
QUALITATIVE EVIDENCE TO IMPROVE HEALTH DECISION-MAKING

Qualitative evidence is fundamental to understand the factors influencing the implementation of health policies and interventions. Responding to the need for guidance in the field, the Alliance supported the production of seven papers about applying a new methodology for qualitative evidence syntheses. This new approach is called the GRADE-CERQual approach (Confidence in the Evidence from Reviews of QUALitative research), published in Implementation Science.

RESULTS-BASED FINANCING

Collaborating with the Norwegian Agency for Development Cooperation (Norad) and the WHO Department of Health Governance and Financing, the Alliance took results-based financing from scheme to system with learnings from eleven countries. The work was published in a special issue of Health Systems and Reform entitled “Taking results-based financing from scheme to system.”

ACCESS TO MEDICATIONS

Alliance work on access to medicines (ATM) responds to an increasing recognition that health systems strengthening interventions were often designed within single building blocks of the system and that interconnections between systems components were frequently ignored. Applying a wider systems approach to improving ATM seeks to ensure that policies are more effective at the system level and generate longer term equitable and sustainable results. The findings of Alliance-supported ATM projects in seven LMICs are being brought together in a collection of articles “Beyond pills and prescriptions: Applying a systems lens to Access to Medicines,” published online in BMJ Global Health.

PRIMARY HEALTH CARE SYSTEMS

The Alliance developed case studies of primary health care (PHC) systems in 20 LMICs to support PHC improvements and contribute to universal health coverage. The knowledge generated will help develop and implement policies and programmes, inform national health plans and health systems reforms, and will serve as a potential guide for global health stakeholders, including development agencies interested in strengthening PHC systems in LMICs.
A participatory research priority-setting exercise was undertaken with policymakers and researchers to identify their needs, priorities, and research questions for applying HPSR to help achieve the SDGs. The priority questions, encompassing social protection, social accountability, and multisectoral collaboration, will be used to support the development of more participatory and accountable institutions for health in the SDG-era. The top ranked priority question for social protection for health addresses how social protection programmes can be designed, implemented, and evaluated to ensure sustainability and scalability in low- and middle-income countries, including conflict affected settings. The results of this work set the scene for demand-driven applications of HPSR to SDG themes.
## ALLIANCE SPONSORED RESEARCH IN 2017

### COUNTRIES IN WHICH THE ALLIANCE SUPPORTED WORK IN 2017

<table>
<thead>
<tr>
<th>Universal health coverage (UHC) – role of non-state providers</th>
<th>Rapid Review Centers</th>
<th>Primary Health Care Systems</th>
<th>Decision-maker led implementation research</th>
<th>Improving programme implementation through embedded research</th>
<th>Strengthening capacity for implementation research and research uptake</th>
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*Indicates one project.*
**2017 HIGHLIGHTS**

**JANUARY 2017**

- Meeting on Health Policy and Systems Research: commemorating 20 years
- Launch of journal supplement on results-based financing in Health Systems and Reform
- Invited speakers at Swedish Institute for Global Health Transformation (SIGHT) at Royal Swedish Academy of Sciences, Stockholm, Sweden
- Protocol development and training workshop for implementation research in solar electrification of health facilities, Kampala, Uganda
- Protocol development and training workshop for implementation research in solar electrification of health facilities, Accra, Ghana
- Workshop for decision-makers and researchers on identifying barriers and priorities for implementation research for immunization programmes, Islamabad, Pakistan
- Launch of World Report on Health Policy and Systems Research
- Launch of journal supplement on results-based financing in Health Systems and Reform
- Editorial in WHO Bulletin: Strengthening health systems through embedded research
- 1st Annual African Health Initiative (AHI) Phase 2 Grantee Meeting, Maputo, Mozambique
<table>
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<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>DEC 2017</td>
<td>Launch of &quot;Rapid Reviews to Strengthen Health Policy and Systems: A Practical Guide&quot; at Global Evidence Summit, Cape Town, South Africa</td>
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<td>Inauguration of the African Institute for Health Policy &amp; Health Systems, Ebonyi State, Nigeria</td>
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<td>Priority-setting exercise for SDGs completed</td>
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<td>Launch of &quot;A Health Policy and Systems Research Reader on Human Resources for Health&quot; at Fourth Global Forum on Human Resources for Health, Dublin, Ireland</td>
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<td>First webinar by policy-makers group on Participatory Leadership</td>
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<td>Side events at the Universal Health Coverage Forum 2017: &quot;Domestic Financing for HPSR: Key to UHC&quot; and &quot;Embedding Health Systems Research within Health Systems to Achieve UHC,&quot; Tokyo, Japan</td>
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<td>First workshop of Health Policy Analysis PhD Mentorship Programme, Cape Town, South Africa</td>
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<td>Launch of &quot;Rapid Reviews to Strengthen Health Policy and Systems: A Practical Guide,&quot; WHO Geneva, Switzerland</td>
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</table>
CONTRIBUTING TO CHANGE AND INFLUENCING POLICY IN 2017

