Learning Brief: The Role of Health Policy and Systems Research Institutions in Strengthening Health Systems in Asia

Background

As countries strengthen their health systems as part of the move toward universal health coverage (UHC), they increasingly need high-quality and locally contextualized evidence to inform policymaking. Research institutions that produce such evidence, both academic and non-academic, play a critical role in diagnosing health system challenges and informing the design and implementation of policies that contribute to the achievement of national health objectives. Understanding how health policy and systems research institutions (HPSRIs) contribute to health system changes and their successes and challenges can help illuminate the complexities of generating health system evidence and using it to influence health policy.

Countries across Asia are at different stages along the path to UHC. Some have made considerable progress, while others are in the early stages of working toward universal coverage and achieving financial protection goals. The need for high-quality and actionable research is great, and the COVID-19 pandemic has further highlighted the need for rapid evidence generation to inform policy and practice.

With support from the USAID Asia Bureau, the Health Systems Strengthening Accelerator (the Accelerator) conducted a landscaping assessment in 2019–20 that identified 97 HPSRIs across 27 countries of all income levels in Asia. The assessment looked at how HPSRIs have engaged in health system change processes—particularly by generating knowledge, diagnosing challenges, formulating and adopting solutions, and implementing change.[*] The assessment showed that HPSRIs have typically been deeply involved in diagnosing health system challenges and producing knowledge but have faced challenges in managing the translation and uptake of this knowledge in the form of policy.

The assessment also looked at health systems strengthening capacity across the region, documenting many training programs and learning platforms that have helped to strengthen capacity. However, fragmentation of platforms and less meaningful HPSRI

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[*] The Accelerator's Institutional Architecture for Health Systems Strengthening is a framework that defines the key functions needed to make continuous improvements to a health system over time. It relates them to the actors, processes, and resources needed to engage stakeholders and ensure health system accountability.

engagement in some platforms have hampered efforts to generate evidence, influence policy, and increase regional collaboration on research.

The Accelerator conducted a series of interviews with key informants from selected HPSRIs in Asia to achieve the following objectives:

- Document the role that selected HPSRIs have played in knowledge-to-action cycles and identify key successes and challenges they have faced in generating and supporting the translation of health system evidence
- Understand whether and how the COVID-19 pandemic has affected the operations and organizational needs of HPSRIs
- Document how HPSRIs have engaged with existing learning platforms and how future models of support might address these challenges

This brief summarizes the findings from these interviews so global training programs, learning platforms, and technical assistance providers can better support HPSRIs and expand their influence to ultimately improve the generation and use of evidence to strengthen health systems.

Approach

The Accelerator sought to capture a diverse range of HPSRI experiences, using the landscaping assessment to identify the following criteria to ensure a range of perspectives:

- Organizational type (academic, governmental, private)
- Institutional maturity
- Funding model (government, external, private funding)
- Gender diversity in leadership
- Geography
- Level of influence at the domestic, regional, and/or global levels

Through consultations with USAID missions and the USAID Asia Bureau, the Accelerator selected the following HPSRIs to focus on:

Afghanistan	Emerging Leaders Consulting Services (ELCS)
	Research, Evaluation and Afghanistan Development Organization (READ)
Bangladesh	International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)
India	India Health Systems Collaborative (IHSC)
Indonesia	University of Gadjah Mada, Center for Health Policy and Management (UGM/CHPM)
	University of Indonesia Center for Health Economics and Policy Studies (UI/CHEPS)
Philippines	Health Policy Development and Planning Bureau, Department of Health (HPDPB/DOH)
	UPecon Foundation

Appendix A summarizes the key characteristics of these HPSRIs, including their research focus areas.

The Accelerator conducted in-depth, semi-structured interviews with key informants from these eight HPSRIs in late 2020 and early 2021 to better understand the role they have

played within their respective countries; their capacity-strengthening needs, at both the individual researcher and institutional levels; and how the COVID-19 pandemic has affected their work.

Following these interviews, the Accelerator conducted a thematic review of the interview proceedings, supplementing them with additional reviews of documents on the HPSRIs as needed, and then synthesized the findings.

Findings

The key findings from the interviews with the eight HPSRIs are summarized below. Appendix B provides a snapshot of some of the HPSRIs' current capacities in table format.

