Learning Brief: Training Programs and Learning Platforms That Support Health Policy and Systems Research in Asia

With support from the USAID Asia Bureau, the Health Systems Strengthening Accelerator (the Accelerator) conducted a landscaping assessment in 2019–20 that identified 97 institutions involved in health policy and systems research (HPSR)[1] across 27 countries of all income levels in Asia. The assessment looked at how HPSR institutions (HPSRIs) have engaged in health system change processes— particularly by generating knowledge, diagnosing challenges, formulating and adopting solutions, and implementing change. It also looked at training programs and learning platforms that have helped strengthen HPSR capacity in the region and how they have supported HSPRIs and their researchers.

This brief summarizes the Accelerator's landscaping assessment findings that relate to these training programs and learning platforms.

Key Characteristics

The Accelerator team identified key characteristics of the major training programs and learning platforms that have served Asian HPSRIs, their researchers, and other health sector stakeholders, including global, regional, and country-specific programs and platforms. Table 1 summarizes the key characteristics of programs and platforms that serve an array of health system actors involved in health policy, health systems research, and/or health systems strengthening (HSS). Table 2 summarizes the key characteristics of programs and platforms that focus specifically on supporting HSPRIs and their researchers.

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[1] For detailed discussions of HPSR and the comprehensive, multidisciplinary approach to health determinants embraced by global institutions, see https://ahpsr.who.int/publications/i/item/2015-07-15-who-strategy-on-health-policy-and-systems-research and https://ahpsr.who.int/publications/i/item/2015-07-15-health-policy-and-systems-research.

Table 1. Training programs and learning platforms that serve an array of health system actors

	PROGRAM/ PLATFORM	PARTICIPANTS	LENGTH	FORMAT	MAIN TOPICS	INSTRUCTOR TYPES	PEDAGOGY	TECHNICAL AND FUNDING PARTNERS	ENGAGED COUNTRIES IN ASIA	YEARS ACTIVE
FLAGSHIP COURSE	The Flagship Course - Global	Mid-level and senior policymakers and government officials	4–8 days	In-person or virtual course[2]	Health systems analysis, performance, and strengthening; sustainable financing	International experts	Case-based teaching, lectures	World Bank, USAID, World Health Organization (WHO), Harvard T.H. Chan School of Public Health	Multiple	1995–present
	The Flagship Course - Asia Regional	Mid- and high-level policymakers, managers, implementers, and other stakeholders working in health and finance ministries and other government agencies, civil society and private-sector organizations, and universities in the Asia-Pacific region	5 days	In-person course	Health systems analysis, performance, and strengthening; sustainable financing	Regional and international experts	Case studies, lectures, debates, facilitated group work	World Bank, USAID, Asia Pacific Network for Health Systems Strengthening (ANHSS)	Afghanistan, Bangladesh, Cambodia, India, Indonesia, Kyrgyzstan, Laos, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Solomon Islands, Thailand, Timor-Leste, Vietnam	2014–Present
	The Flagship Course - India	High-level policymakers from central and state-level departments of health, financing, and planning; other governmental and non-governmental institutions	5 days	In-person course	Health systems analysis, performance, and strengthening; sustainable financing	Indian, regional, and international experts	Case studies, lectures, debates, facilitated group work	Harvard T.H. Chan School of Public Health, Health Systems Transformation Platform, Lal Bahadur Shastri National Academy of Administration	India	2017–present

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[2] The World Bank is offering the first virtual Flagship Course in June 2021.