COUNTRIES IN WHICH THE ALLIANCE SUPPORTED WORK IN 2017

PERU
Leveraging funding to scale up integrated care
Embedded implementation research findings shed light on the fragmentation of health services for TB and HIV co-infected patients. The results informed the development of an integrated care model now being scaled-up nationally with a US$10 million grant from the Global Fund to Fight AIDS, TB, and Malaria.

TRINIDAD AND TOBAGO
Capacity strengthening in policy and planning
The policy checklist developed by the Health Systems Research Policy Group was incorporated in policy analysis training and supported evidence-informed decision-making.

GHANA
Bridging sectors to improve quality of maternal and child health
The Alliance, WHO Public Health, Environmental and Social Determinants of Health Department, and the UN Foundation applied implementation research methods to understand how health and energy sectors can join to provide life-saving energy needs to remote health facilities.

NIGERIA
Integrating evidence-informed policy-making
The Health Systems Research Policy Group developed a policy checklist tested in multiple countries. In Nigeria, the checklist supported the infusion of evidence into several key policies around UHC.

Increasing immunization coverage through participatory research and action
Participatory action research was used to engage communities in dialogues about barriers to immunization services and developing action plans. Implementation and evaluation of the communities’ action plans resulted in an increase in immunization coverage.

INDIVIDUALS IN LOW- AND MIDDLE-INCOME COUNTRIES SUPPORTED BY THE ALLIANCE IN 2017

| Number of researchers | 439 |
| Number of decision-makers sensitized to evidence use | 419 |
| Researchers and decision-makers involved in short-term training programmes (including online courses and webinars) | 819 |

COUNTRIES IN WHICH THE ALLIANCE SUPPORTED WORK IN 2017

PERU
Leveraging funding to scale up integrated care
Embed...
LEBANON
Supporting the health systems’ response in Syria
The Alliance rapid review center in Lebanon conducted a rapid scoping review on policies to protect and support health care workers in armed conflict zones to raise the profile of the Syrian crisis in global health.

PAKISTAN
Informing the National Health Vision
The Pakistan PRIMASYS case study was one of the documents used to inform the development of the National Health Vision 2016-2025.

VIET NAM
Addressing failures in the immunization system through implementation research
A policy brief was used to present the findings of implementation research that identified immunization system failures and gaps, including recommendations for system strengthening in Viet Nam.

UGANDA
Bridging sectors to improve quality of maternal and child health
The Alliance, WHO Public Health, Environmental and Social Determinants of Health Department, and the UN Foundation applied implementation research methods to understand how health and energy sectors can join to provide life-saving energy needs to remote health facilities.

KENYA
Addressing immunization pain through implementation research
A policy brief was developed describing the results of implementation research highlighting the problem of immunization pain as a barrier to vaccination service delivery, including recommendations to overcome it in Kenya.

DEMOCRATIC REPUBLIC OF THE CONGO
Implementation research to improve data quality
Implementation research was used to understand barriers in the health information system to improve the quality of data used to inform immunization strategies and decision-making in the DRC.

SOUTH AFRICA
mHealth review used for the development of WHO guidelines
Findings from a mHealth systematic review from the Alliance-supported review center in South Africa have informed the development of WHO guidelines on digital health in the area of reproductive, maternal, child, and adolescent health.