1. **Organizational type, operational models, and funding sources affect how HPSRIs conduct their research and which audiences they reach.**

How the research is commissioned depends on the HPSRI's organizational model and funding streams. With the exception of one government agency, all of the HPSRIs reported receiving external funding to conduct research, which in many cases produced research that put the purposes of the funders over the needs of in-country decision-makers. Some HPSRIs reported having more mixed funding sources over time. For example, icddr,b in Bangladesh began with significant investment from the Bangladeshi government but increasingly came to rely on external funding despite receiving limited unrestricted funding from the government. Similarly, Indonesia's Health Policy Network (HPN)—a network of health policy and systems researchers (HPSRs) managed by UGM/CHPM—received initial seed funding from the Ministry of Home Affairs but now mostly relies on external funding. UI/CHEPS in Indonesia has relied on a mix of external and domestic funding, sourced through the government bidding process, the private sector, and competitive grants.

Research centers within public universities (such as UGM/CHPM, UI/CHEPS, and the UPecon Foundation) reported receiving government funding in the past to support research activities, but as these centers grew in size and scope, external funding came to comprise an increasing share of their total funding. Interviewees from many academic and independent research centers, including those in Indonesia and the Philippines, said their centers were created to meet increasing domestic demand for health policy and health economics evidence as their country embarked on ambitious health reforms. But they said that limited funding from their parent university and/or other government agencies necessitated seeking funding from external and/or private domestic

Implementing Government-Led Research in the Philippines

The mandate of the Health Policy Development and Planning Bureau (HPDPB) within the Philippines' Department of Health (DOH) is to oversee and implement the DOH's health research priorities. However, other DOH bureaus also have developed independent research functions, leading to diffusion of funding across multiple internal research centers, including the Philippine Institute of Traditional and Alternative Health Care. The HPDPB is mandated to co-develop a unified DOH research agenda, which requires coordination across internal bureau divisions, other DOH research centers, and broader governmental stakeholders. To implement research projects with available funding, HPDPB typically procures services from other nongovernmental HPSRIs.

sources. This shift in funding sources led to downstream consequences on the usefulness of research to domestic policymakers. Despite these common challenges, some non-governmental HPSRIs highlighted that they receive government contracts (including competitive processes) to conduct research. For example, READ in Afghanistan has received direct government funding to carry out population-based research, and HPDPB/DOH in the Philippines procures services from non-governmental HPSRIs to conduct research. (See the accompanying sidebar.)

2. **HPSRIs have varying degrees of leadership and engagement in setting domestic research priorities.**

All of the interviewees reported that the aim (or part of the aim) of their HPSRI is to produce high-quality, actionable evidence that supports health system priorities within their country. The process for setting research priorities varies by country, as does the degree of HPSRI engagement and/or leadership in this process.

In the Philippines, HPDPB/DOH leads the preparation of the government-wide health research agenda, which serves as the guiding document for the research the bureau undertakes or commissions (as described in the sidebar above). In Indonesia, UGM/CHPM and UI/CHEPS engage in national health policy forums, which include diverse governmental and non-governmental actors. While these forums were not designed as robust research agenda-setting processes, they provide a way to identify research priorities, and HPSRIs can contribute to that discussion.

In India, a community of health system researchers created the IHSC, a growing network of more than 250 HPSRIs and similar institutions at the national and state levels, to accelerate health system research and strengthen research capacity and uptake across the included institutions. Through a robust prioritization process, IHSC engaged public and private domestic research institutions, as well as regional and global experts, to develop an institutional structure and unified research and capacity-building agenda that aligns with the needs of national and state-level policymakers to implement health reforms, such as *Ayushman Bharat Pradhan Mantri Jan Arogya Yojana* (PM-JAY) schemes to increase access to essential services.

Some HPSRIs described less robust national-level prioritization processes, such as in Afghanistan and Bangladesh. At the same time, these HPSRIs also reported conducting internal prioritization processes to align with existing domestic health strategies and policies, allowing them to be more responsive to domestic and external funding.

