The Alliance for Health Policy and Systems Research works to improve the health of those in low- and middle-income countries (LMICs) by supporting the generation and use of evidence that strengthens health systems. As an international partnership hosted by the World Health Organization, we work together with organizations around the world.
We responded to the COVID-19 pandemic.

We work together.

We empower leaders.

We advance knowledge.

We inform policy.
2020 by the numbers

18 ongoing projects  145 grants  38 in countries around the world

Grantees

420+ total grantees  53% are women  20% are early-career researchers

Publications

70 peer-reviewed journal articles

59% of journal article lead authors are women

44% of journal article lead authors are from LMICs*

* Includes journal articles supported through open calls for journal supplements and articles where the lead author is Alliance Secretariat staff. All commissioned primary research is with researchers from low- and middle-income countries.

Communications

26%↑ increase in website sessions from previous year

33%↑ increase in Twitter followers since 2018

+2 social media platforms where the Alliance has a presence
Where we work

We advance knowledge

<table>
<thead>
<tr>
<th>PROJECT TITLE</th>
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<td>Analyzing institutions for research uptake</td>
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<td>Implementation research on compassionate and respectful care services in the health systems</td>
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<td>Political determinants of HPSR funding</td>
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We empower leaders

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We inform policy

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<td>Demand-driven research on COVID-19</td>
<td>16</td>
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<td>Embedding rapid reviews in health systems decision-making</td>
<td>4</td>
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<tr>
<td>Implementing health protection in two countries</td>
<td>8</td>
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<tr>
<td>Research to enhance the adaptation and implementation of health systems guidelines</td>
<td>6</td>
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<tr>
<td>Systems thinking for district manager decision-making</td>
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Message from the Board Chair

2020 was a year like no other. Millions have lost loved ones to COVID-19, and millions have faced unprecedented levels of stress, including the health workers risking their lives on the frontline.

Health systems themselves have been stretched thin, and we have been compelled to sharpen our thinking on what truly effective health systems look like. The pandemic has been a harsh reminder that such systems must include population-wide interventions around prevention, surveillance and response – as people’s health depends on interventions that go far beyond curative health care. And they must be robust. While many health systems have shown great resilience under tremendous pressure, the pandemic has shown us how fragile these systems can be, even in the wealthiest countries.

But 2020 was also a year of unprecedented collaboration, discovery and development. We have seen one remarkable breakthrough after another: in the way we communicate, in virus identification, in evidence on effective health systems, in testing and therapeutics and, of course, in the development of life-saving vaccines. A collective global effort at this critical moment to ensure that the vaccines reach every part of the world will do more than defeat COVID-19: it will help us to prepare for, prevent, survey and respond to future pandemic threats and other cross-national disasters.

Having seen how the Alliance has adapted at speed to the new normal over the past year, I am confident that its work can help health systems build back better. The Alliance has not only re-tooled its working practices to keep staff safe, it has re-programmed its work to support the immediate response to COVID-19 while continuing to engage with Member States around long-term initiatives. This report captures the main achievements of the Alliance in 2020, outlining work around four key objectives: working together, empowering leaders, advancing knowledge, and informing policy. It also shows how the Alliance is committed to working with researchers over the longer term to support innovative approaches – even in these difficult times.

There is, of course, much more to do. The pandemic has revealed the fault-lines of inequity that permeate every society, with the poorest and most vulnerable people at greatest risk in every country. It has shown us that an ethical approach is vital for effective post-COVID recovery – an approach that demands a stronger focus on how inequities are reinforced by the skewed social systems we have created for ourselves. The hope is that 2021 will bring us all closer together, both socially and scientifically, as we re-set and re-think our priorities for a post-pandemic world.

– DAVID PETERS
Message from the Executive Director

The COVID-19 pandemic has tested the ingenuity and resilience of the Alliance Secretariat, and our ability to work in entirely new ways in the face of a crisis. It has been a challenge, but we have passed that test.

We supported rapid reviews, held webinars on COVID-19, and co-hosted the Sixth Global Symposium on Health Systems Research in November, which focused on re-imagining health systems. In spite of it all, we have diligently worked to reinforce the knowledge base around health policy and systems to ensure that it is fit for purpose in the years to come.

We were proud to launch key special issues of journals that explored primary health care and innovations in embedded implementation research. We also have a number of capacity strengthening initiatives that were able to adapt their methods and continue their work to create the next generation of health policy and systems researchers and policy-makers.

