EXECUTIVE SUMMARY

Virtual Convening and Co-creation Series on Strengthening the ecosystem for health systems and policy research for health systems strengthening in Asia

Overview

Health policy and systems research (HPSR) is essential to evidence-based decision-making as low- and middle-income countries (LMICs) work to strengthen their health systems and make progress toward universal health coverage (UHC). Countries are increasingly focused on strengthening the capacity of local HPSR institutions (HPSRIs) and their research staff to ensure that HPSRIs can effectively generate evidence and fostering collaboration among HPSRIs and policymakers to translate that evidence into the decision-making and implementation process.

While learning platforms and training programs exist and can address these needs, limited engagement with HPSRIs, fragmentation in both content and approach, and limited follow-up support have hindered HPSR capacity-development efforts. Recent findings from the Accelerator's landscape suggest a burgeoning landscape of HPSRIs in Asia with varying institutional models and maturity levels. However, there is limited collaboration and coordination among them.

The Health Systems Strengthening Accelerator ("the Accelerator") launched a 6-part virtual co-creation series in May – June 2021 to address these knowledge translation gaps, enhance connections among HPSR actors, identify a common vision for a stronger HPSR ecosystem, and generate actionable ideas to align the needs of HPSRIs and other health systems actors with capacity-development efforts.

The co-creation series was facilitated by the Accelerator and the WHO Alliance for Health Policy and Systems Research ("the Alliance"), with support from the USAID Asia Bureau. The series involved approximately 65 representatives from HPSR actors active in Asia, including HPSRI leaders, managers from training programs and learning platforms, networks, and/or regional institutes active in the knowledge to action cycles, a limited set of policymakers and country government representatives, and development partners and funders, including representatives from the World Bank, Bill and Melinda Gates Foundation, USAID and other platform funders.
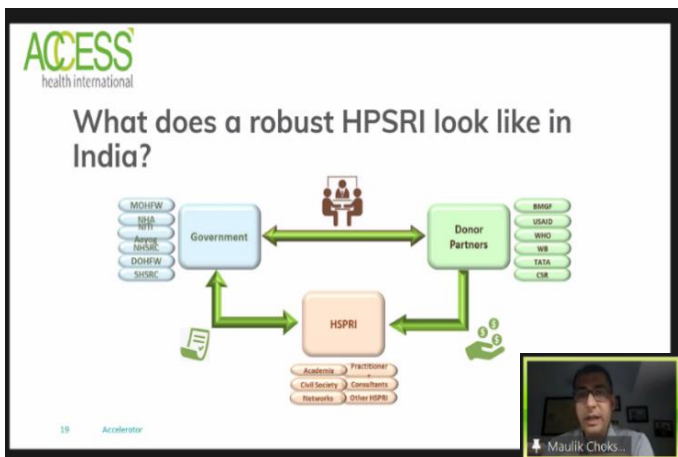
Methods

The Accelerator is pursuing a phased approach to support a more responsive ecosystem in Asia that strengthens the capacities of health systems actors to generate, translate, and use HPSR to achieve priority health systems needs. The first phase included landscaping and consultations with HPSRIs and platform managers active in the region. It served to establish the analytical foundation for the second phase – the co-creation series. Across its engagements, **the Accelerator is using the co-**

creation process, informed by USAID's definition (see box), to pursue mutually informed, locally responsive, and valued outputs and outcomes. This process centers responsibility and decision-making among the participants. It aims to lead to greater participant ownership in phase three to structure the emerging activities, pilot enhanced capacity strengthening models, and develop tools aligned with the co-created vision.

The following sections detail some of the key discussions during the series, the co-created overarching vision and its components, and then the emerging activities and action areas that could be further developed or piloted to help realize the overall vision.