3. **HPSRIs use multiple approaches to disseminate research to decision-makers strategically, but many are unsure of their ability to influence the translation and/or uptake of that evidence into policy**

The interviews revealed that all HPSRIs have engaged in strategic dissemination of their research through multiple channels and formats. Many (including the UPecon Foundation, UGM/CHPM, UI/CHEPS, IHSC, ELCS, and READ) reported using public forums convened by government health leaders as a key venue through which to share findings and the implications of their research. They reported developing policy briefs or facilitating discussions with stakeholders at these forums to convey how their research could be used to inform policy changes. However, some were unsure how effective these public-facing strategies were in influencing uptake.

Both governmental and non-governmental HPSRIs reported using personal connections and longstanding relationships with health sector leaders or policymakers to strategically disseminate their work and discuss how it could be applied in practice. (See the accompanying sidebar.) However, over time, leadership changes in ministries or legislative bodies have limited this avenue of influence, including in Indonesia and the Philippines. Other HPSRIs reported strategic dissemination of research through broader public channels, such as the media. Icddr,b in Bangladesh has used media channels to distribute high-level implications of research to increase general population awareness of issues of high public importance, with the hope of facilitating stronger public support and/or generating pressure to enact policy change.

> **Using Stakeholder Discussions to Advance Policy Change**
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> UI/CHEPS in Indonesia facilitated a series of discussions with stakeholders under the National Policy Forum (NPF), which was jointly established by CHEPS and Parliament. The results of this series were then synthesized and used as the basis for policy action and change. UI/CHEPS highlighted several steps that contributed to its success, including stakeholder mapping and analysis; strategic engagement with influential stakeholders both internal and external to the NPF; expanding the stakeholder group to "depoliticize" the proposed policy; and using informal approaches to address sensitive topics.

HPSRIs with a large proportion of funding from international donors reported challenges in disseminating research to broader domestic audiences if the findings were viewed as controversial or potentially problematic. While less common, some HPSRIs reported similar challenges in disseminating potentially controversial research even when governmental agencies funded it.

4. **The COVID-19 pandemic delayed the implementation of some HPSR activities given the urgent need for research to inform pandemic response, but it also highlighted the need for countries to prioritize research to support strengthening health system resiliency**

Nearly all of the interviewees noted that the pandemic led to disruptions in ongoing or planned research studies, primarily because priorities shifted to research to inform the pandemic response. Some of the research activities continued with extended timelines.

Given their primary focus on health system research rather than biomedical or health services research, HPSRIs were less likely to be directly engaged in COVID-related research at the onset of the pandemic. Some HPSRIs, such as ELCS and READ in Afghanistan and UI/CHEPS in Indonesia, supported analyses of the implications of service disruptions on essential health services. In the Philippines, the HPDPB/DOH redirected some of its research funding to support projects focused on the ethics of public health interventions during the pandemic, COVID-19 communications, and the impact of the COVID-19 experience on patients and their families. In some situations, shifts to virtual

formats for events such as national policy forums (as in Indonesia) allowed for greater participation from a wider range of researchers and stakeholders, which was seen as advantageous.

In some cases, social distancing and travel restrictions increased engagement by subnational researchers and academic institutions in implementing research activities. For example, ELCS in Afghanistan increased collaboration with provincial universities to carry out data collection activities during the pandemic. As the pandemic continued into its second year, many HPSRIs noted that it elevated the importance of resilient and responsive health systems and the associated research needs despite the continued focus on pandemic response and preparing for COVID-19 vaccine introduction.

5. **HPSRIs highlighted the persistent need to strengthen individual and institutional capacity to generate, translate, and influence research uptake**

The HPSRIs reported a range of capacity-strengthening needs, frequently distinguishing between individual researchers' needs (such as more opportunities for training in research skills) and institutional needs (such as strategic planning processes and stakeholder engagement strategy) to become more effective in meeting their mandates and influencing evidence-based policymaking. HPSRIs in countries with more developed health systems (such as Indonesia and the Philippines) tended to highlight the need for more institutional strengthening, while those with less-developed health systems (such as Afghanistan and Bangladesh) focused more on individual-level strengthening.

Recommendations related to individual researchers tended to focus on increasing research and data analysis skills and developing topical knowledge in health economics and health systems. Major institutional needs included improving HPSRI operational planning, strengthening strategic research dissemination, and improving engagement with policymakers to influence research uptake. Beyond these expressed needs, multiple HPSRIs reported that capacity-strengthening activities were part of their existing mandates and/or approaches to implementing research. (See the accompanying sidebar.)