The pandemic has only reinforced our commitment to improve the health of people in low- and middle-income countries (LMICs) through evidence that strengthens their health systems. We also undertook an external evaluation and a management review, all of which has informed our thinking as we lay the groundwork for our next strategic phase.

This year we started to re-align our areas of work to more closely fit the Triple Billion targets set by WHO, which aim to ensure that 1 billion more people benefit from universal health coverage (UHC), 1 billion more are protected from health emergencies and 1 billion improve their overall health. While our long-term focus has been – and will likely continue to be – on research to support UHC, the past year has seen an expansion of our work around health emergencies. We also recognize that people’s overall health depends on many factors. We are, therefore, expanding our partnerships on areas such as non-communicable diseases and broader determinants of health, like climate change, with the aim of reinforcing and strengthening health systems.

In this context, I must thank all of the Alliance staff, partners and other colleagues who have worked together to achieve so much under such difficult circumstances over the past year. This report is, above all, a testament to their dedication.

– ABDUL GHAFFAR
We responded to the COVID-19 pandemic.

The COVID-19 pandemic compelled the Alliance to find new ways to work in 2020.

Like many other organizations, we moved much of what we do online and changed our programmes to reflect the new realities. The Alliance rose to the challenge, adapting established initiatives to support Member States and researchers, and creating new research projects.
Responding to the COVID-19 pandemic

In 2020:

14 demand-driven studies commissioned

4 rapid review platforms synthesising evidence for COVID

10 COVID-focused rapid reviews enabled

LEARNING ABOUT HEALTH SYSTEMS CHALLENGESPOSED BY COVID-19

There is no single blueprint for responding to complex public health emergencies. During the COVID-19 pandemic, different countries took different decisions. Documenting these cases and sharing real-time learning can help inform these quick decision-making processes.

Just months after the COVID pandemic was declared a public health emergency of international concern, the Alliance was able to convene a small group of experts and policy-makers to identify priority areas of research to support the COVID response beyond the biomedical and epidemiological realms. The group identified three key areas of focus: a) better understanding influences on government decision-making around COVID-19, b) engaging vulnerable populations and, c) disruption to routine health service provision.

Based on these areas, the Alliance commissioned 14 studies from teams across Bangladesh, Burkina Faso, Ethiopia, India, Georgia, Ghana, Mexico, Mozambique, Nigeria, Pakistan, Trinidad and Tobago, Uganda and Viet Nam. Initial findings from these studies have been shared at both the national and global levels, and the studies will be published in 2021.
The speed was a critical success factor in this case because we could not afford to wait for several weeks or months. We needed instant answers [to help us respond to the COVID pandemic].

The ERA initiative, which operated in Georgia, India, Malaysia and Zimbabwe, enabled government decision-makers to call on trained and trusted researchers who could provide quick answers to burning questions – never more important than during the COVID-19 pandemic. 2020 was the final year of the initiative, and Alliance-trained teams of rapid research responders in all four countries were able to put their expertise to use to capture and summarize the best available evidence on COVID-19 that would shape elements of national responses.

In Georgia, amid concerns that health services would be overwhelmed, the team from the Curatio International Foundation (CIF) gathered evidence on how other countries flattened the curve of infections to develop caseload models based on social distancing. The team delivered its report in seven days and the findings went viral, sparking discussions on – and promoting – distancing measures. Georgia has since been praised internationally for its initial response to the pandemic. As Dr George Gotsadze, CIF’s Executive Director, says “The ERA project has clearly shown its worth, especially during this crisis”.

In India, the government gave the team at The George Institute for Global Health in New Delhi three days to produce a review on protecting India’s frontline health workers and communities from COVID-19, and ensuring that Accredited Social Health Activists (ASHAs) could maintain services that were not related to COVID-19. The review, delivered on time, emphasized the need for social distancing, and its guidelines went straight into a handbook for ASHAs that was distributed by state governments.

COVID changed the plans for many Alliance projects. Our institutional capacity strengthening initiatives worked with their respective governments to undertake studies related to COVID-19.

We also held a webinar about whole-of-government responses to COVID in the Eastern Mediterranean region and commissioned a number of case studies about how governments learned from their initial responses.
We work together.