Series overview

The co-creation series sought to identify the needs of HPSRIs and other health systems actors and create a shared vision and set of activities to strengthen the ecosystem. The first two sessions of the 6-part co-creation series focused on developing a common understanding of HPSRIs and platforms' needs and priorities, highlighting opportunities for developing a shared vision, and aligning participant expectations. Session 1 featured a panel of HPSRI representatives from ACCESS Health in India, the Department of Health's Health Policy Development and Planning Bureau (DOH – HPDPB) in the Philippines, and Emerging Leaders Consulting Services (ELCS) in Afghanistan. Session 2 featured funders, including representatives from the World Bank, Bill and Melinda Gates Foundation, USAID and representatives from training programs and learning platforms, including the Asia Pacific Observatory on Health Systems and Policies (APO), Nossal Institute for Global Health; the World Bank's Flagship Course, the P4H Coordination Desk, the Asia-Pacific Network for Health Systems Strengthening (ANHSS), and the Joint Learning Network (JLN).

Having established a common foundation, participants independently drafted vision statements which became the basis of the overarching vision, vision components, and outcome statements that were unpacked and

further formulated in Session 3. The facilitation team synthesized the discussions and emerging themes between each session and then validated these themes in the subsequent session. Sessions 4 and 5 were held in the same week to generate momentum as participants brainstormed activities that could support the vision for a stronger HPSR ecosystem, identified common themes across these activities, and began to generate action plans in smaller groups. Session 4 also brought in the policymaker perspective to ground some of the emerging thinking. In Session 6, participants brought their ideas and emerging action plans together and reflected on the progress made across groups, the connections developed among participants, and the potential ways of carrying the work forward.

Engagement Modalities

The co-creation series was entirely virtual using the Zoom platform and featured large-group plenary sessions, small group breakout sessions, panel sessions, and individual work time. Participants prioritized topics by self-selecting into breakout rooms. Facilitators used several tools to capture ideas, promote collaboration, and gauge agreement throughout the series, including Mentimeter, Google Jamboard, Sheets, Slides, and Zoom's chat feature. Synchronous activities were complemented with asynchronous opportunities to further ideas using polling and Google Sheets. All pre-reading materials, agendas, collaboration documents, and recordings were shared on a Google Site dedicated to the series.

The HPSR ecosystem

The complexity of the HPSR ecosystem was a theme throughout the co-creation series, recognizing that the complement of actors, processes, and interactions vary by country, region, and point in time. The Accelerator adapted a graphic from the Alliance's Framework for Evidence-informed Policy-making to provide a starting point for the discussion complexity (see Figure. 1) and to represent some of the more tenuous connections between HPSRIs, platforms, and the knowledge to action cycle. Connections appear stronger to knowledge generation activities, while engagement in translation and policy implementation remains a

challenge for many HPSRIs in the Asia region. **This graphic served as a jumping-off point for the series. Participants reflected on what roles HPSRIs want to play in the knowledge to action cycle and how other health systems actors interact and support HPSRIs to play these roles.**

Key themes

Throughout the series, participants returned to several key themes that influenced the development of the action plans and conceptualization of this dynamic ecosystem.