Integrating Capacity Strengthening into Health System Research

Many HPSRIs incorporate capacity-strengthening approaches into their work:

- ELCS in Afghanistan engages provincial academic institutions in research and provides them with targeted research skills training.
- UI/CHEPS in Indonesia has used commissioned research projects as practical skill-building opportunities and to develop curricula to train future students and researchers.
- icddr,b in Bangladesh has used USAID funding and collaborated with the BRAC University School of Public Health to develop curricula used in research projects.

6. **HPSRI engagement in global and regional training programs and learning platforms has been mixed and has focused more on bilateral research collaboration than on capacity strengthening**

When asked about engagement with existing capacity-strengthening programs and learning platforms, HPSRIs noted varying degrees of involvement. While there was no consistent pattern of involvement by organizational type, more mature HPSRIs tended to report historic engagement on research projects with global platforms, such as the WHO Alliance for Health Policy and Systems Research. UI/CHEPS has participated in a research collaboration with research teams in Brazil, South Africa, and the UK through the Global

Health Economics and Econometrics Project. HPSRIs have been more likely to engage in specific research endeavors with regional platforms, such as the Asia Pacific Observatory on Health Systems and Policies (APO) or the Asia-Pacific Network for Health Systems Strengthening (ANHSS). Examples of these collaborations include HPDPB/DOH's training course on HPSR and evidence synthesis implemented with regional counterparts and provincial implementers, and UGM/CHPM's engagement with APO on Indonesia's health system review. These research-focused partnerships have often been time-limited but have offered longer-term benefits to HPSRIs by expanding their research networks.

Fewer HPSRIs reported engagement with global or regional offerings, such as the World Bank's Flagship Program, and more policymaker-focused platforms such as the Joint Learning Network for Universal Health Coverage (JLN) or Leadership for Universal Health Coverage (L4UHC) program. Government HPSRIs, such as the Philippines' HPDPB/DOH, and some research centers within public universities, reported less in-depth participation in JLN collaboratives, mostly aligning with the JLN's focus on engaging government leaders. With the exception of UGM/CHPM's engagement in ANHSS's private-sector engagement training, no HPSRIs reported being engaged as trainers or facilitators in these platforms.

Many HPSRIs reported research partnerships with institutions in high-income and upper-middle-income countries, such as the United States, Europe, China, Thailand, and South Korea. Many of these collaborations have been based on personal connections and relationships. While HPSRIs did not frame these collaborations as a major source of capacity strengthening, some said they had provided informal mentorship to individual researchers in designing and implementing research projects. For example, UGM/CHPM's engagement with the Equity Initiative in Southeast Asia, co-implemented by the Atlantic Philanthropies and China Medical Board, afforded young researchers opportunities to strengthen their skills in health equity research while building professional networks within the region.

Network Models for Increasing Collaboration and Capacity Strengthening

Originally created as an informal collaboration to align health system research efforts across four leading universities in 2010, Indonesia's Health Policy Network has grown to include researchers from most of the relevant academic institutions and medical training institutions across the country. Coordinated by UGM/CHPM, the network aims to increase research collaboration to boost the production and alignment of research to inform health system reforms. In India, the India Health Systems Collaborative was formally launched in 2020 to achieve a similar goal, particularly to meet the needs of national and state policymakers as they design and implement ambitious reforms. While at two different stages of development and levels of formality, both networks are eager to learn from others about effective collaborative models.

The HPSRIs were generally eager for opportunities to engage more directly with learning platforms or participate in training. The HPSRIs in India, Indonesia, and the Philippines, in particular, were eager to build more robust domestic networks as a forum for capacity strengthening and research collaboration. (See the accompanying sidebar.) HPSRIs saw a potential value-add of participating in programs that engage policymakers as a means of strengthening the perception of and demand for HPSR with these key audiences, potentially leading to more effective interactions in evidence translation and policymaking.

Conclusions

While the findings detailed in this brief are based on a small sample of HPSRI experiences, the diversity of country contexts and organizational types represented serve to showcase some of the strengths of HPSRIs and the challenges they face. These findings complement similar findings from the Accelerator's broader landscaping assessment of the Asian health system research ecosystem.