The Alliance provides a unique forum for the health policy and systems research community.

2020 saw us continue to convene stakeholders and facilitate the sharing of approaches to both research and systems strengthening. As in previous years, our work was characterized by close collaboration with partners and at all three levels of the World Health Organization to maximize impact.
Working together

In 2020:

2,296 participants in Phase 1 of HSR2020

10 sessions with Alliance participation or organization across the three phases of the Symposium

3 consultations with policy-makers on priorities for PHC research

EMBEDDED PRIMARY HEALTH CARE RESEARCH TO ENGAGE COMMUNITIES AND BUILD LEARNING HEALTH SYSTEMS

The beauty of this [embedded research] model is that it is low cost, conducted in a relatively short period of time, there are very clear recommendations, and we respond to those recommendations. We need to build on this kind of a model because this is not theoretical, but it really speaks to everyday challenges that countries might face.

ANURADHA GUPTA, Deputy CEO, GAVI, the Vaccine Alliance

What are the priority challenges being faced by decision-makers as they work to maintain primary health care (PHC) services while responding to the COVID-19 crisis? Uncovering the answer to that question across the Asia and the Pacific is at the heart of this new initiative, which is being spearheaded by the WHO Science Division and the Alliance, in partnership with the WHO Special Programme on Primary Health Care, the South-East Asia Regional Office of WHO, the Western Pacific Regional Office of WHO, UNICEF and the United Nations University International Institute for Global Health.

Two regional consultations with policy-makers representing more than 20 countries were held in early July, followed by a synthesis consultation bringing together participants from the regional consultations with high-level participants from several global health organizations—including Gavi, the World Bank, the Global Fund, the Bill and Melinda Gates Foundation, the People’s Health Movement and WONCA—to reaffirm commitments to embedded research on primary health care. The consultations provided the impetus for countries to advance the agenda of embedded PHC research and for major global health funders to mainstream embedded research in their support to countries.
THE EASTERN MEDITERRANEAN REGION SDG LEARNING PLATFORM

This phase of the EMR-SDG Learning Platform has already generated a wealth of knowledge, despite the serious challenges posed by the COVID-19 pandemic.

The Eastern Mediterranean Region SDG Learning Platform (EMR-SDG) supports the achievement of Sustainable Development Goal 3 and other health-related targets, provides a welcoming space for effective regional networking and is a catalyst for knowledge generation and dissemination in Arab countries. The Platform takes a holistic perspective: recognizing the human rights that underpin health, defining health in terms of human dignity (not just the absence of disease) and positioning health equity as a pillar of good governance and social success.

Over a period of 18 months, the platform built effective partnerships, facilitated wide participation and enhanced learning on areas such as non-communicable diseases, reproductive and sexual health, UHC and more. Highlights included policy briefs and newsletters, analytical reports, pieces by early-career researchers and webinars that attracted hundreds of participants. A virtual portal has been created for international and regional studies and innovative tools, on topics ranging from localizing the SDGs in Egypt to an overview of UHC. The Platform’s success stems from robust partnerships and its engagement with young Arab researchers, practitioners and activists. Drawing on initial funding from the Alliance, the Platform has now secured additional resources for another three years.

SIXTH GLOBAL SYMPOSIUM ON HEALTH SYSTEMS RESEARCH

In the field of HPSR, there are no bigger or more important events than the biennial global symposia on health systems research.

The Alliance has been, and continues to be, a main co-sponsor for this event along with World Health Organization and Health Systems Global. This year’s symposium, HSR2020, focused on ‘re-imagining health systems’, which turned out to be an appropriate theme for 2020.

Because of the COVID-19 pandemic, the symposium was re-imagined into three phases, and the Alliance is involved across all of them. Phase 1, which took place from 8-12 November, brought together over 2,296 people. The Alliance participated in or organized four sessions, including: a funders roundtable, a capacity strengthening session on systems thinking and two launches. Phase 2 started at the end of November and continued through March 2021, with the Alliance contributing to the multimedia strand, holding an organized session and three satellites.
We empower leaders.

We support capacity for the conduct and uptake of health policy and systems research, working at individual and institutional levels in low- and middle-income countries.