- **The HPSR ecosystem and knowledge-to-action cycle are neither linear nor static.** Dr. Abdul Ghaffar of the Alliance noted that a challenge within the field is a prevailing mindset that promotes a more linear or singular model of generating and disseminating research. The actors are not static, either. In many cases, the participating health system strengthening (HSS) actors wear multiple hats, acting both as HPSRIs, platforms, at times as policymakers and implementers, and ultimately, as community members. To attain an end-user environment that demands HPSR evidence and pro-actively uses it in its core functions, a mindset shift will be needed to see all actors as active collaborators – and from thinking about 'how to make them understand' to 'how to understand each others' needs.'
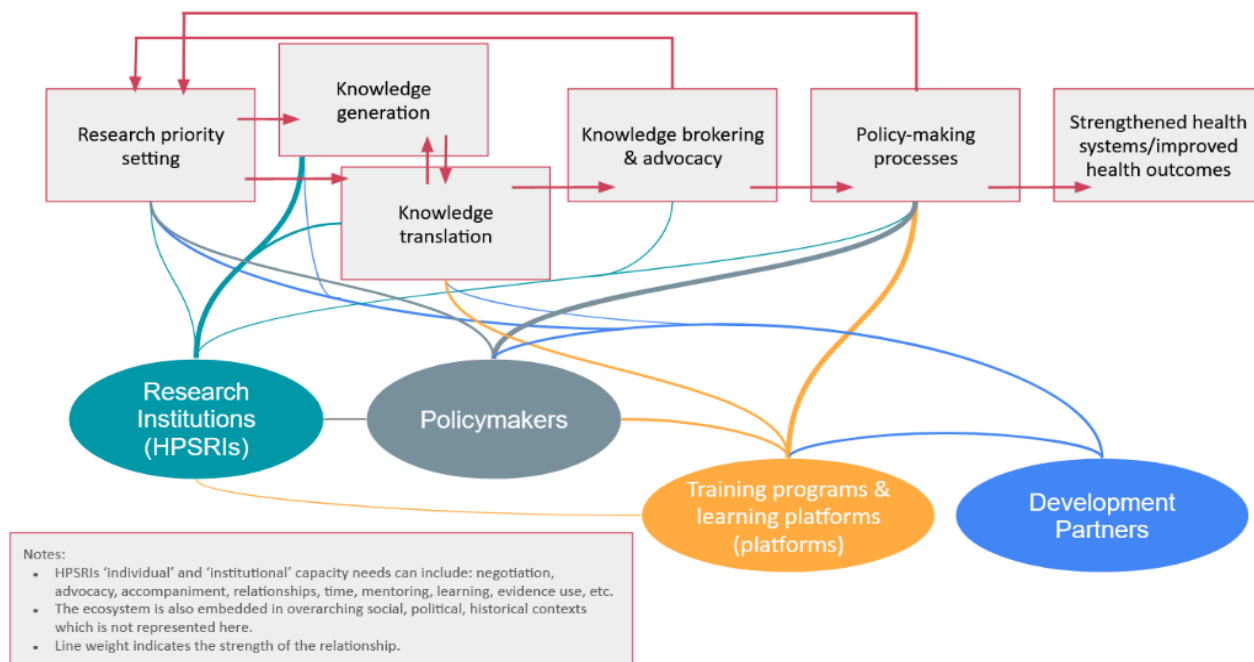

Figure 1. Draft configuration of HPSR Ecosystem

- **There is room for variation and evolution among HPSRIs and other actors.** Participants recognize that capacity strengthening is iterative and that the variation in organizational model, maturity level, and function in policymaking processes, particularly for HPSRIs, should be seen as a learning opportunity. Each HPSRI and health systems actor should be encouraged to define their trajectory and access developmental support.
- **Advocacy and enhanced communications, including more disaggregation and tailored engagement addressing the unique motivations of each, will be needed.** Researchers and policy players will need to continue strengthening their capacity to engage with each other.
- **Funding sources influence agendas for HPSRIs, platform managers, and policymakers.** There was general recognition that funding is not neutral, and to varying degrees, it affects how research agendas are set, and the types of capacity support offered, as well as who has access to these opportunities.
- **Follow-up and embedding activities are not sufficiently integrated into the knowledge to action cycle and capacity-strengthening activities.** Partners described this gap when discussing the need to focus more on implementation science and research as part of the knowledge to action cycle, and likewise, build in (and fund) longer-term mentoring and coaching following training. In part, this reflects a measurement challenge as HPSRIs, learning platforms, and the broader ecosystem are still defining ways to assess and measure impact. Attention also needs to be paid to the institutionalization of these efforts.
- **COVID-19 has altered the demand for evidence as well as the policymaking processes.** More discussion is needed, but the COVID-19 pandemic has affected how evidence is demanded and used, easing some pathways while obscuring others; this offers opportunities to test and advance innovative models of collaboration and research.

A co-created vision

In sessions 3 and 4, participants generated ideas for their ideal HPSR ecosystem, collaboratively defining the overarching vision, five components or features of what that vision might be in the medium-term, and a series of outcome statements. These are summarized below.