SRI LANKA
Informing primary care strengthening
The Sri Lanka PRIMASYS case study was one of the documents used to inform a report on Sri Lanka’s new model for primary care strengthening by the Ministry of Health and the World Bank.

CHAD
Expanding vaccination services through implementation research
Implementation research was used to identify people-centered strategies presented in policy briefs to improve the delivery of vaccination services to nomadic communities in Chad.

NUMBER OF RESEARCHERS SUPPORTED BY THE ALLIANCE IN 2017 BY WHO REGIONS

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Researchers</th>
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<tr>
<td>Africa Region</td>
<td>258</td>
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<tr>
<td>Region of the Americas</td>
<td>47</td>
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<tr>
<td>South East Asia Region</td>
<td>73</td>
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<tr>
<td>European Region</td>
<td>5</td>
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<tr>
<td>Eastern Mediterranean Region</td>
<td>39</td>
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<tr>
<td>Western Pacific Region</td>
<td>17</td>
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<tr>
<td>Total percentage from low- and lower-middle-income countries</td>
<td>74%</td>
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</table>
“As governments worldwide are developing UHC schemes and progressing towards the Sustainable Development Goals, now more than ever, governments need high quality and relevant evidence to support key decisions about people-centred and integrated service delivery, competent and satisfied human resources for health, equitable access to medicines, and other pressing health system challenges.”

N. Yamamoto
DONORS AND OTHER KEY PARTNERS

The Alliance gratefully acknowledges the continued core financial support from the governments of the Norwegian Agency for Development Cooperation (Norad), the Swedish International Development Cooperation Agency (Sida), the United Kingdom of Great Britain and Northern Ireland Department of International Development (DFID), and the Republic of South Africa through the South African Medical Research Council.

Other donors and supporters include the Bill & Melinda Gates Foundation, Gavi, the Vaccine Alliance, UNICEF, the Doris Duke Charitable Foundation, the United Nations Foundation, and the International Development Research Centre, Canada.
ALLIANCE GOVERNING BODIES AS OF 31 DECEMBER 2017

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

Maria Teresa Bejarano, Senior Research Advisor, Research Cooperation Unit, Department for Partnerships and Innovation, Swedish International Development Cooperation Agency (Sida), Sweden

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

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

Lynda Fenton, Health Adviser, Health Research Team (Research and Evidence Division, Department for International Development, United Kingdom

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

Marie-Paule Kieny, Assistant Director-General, Health Systems and Innovation Cluster, World Health Organization, Switzerland (until June 2017)

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

Naoko Yamamoto, Assistant Director-General, Universal Health Coverage and Health Systems, World Health Organization, Switzerland (as of October 2017)

SCIENTIFIC AND TECHNICAL ADVISORY COMMITTEE

CHAIR Jeanette Vega, Director, National Health Insurance System (Fondo Nacional de Salud), Chile

Trish Greenhalgh, Professor of Primary Care Health Sciences, Nuffield Department of Primary Care Health Sciences, University of Oxford, United Kingdom

Bocar Kouyate, Director, National Malaria Research and Training Centre, Burkina Faso

Simon Lewin, Senior Researcher, Norwegian Knowledge Centre for the Health Services, Norway

George Pariyo, Senior Scientist, Department of International Health, Bloomberg School of Public Health, Johns Hopkins University, United States of America

Sabina Faiz Rashid, Dean and Professor, James P Grant School of Public Health, BRAC University, Bangladesh

Göran Tomson, Professor of International Health Systems Research, Karolinska Institutet, Sweden

ALLIANCE SECRETARIAT

Abdul Ghaffar, Executive Director

Pauline Bempong, Assistant to the Executive Director

Lydia Bendib, Technical Officer

Maryse Coutty, Administrative Assistant

Veloshnee Govender, Technical Officer

Dena Javadi, Technical Officer

Gloria Kelly, Programme Officer

Etienne Langlois, Technical Officer

Arielle Mancuso, Technical Officer

Ellen Rosskam, Lead, Policy Outreach

Zubin Shroff, Technical Officer

Michelle Thulanan, Communications Officer

Nhan Tran, Manager

John Warriner, Technical Officer
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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.