From mentoring for those starting out on their research careers to support for major, multi-country capacity building programmes, we aimed to build and strengthen leadership throughout 2020.
Empowering leaders

In 2020:

- 22 early-career women researchers supported
- 9 articles published from women researchers mentorship scheme
- 6 regions of WHO have new HPSR fellowship schemes

SUPPORTING EARLY-CAREER WOMEN RESEARCHERS IN LMICS

I’m honoured and proud to be involved in this programme and have the opportunity to publish in Health Policy and Planning. I do believe that women need to be more valued in academia and science, and that we have a different point of view to share. We need women research visibility.

ANA LUCIA PONTES, Oswaldo Cruz Foundation, Brazil and mentee

One of the main individual capacity strengthening initiatives the Alliance runs is a mentorship programme for early-career women.

Learning from the first iteration of this initiative, we opted to work in partnership with Health Systems Global and Health Policy and Planning to develop a supplement, which was launched during Phase 1 of HSR2020. The programme received 250 applications and 22 mentee-mentor pairs were created. In the end, nine articles were accepted from first-time women authors from Kenya, Viet Nam, Uganda, Ghana, Ethiopia, Bangladesh, Nigeria and Brazil, examining issues as diverse as immunization, nursing leadership, social accountability, violence in pregnancy, primary health care and indigenous health.

To help launch the special issue, Health Policy and Planning produced a podcast which includes interviews from two mentees.

Listen at: ahpsr.org/mentorship
BUILDING INSTITUTIONAL CAPACITY FOR HPSR AND DELIVERY SCIENCE (BIRD)

Building a strong culture of health policy and systems research requires strong teaching institutions and policy institutes that can provide the best possible training in approaches and models.

Through the BIRD programme, the Knowledge to Policy Center at the American University of Beirut is mentoring six institutes in Cambodia, Georgia, Indonesia, Nigeria, Trinidad and Tobago and the United Arab Emirates, covering each WHO region. In 2020, the six institutes worked to develop key policy products to respond to the priorities they had identified. In the United Arab Emirates and Trinidad and Tobago, this included the development of rapid response products to inform COVID-19 efforts, as requested by governments. All six institutes developed course syllabi on evidence-informed health policy-making and inaugurated intakes for their policy fellowship programmes.

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

The true measure of research success is its effective use to make a difference. HIGH-Res implements innovative and responsive interventions to strengthen institutional capacity for the systematic use of evidence within ministries of health in Kenya, Malawi and Uganda.

In 2020, the initiative responded to government requests for rapid reviews and studies on its public communications for COVID-19 in Kenya and Malawi, and supported government-led dissemination of the findings. In Malawi, HIGH-Res worked to reinvigorate Ministry of Health technical working groups and integrate the review of evidence into their terms of reference. The central HIGH-Res team completed curriculum development for training institutions and is now writing manuscripts that draw on the baseline studies in all three countries.

The Alliance is also strengthening the capacity of WHO to engage with HPSR issues.

In 2020 we brought on board four Young Professionals focusing on health systems research. In two country offices we are also supporting national professional officers on health systems strengthening.
We advance knowledge.

The Alliance stimulates the generation of knowledge and innovations to nurture learning and resilience in health systems working across thematic areas, particularly universal health coverage (UHC) and the health-related Sustainable Development Goals.

In 2020, our portfolios focused on primary health care, health financing and health systems governance, with expanded engagement and research on migration and immunization. Our portfolio on systems thinking was further developed, aiming to embed such thinking into health policies.
Advancing knowledge

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**In 2020, the Alliance:**

**Primary Health Care**

Strengthening primary health care will help us respond to future challenges. Ultimately, primary health care is an investment in a healthier, safer, fairer and more sustainable future.

TEDROS ADHANOM GHEBREYESUS, WHO Director-General, writing in the PHC-themed issue of the WHO Bulletin

Our primary health care portfolio gathered strength in 2020.

The Alliance partnered with the WHO Integrated Health Services Department to co-edit the special themed issue of the WHO Bulletin, ‘Primary Health Care: Realizing the Vision’, with a lead editorial from the WHO Director-General on the need for a stronger commitment to PHC. This special issue was launched in November 2020 during a WHO-wide PHC Research Week convened in collaboration with the new WHO Special Programme on PHC. In September, the Alliance-supported collection of case studies from LMICs was published in a book from Johns Hopkins University Press, Achieving Health for All: Primary Health Care in Action. The book shows how these countries have embraced comprehensive PHC as a foundational strategy for the development of their health systems.
INNOVATIONS IN IMPLEMENTATION RESEARCH

It is important for countries to consider integrating implementation research into their major health programmes, supported through domestic funds to ensure self-reliance and sustainability.