Vision Statement: **A stronger enabling HPSR ecosystem of the future that is highly responsive to countries' needs. In 5-10 years, this ecosystem is:**

1. **Increasingly domestically funded.** Participants envisioned an ecosystem where domestic financing (government and non-governmental) accounts for a greater share of funding for HPSR relative to international donor sources. This is fueled, in part, by a greater understanding of the value of HPSR and evidence translation activities by diverse groups of stakeholders at all levels of the health system.
2. **Characterized by strong demand for and use of evidence by policymakers and implementers.** Participants envisioned more systematic channels for decisionmakers to communicate and fulfill their evidence needs, strengthening linkages between routine health information systems, financings, and other systems. Implementation research would be embedded in the policy process, aiding 'evidence iteration and feedback' through formulation, implementation, and evaluation stages. Likewise, government structures would systematize and mandate evidence-use, facilitated by appropriate administrative procedures and timelines.
3. **Made up of robust HPSRIs.** Participants envisioned a more open and flexible agenda-setting process that is coherent with the country's needs and involves a broad range of stakeholders, including HPSRIs, policymakers, and research users. HPSRIs would also be nurtured by an enabling and learning environment that could support capacity

development and promote organizational collaborations in-country and mechanisms for national and regional collaboration and cooperation.

4. **Continuously strengthened through sustainable capacity development efforts, supported by regional and global platforms.** Participants envisioned capacity strengthening offerings that reflect HPSRIs' continuously evolving needs; these would be widely accessible and demand-driven, as well as sustainable. HPSRIs and platforms would have an improved understanding of health systems strengthening as they have the institutional capacity and advocacy skills to engage policy/decisionmakers across the knowledge to action cycle.

5. **Effectively measured & assessed to understand its strength and need for further strengthening.** Participants envisioned that platforms could effectively measure and communicate their short- and long-term impact (value) through a variety of monitoring, evaluation, and learning (MEL) approaches and that, along with HPSRIs, they also use these approaches to support their ongoing evolution and development.

"Successful HPSRIs know the questions that will be coming up in one, two or three years…It's not about research priority-setting but understanding the policy questions that need research and translating them to researchable questions…[the] Goal is to be known for generating solutions or at least the options. Research is just the way of getting there."

— Dr. Vivian Lin (University of Hong Kong)

Activity and action areas

Six key activity areas for further action that map to the vision and five components emerged during the co-creation series. Each received strong support in a follow-up survey that sought to identify participants' interest in advancing the plans and ideas. The first four are currently conceived of as activity ideas or strengthening models, the fifth as an opportunity for further discussion and learning, and the sixth as products and tools that support the broader vision.

1. **Secondments or exchanges between HPSRIs and policymakers.** Structured and time-bound two-way exchanges could serve to strengthen communication channels between HPSRIs and policymakers closer and increase understanding of, demand for, and use of HPSR, as well as potential domestic resourcing. Focus on a real-time policy issue would be important, and agreements between institutions would be preferred to individual placements for sustainability and potential for impact. Examples included decisionmakers teaching at HPSRIs and researchers providing embedded research support. These ideas resonated across stakeholder groups and could be supported by regional platforms. The next steps could include in-country landscaping of interested institutions and further clarifications of the value proposition.