The HPSRIs represent different levels of research capacity and ability to engage policymakers and disseminate knowledge. Still, targeted capacity strengthening is needed to support the generation, translation, and uptake of health system evidence. More institutionally mature HPSRIs have demonstrated promising models for addressing some of the challenges. For example, there are opportunities to further document and share how research prioritization processes work in the Philippines and Indonesia to help inform similar processes in contexts such as Afghanistan and Bangladesh. Similarly, lessons from network models that help increase domestic research collaboration to address priority evidence gaps for policymaking could be documented and shared with other countries looking to develop similar network models.

Capacity-strengthening efforts must strike a balance between serving individual researchers and the broader institution to ensure that researchers are well equipped to conduct robust, high-quality research and that a strong institutional architecture is in place to support research on priority problems, formulation of, and adoption of those solutions. Given the existing ecosystem for capacity strengthening at the regional and global levels, more direct engagement of HPSRIs in existing training programs and learning platforms could help address these needs while simultaneously increasing engagement between researchers and policymakers. To this end, the Accelerator will be convening representatives from HPSRIs, training programs, and learning platforms to explore these opportunities and co-develop a vision and action plan that contributes to a more responsive and effective ecosystem for health system policy research in Asia.

Appendix A
Characteristics of the Selected HPSRIs

Country	Organization Name	Organization Type	Funding Sources	Date Established	Research Focus Areas
Afghanistan	Emerging Leaders Consulting Services (ELCS)	Consulting firm	External and/or private	2008	Leadership and governance, health system strengthening, institutional development, policy reform, research and survey design, monitoring and evaluation, public health surveillance, data analytics
	Research, Evaluation and Afghanistan Development Organization (READ)	Non-governmental organization (NGO)	External and/or private	2018	Service delivery, epidemiological surveillance, health system strengthening
Bangladesh	International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)	NGO	Government, external and/or private	1960	Primary health care (PHC), including reproductive, maternal, newborn, and child health and nutrition; non-communicable diseases; and UHC
India	India Health Systems Collaborative (IHSC)	Not-for-profit company	Government, external and/or private	2020	Health system strengthening, health sector reform, health insurance, health financing, PHC, health economics
Indonesia	University of Gadjah Mada, Center for Health Policy and Management (UGM/CHPM)	Research center within a public academic institution	Government, external and/or private	1998	Health policy, hospital management, service quality, information systems, disaster management
	University of Indonesia Center for Health Economics and Policy Studies (UI/CHEPS)	Research center within a public academic institution	Government, external and/or private	1998	Health economics, health insurance, health policy, economic evaluation, health technology assessment, service quality
Philippines	Health Policy Development and Planning Bureau, Department of Health (HPDPB/DOH)	Government agency	Government	1999	Health reform, UHC, service delivery, health financing, health behaviors, supply-side readiness
	UPecon Foundation	Research center within a public academic institution	External and/or private	1981	Health economics, economic evaluation

Country	HPSRI	Mixed (Domestic and External) Funding	Engagement in Domestic Research Agenda-Setting	Research Dissemination Through Government-Convened Public Forums	Research Dissemination Through Media	Research Dissemination Through Personal Connections	Focus on Individual Researcher Capacity Strengthening	Focus on Institutional Capacity Strengthening	Engagement in Regional and/or Global Training and Learning Platforms
Afghanistan	Emerging Leaders Consulting Services (ELCS)	●		●		●			
	Research, Evaluation and Afghanistan Development Organization (READ)	●		●		●	●		
Bangladesh	International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)	●		●	●	●	●		
India	India Health Systems Collaborative (IHSC)	●	●	●		●	●		
Indonesia	University of Gadjah Mada, Center for Health Policy and Management (UGM/CHPM)	●	●	●		●		●	●
	University of Indonesia Center for Health Economics and Policy Studies (UI/CHEPS)	●	●	●	●	●			●
Philippines	Health Policy Development and Planning Bureau, Department of Health (HPDPB/DOH)		●			●		●	●
	UPecon Foundation	●		●		●		●	

About the Accelerator

The Health Systems Strengthening Accelerator (the Accelerator) is a global initiative funded by USAID and the Bill & Melinda Gates Foundation that supports countries in expediting their progress toward self-sustaining, strong health systems. The Accelerator works with key actors from across sectors to advance their understanding of the most pressing health system issues, identify their root causes, and draw from global and regional experience to co-create innovative solutions that suit the local context.

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