ZSUZSANNA JAKAB
Deputy Director-General
World Health Organization

A supplement on ‘Innovations in Implementation Research in Low- and Middle-income Countries’, published in November 2020, was a timely reminder of the growing importance of this diverse field of enquiry in realising global health gains. The mainstreaming of such research within public health programmes around the world is vital for the achievement of the SDGs.

The supplement, produced by the Alliance in collaboration with Health Policy and Planning, features 12 articles that showcase innovations in implementation research. The articles cover a range of public health challenges, from the electrification of rural primary health care facilities in Ghana and Uganda, to improving the quality of team-based primary health care in India. The WHO Chief Scientist, Deputy Director-General and Regional Director of EMRO co-authored a commentary on the importance of implementation research for learning health systems.

SYSTEMS THINKING

The Alliance has been a leader in applying systems thinking to health systems challenges. In 2020, we further expanded this portfolio, putting systems thinking into practice.

Our Systems Thinking for Strengthening District Health Systems (ST-DHS) project worked with the Swiss Tropical and Public Health Institute (Swiss TPH) to strengthen the capacity of research teams in Botswana, Pakistan and Timor-Leste in terms of systems thinking concepts and approaches. These research teams have started to work with their district health management teams to apply systems thinking tools in their routine work. In Botswana, systems thinking has been used to navigate the coordination challenges arising from recent district reforms. In Pakistan, process mapping has been used to support COVID-19 contract tracing (see the policy impact section for more information). And in Timor-Leste, which faces greater capacity challenges, the research team has worked to engage the Ministry of Health on systems thinking more generally. The country teams and Swiss TPH presented their work to a skills-building session during Phase 1 of HSR2020, where the development of the Systems Thinking Accelerator (SYSTAC) was also announced. SYSTAC will be a global community of practice for systems thinkers to expand the field of applied systems thinking in LMICs, providing a platform for the exchange of experiences and knowledge.
Using embedded research approaches, the Alliance markedly expanded its research portfolio on immunization in 2020.

The Alliance received financial support from Gavi, the Vaccine Alliance for two waves of embedded implementation research to strengthen information systems for immunization. The first involves engagement in Indonesia and Uganda on improving data systems for immunization. The Alliance selected five implementer-led research teams and supported protocol development through virtual meetings. The second wave involves Nigeria, and a partnership with the Health Policy Research Group (HPRG) at the University of Nigeria Enugu has sharpened the focus on the priorities identified by local stakeholders.

In Ethiopia, the Alliance is working with UNICEF and Gavi, the Vaccine Alliance, on implementation research to identify health system barriers to immunization coverage. Ten research projects have been implemented successfully to date. Fieldwork during the COVID-19 pandemic was made possible by ensuring that researchers accompanied Ministry of Health staff who were already deployed to ensure the continuity of routine services. This also enabled field researchers to combine data collection with COVID-19 community mobilization.
Key articles from the year

Climate change: an urgent priority for health policy and systems research
By Robert Marten et al. in Health Policy and Planning
https://doi.org/10.1093/heapol/czaa165

Committing to implementation research for health systems to manage and control non-communicable diseases
By Robert Marten, Bente Mikkelsen et al. in Lancet Global Health
doi: 10.1016/S2214-109X(20)30485-X

Embedded research to advance primary health care
By Soumya Swaminathan et al. in BMJ Global Health
http://dx.doi.org/10.1136/bmjgh-2020-004684

Healthier societies for healthy populations
By the Healthier Societies for Healthy Populations Group in The Lancet
https://doi.org/10.1016/S0140-6736(20)31039-4

Learning health systems: an empowering agenda for low-income and middle-income countries
By Kabir Sheikh et al. in The Lancet
https://doi.org/10.1016/S0140-6736(19)33134-4

On the path to Universal Health Coverage: aligning ongoing health systems reforms in India
By Zubin Shroff et al. in BMJ Global Health
http://dx.doi.org/10.1136/bmjgh-2020-003801

What role can health policy and systems research play in supporting responses to COVID-19 that strengthen socially just health systems?
By Lucy Gilson et al. in Health Policy and Planning
https://doi.org/10.1093/heapol/czaa112
We inform policy.