2. **Implementation research (IR) partnerships between government and HPSRIs.** There was strong interest in facilitating and piloting implementation research co-led by Ministry staff and HPSRIs, addressing the cyclical nature of the knowledge to action cycle. A shared research project with self-assessment or learning components built-in could be promising, along with wrap-around support from a donor or implementing partner, if needed. Furthering best practices and knowledge sharing activities could be signs of progress, and there might be opportunities to leverage lessons from USAID global projects such as TRACTION or HEARD.
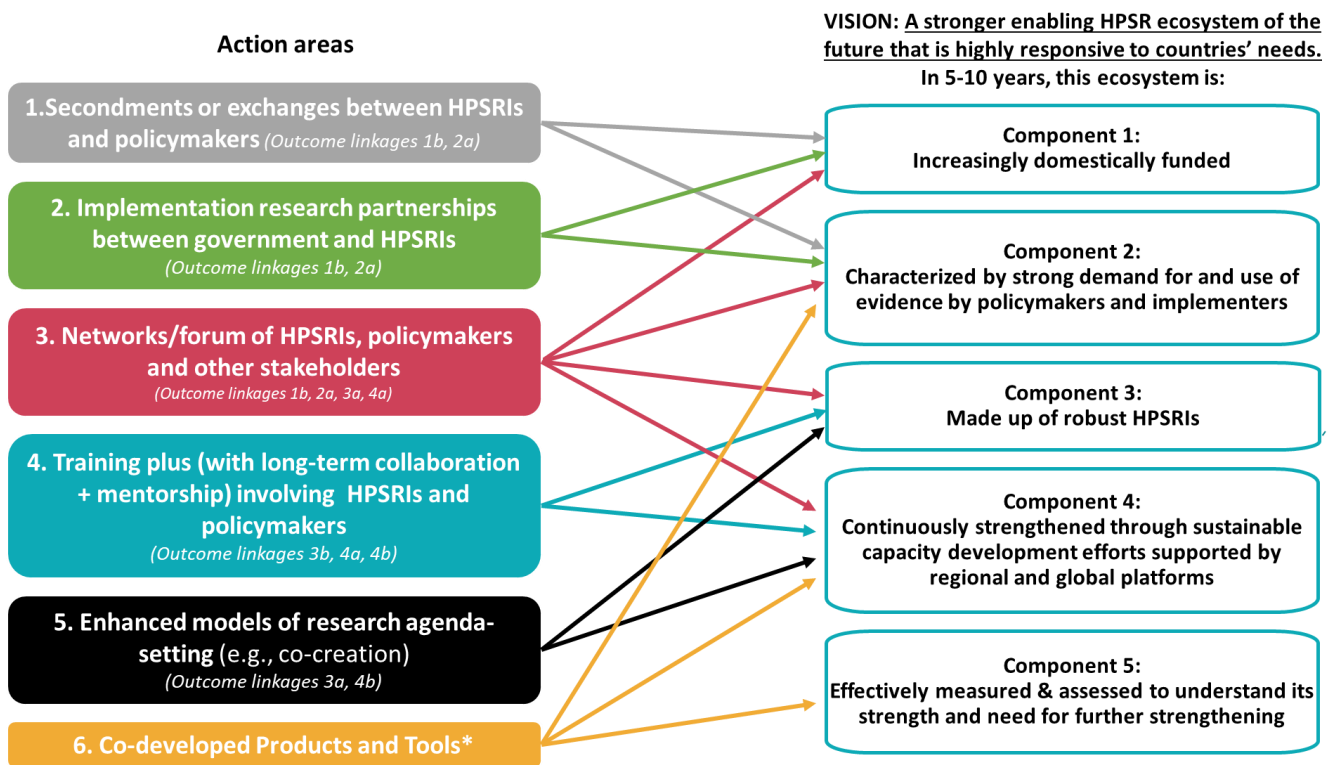
Action areas

1. Secondments or exchanges between HPSRIs and policymakers *(Outcome linkages 1b, 2a)*

2. Implementation research partnerships between government and HPSRIs *(Outcome linkages 1b, 2a)*

3. Networks/forum of HPSRIs, policymakers and other stakeholders *(Outcome linkages 1b, 2a, 3a, 4a)*

4. Training plus (with long-term collaboration + mentorship) involving HPSRIs and policymakers *(Outcome linkages 3b, 4a, 4b)*

5. Enhanced models of research agenda-setting (e.g., co-creation) *(Outcome linkages 3a, 4b)*

6. Co-developed Products and Tools*

VISION: A stronger enabling HPSR ecosystem of the future that is highly responsive to countries' needs.
In 5-10 years, this ecosystem is:

Component 1:
Increasingly domestically funded

Component 2:
Characterized by strong demand for and use of evidence by policymakers and implementers

Component 3:
Made up of robust HPSRIs

Component 4:
Continuously strengthened through sustainable capacity development efforts supported by regional and global platforms

Component 5:
Effectively measured & assessed to understand its strength and need for further strengthening