Increasing the demand for and use of knowledge to strengthen health systems requires us to understand engagement with policy-makers.

The Alliance prides itself in supporting the development of HPSR in many contexts and with a long-term view. This section showcases grantees who have evolved their thinking and tried new approaches to research for policy impact.
Embedded implementation research can play a critical role in improving health services and strengthening health systems. The approach involves bringing researchers and decision-makers together to design, produce and interpret the findings of research together. Ultimately, the objective is to generate evidence and use the direct link with decision-makers, planners and implementers to take action immediately – even as the data is collected.

This approach to research is increasingly understood as critical to support learning health systems. Yet, it is still hindered by a lack of capacity for collaboration between researchers and decision-makers, and a lack of local capacity to conduct implementation research. Back in 2016, Ethiopia was no exception.

That year the Alliance started a project – in collaboration with Gavi, the Vaccine Alliance and UNICEF – to support decision-maker-led implementation research for immunization. The eligibility criteria were specific and deliberate: research teams had to comprise of a decision-maker with direct involvement of executing immunization programmes and a researcher affiliated with a local academic or research institute.

Dr Binyam Tilahun, a health information systems specialist based at the University of Gondar, saw the call and was keen to apply, so he linked up with a local decision-maker to develop a proposal looking at how immunization data is recorded and reported and the enabling environment for doing so. Their project was selected, along with 12 others from countries around the world.

Their study identified various factors that prevent immunization information from being...
adequately captured or used, such as the absence of any systematic involvement by communities. Ordinarily, a study about health data in just one of Ethiopia’s hundreds of districts would not draw much attention. However, because the research was co-led by an official from within the health ministry, there was real ownership over it. What is more, it ensured that the research process generated information that was directly relevant to policy. This made senior decision-makers more willing to attend the release of its findings and, with the right people in the room, the data provided actionable plans. An immediate outcome, for example, was the development of a community verification platform for data – a tool that is now being used across the country.

THE RESULT
This was a turning point for Dr Tilahun. Seeing his research translated into real-world changes inspired him to become a passionate advocate for embedded research. Using some resources from his initial Alliance grant, as well as the interest among his peers and a growing network of collaborators, he established eHealthLab Ethiopia. Housed at the University of Gondar, the research unit aimed to use implementation science to explore innovative health information technologies in the health sector.

Off the back of these early successes, the Alliance leveraged this capacity and interest in implementation research by establishing structures to promote its use more systematically. Following consultations with the Government of Ethiopia to better understand national research priorities, the Alliance issued another competitive call in 2019 – again in partnership with Gavi, the Vaccine Alliance and UNICEF. This time, the goal was to establish a local technical support centre to mentor and manage research projects at country level with a focus on immunization services.

Under the leadership of Dr Tilahun, the University of Gondar was selected to take on this role and has since won a further grant to serve a similar mentoring function for an initiative focused on applying the embedded implementation research approach to compassionate and respectful care services. As a result of this institutional experience, implementation science has been integrated into the curriculum of the masters and PhD programmes of the University of Gondar, opening the way to building a cohort of skilled implementation researchers in Ethiopia. Establishing a technical support centre at the university has also brought major benefits, allowing researchers to use this new institutional footing to more meaningfully engage with health policy-makers.

What is more, the Ministry of Health has recognised the University of Gondar as an important resource for evidence-informed decision-making. This has resulted in new funding being provided to support training at federal and district levels, and to offer mentorship to support health workers.

Taken together, this is all helping to increase capacity and leadership to generate, manage and use implementation research to strengthen health systems.
PAKISTAN: USING SYSTEMS THINKING TOOLS TO IMPROVE COVID-19 CONTACT TRACING IN ISLAMABAD

THE CHALLENGE
Decentralisation is meant to improve the responsiveness of primary health care services. But bringing services closer to those who use them can put tremendous pressure on district managers who not only have to translate broader national priorities and policies, but also have to plan and deliver for the populations they serve. Major crises, like the COVID-19 pandemic, have put further stress on these key health sector actors.

After the first case of COVID-19 was announced in Pakistan on 20 February 2020, teams were tasked with and rapidly implementing contact tracing services to quickly identify people who had potentially come in contact with the virus and who were at risk of further spreading the disease.