Figure 2. Participant developed action areas and corresponding vision components

3. **Networks/forum of HPSRIs, policymakers, and other stakeholders.** A domestic HPSRI network or regional forum that provides a safe space to learn, share research, address barriers, and act collectively continues to be of interest to participants and supports multiple aspects of the co-created vision. Participants suggested these fora be multidisciplinary and engage other stakeholders like civil society organizations and policymakers while recognizing the balancing act therein. Enhanced linkages between HPSRIs and policymakers could be measures of success, such as greater involvement by policymakers in the evidence production and knowledge creation process, and of HPSRIs, in existing policymaker-focused learning networks (e.g., P4H and JLN) and connections to other platforms (e.g., UHC2030). Additional mapping and prioritization activities could come next, and participants highlighted opportunities to capture experiences and build upon existing platforms and networks (e.g., ANHSS, P4H Asia Network, HSG, India Health Systems Collaborative and Indonesia's Health Policy Network).

4. **Training plus (with long-term collaboration + mentorship) involving HPSRIs and policymakers.** Participants were keen to revisit how training is conceptualized and offered, suggesting more attention be paid to design, sustainability, and institutionalization aspects. Participants were supportive of long-term relationships with partner institutions, and that engaging with policymakers, research institutions and training providers early on would not only influence the offering but also facilitate the demand and use of evidence. While trainings might focus on concrete issues, long-term support could be facilitated through mentorship, capacity sharing or learning activities. A roster/community of capacitated researchers and faculty could serve as trainers or mentors. Opportunities exist to build on current offerings or expanding their target audiences, as well as explore cost-effectiveness and scalability questions. Next steps could include reviewing strong mentorship models and creating guiding questions for programs, creating an inventory of offerings and faculty, or piloting new or expanded programs.

5. **Enhanced models of research agenda-setting (e.g., co-creation).** Participants noted that better processes for agenda-setting could support the overall vision. There was a need to continue discussions and peer learning on how to effectively engage communities and end-users, navigate in fragile states or during times of crisis, and continue to build capacity broadly for agenda-setting activities. Potential next steps could include webinars or working groups to share experience and best practices.

6. **Co-developed Products and Tools.** Participants identified concrete tools and resources that could strengthen the ecosystem, including a framework to assess HPSR domestic funding sources and opportunities. Participants, particularly HPSRIs, identified the need for a clearinghouse or database of the various learning and training platforms, which could help them understand the target audiences, tap into capacity strengthening opportunities, or serve as local experts and resources. A collection of HPSR ecosystem measurement and evaluation tools was also requested and could form the basis of ongoing dialogue and learning.

Next Steps

Following the co-creation series, the Accelerator will catalyze action groups steered by the series' participants, support the development of identified tools and products, and provide a means for learning and sharing across these action groups, with the hope of convening in 2022 to reflect on progress and the traction of these ideas.

- **Initiate "Action Groups" convening the actors interested in each of the activity pathways.** The Accelerator will kickstart these groups by connecting interested

participants and holding a series of working meetings in the fall of 2021 to finalize the action plans and identify participant champions who can potentially pilot or implement these ideas within their organizations or context in 2022 and beyond.

- **Co-develop resources for the identified tools and products.** In partnership with the Alliance and interested partners, the Accelerator will support the development of an online guide or database of HPSR learning and training platforms building off its regional landscaping and the compilation of participant-identified **HPSR ecosystem measurement and evaluation tools**. The Alliance has expressed interest in developing a **framework to assess HPSR domestic funding sources and opportunities.**

Finally, the Accelerator will continue to provide key updates and disseminate resources via the series website, such as the Accelerator's final landscaping products, and broaden the network of those engaged by reaching out to other HPSRIs, platforms, development partners.

About the Accelerator

The Health Systems Strengthening Accelerator (Accelerator) is a global health system strengthening initiative, funded by the United States Agency for International Development (USAID), with co-funding from the Bill & Melinda Gates Foundation that supports local partners as they find their own pathways to meaningful and lasting health systems change.

Website: http://www.accelerateHSS.org

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