THE ALLIANCE’S INPUT
To support local decision-makers to use new ways of seeing and addressing service coordination and delivery issues, the Alliance started the Systems Thinking for Strengthening District Health Systems (ST-DHS) initiative in 2019, coordinated by the Swiss Tropical and Public Health Institute (Swiss TPH) who work with teams in three countries: Botswana, Pakistan and Timor-Leste. Systems thinking offers a philosophical approach, methods and specific tools to break out of linear models of thinking and help health practitioners visualize the complexities created by different actions over time, and multiple stakeholders with competing priorities.

In Pakistan, the ST-DHS team is led by Dr Shamsa Rizwan from the Centre of Excellence in Women and Child Health. Although it was not the original plan, after the pandemic started, they identified COVID-19 contact tracing as an area where systems thinking could potentially add lifesaving value. Specifically, they sought to use process mapping, a systems thinking tool, to identify challenges and see how the policy was working in real life.

Representatives from the district health office, rapid response units, public and private health facilities, surveillance response teams and others, worked together to map out the contact tracing service in practice. Bottlenecks at various steps of the COVID-19 tracing process, and even broader systemic challenges, were made easier to identify as the actors involved were able to actually see the point in the chain-of-actions where a problem was happening and reflect through group discussions to understand why. For example, one reflection session revealed the need for more surveillance teams across the district. Another pointed to weaknesses in data collection and the need to fix the software being used to gather it.

THE RESULT
Process mapping gave district managers a way to see and solve key implementation problems. It also improved communications between different actors, supported day-to-day monitoring.

In short, it made the invisible visible.
KENYA: UNDERSTANDING PUBLIC PERCEPTIONS OF COVID-19

In Kenya, at the request of the government, HIGH-Res project partners conducted a national COVID-19 knowledge, attitudes, perceptions, and practice (KAPP) survey. Results of this survey were disseminated through an MoH-led dialogue and published as a policy brief. In his remarks during the dialogue, the Director General of the Kenyan MoH called on its Research Division to translate the key evidence and recommendations from all the research shared in the session into policy recommendations that MoH’s senior leadership would act on. This follows on HIGH-Res’s ongoing embedded work to support the MoH Research Division to define its vision, mission and objectives in line with the MoH’s Health Policy 2014-2030, and the current Strategic Plan covering 2018-2022. HIGH-Res has been instrumental in ensuring that the development of the MoH annual workplan has evidence dialogues at its core.

INDONESIA: INFORMING THE SCALE UP OF A DIGITAL IMMUNIZATION REGISTRY

Yogyakarta Provincial Health Office has developed, introduced and implemented an electronic immunization registry called SIMUNDO that has been running effectively without external funding for over five years. While the national government had identified the system as innovative, and there is interest in rolling it out in other parts of Indonesia, no systematic assessment of SIMUNDO had been conducted. The Alliance supported researchers from Universitas Ahmad Dahlan’s Department of Public Health to collaborate with officials from the provincial health and carry out a research study to uncover key enablers and barriers to implementing SIMUNDO with a view to informing scale up.

GLOBAL: DEFINING GOVERNANCE CAPACITIES FOR MINISTRIES OF HEALTH

Ministries of health have a unique mandate over population health, charged with ensuring the health and wellness of millions. What kinds of capacities does an MoH require to govern responsibly and effectively to address the big societal challenges of today? The evolving governance roles of MoHs have required a rethink about what capacities are necessary to perform them. In partnership with the Health Systems Governance Collaborative and the Universal Health Coverage Partnership at WHO, the alliance contributed to a working paper presenting a new multidimensional governance capacities framework that will potentially enable Member States to benchmark governance capacities, identify capacity gaps and guide capacity strengthening strategies.
2020 finances and donors

The Alliance gratefully acknowledges the core financial support in 2020 from the Norwegian Agency for Development Cooperation (Norad), the Swedish International Development Cooperation Agency (Sida), and the United Kingdom of Great Britain and Northern Ireland Foreign, Commonwealth and Development Office (FCDO).

Other donors and those supporting ongoing activities in 2020 include the Doris Duke Charitable Foundation, Gavi, the Vaccine Alliance, UNICEF, the United States Agency for International Development (USAID) and Wellcome Trust. We also received specified funding from the Ministry of Foreign Affairs, Sweden and the Norwegian Agency for Development Cooperation (Norad).
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