	Name	Audience	Duration	Format	Topics	Faculty	Methods	Funders	Countries	Years
NETWORKS	Asia-Pacific Network for Health Systems Strengthening (ANHSS)	Policymakers and implementers	Courses and convenings of varying lengths	In-person courses and convenings	HSS, financial protection, equity, service quality and efficiency, private-sector engagement	Regional and international experts	Lectures, debates, hands-on group exercises, case studies	World Bank, USAID, Health Finance & Governance Project, Australian Department of Foreign Affairs and Trade, P4H Social Health Protection Network, Equity in Asia-Pacific Health Systems	Afghanistan, Bangladesh, Cambodia, Indonesia, Laos, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Thailand, Vietnam	2009–present
	Joint Learning Network for Universal Health Coverage (JLN)	Practitioners and policymakers (mainly public sector)	Varying lengths	In-person events and virtual engagement	Health financing, provider payment, service delivery and quality (including primary health care), population targeting and equity, COVID-19, data collection and use, strategic communications, measurement, and evaluation	International, regional, and network country experts	Country learning exchanges, virtual engagement, implementation support	Bill & Melinda Gates Foundation, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Global Financing Facility (GFF), Government of Japan, South Korean Ministry of Health and Welfare / Health Insurance Review and Assessment Service, USAID, World Bank, WHO	*Full members in Asia*: Bangladesh, India, Indonesia, Laos, Malaysia, Mongolia, Philippines, South Korea, Vietnam *Associate members in Asia*: Cambodia, China, Japan, Myanmar	2009–present
	Leadership Program for UHC (L4UHC)	Policymakers, policy analysts, implementers	Multiple three-day, in-person sessions with virtual support in between sessions over one year	In-person events and virtual engagement	Leadership development for HSS	International experts	Case-based teaching, lectures, virtual support during practical exercises, and implementation	GIZ, World Bank, WHO, USAID, Expertise France, P4H, German Federal Ministry for Economic Cooperation and Development (BMZ), Government of Switzerland	Cambodia, Laos, Myanmar, Nepal, Pakistan, Vietnam	2014–present
	Health financing and social health protection network for	Policymakers and decision-makers, global health community	Varying lengths	In-person events and virtual engagement	Health financing, social health protection, and universal health coverage (UHC)	International, regional, and country-based experts	Network-based approach for connecting with relevant resources and	WHO, International Labor Organization, African Development Bank, Asian Development Bank, World Bank, Gates	China, Bangladesh, Bhutan, Cambodia, India, Indonesia, Japan, Kazakhstan,	2007–present

	UHC (P4H Global)				expertise; web portal access to case studies, best practices, etc. to inform UHC strategies, coupled with facilitated workshops		Foundation, Council of Europe Development Bank, GFF, Governments of China, France, Germany, Kazakhstan, Morocco, Russia, South Korea, Spain, Switzerland, and the U.S.	Kyrgyzstan, Laos, Malaysia, Maldives, Mongolia, Myanmar, Pakistan, Nepal, Philippines, South Korea, Sri Lanka, Tajikistan, Thailand, Timor-Leste, Uzbekistan, Vietnam	
VIRTUAL OPEN COURSES	Nossal Institute and UNICEF Massive Open Online Course (MOOC)[3]	Mid- and high-level health professionals, including health administrators and policymakers, doctors, nurses, and others who work to shape health systems	8-week course offered 3 to 4 times per year	Virtual	Health systems frameworks and structure; interventions at different health system levels, from community-based action through policy development; identifying and addressing health system inequities; human resources for health; health financing; supply chain management; quality of care; managing mixed health systems	International experts	Massive open online course format	United Nations Children's Fund (UNICEF)	Bangladesh, India, Indonesia, Kenya, Kiribati, Laos, Malaysia, South Korea, Vanuatu	2019 - Present

[3] The MOOC is based on the Nossal Institute's blended learning program, which it has offered exclusively to UNICEF staff since 2017. More than 400 UNICEF staff globally have completed the course to date. The program includes 12 online modules focused on health systems concepts and knowledge, followed by two weeklong face-to-face modules focused on health systems analysis for HSS and applying complex systems thinking to solve health systems problems, respectively.

Category	Program	Audience	Duration	Format	Topics	Faculty	Approach	Organization	Countries	Year
BLENDED LEARNING	Nossal Institute and UNICEF	UNICEF staff	~14 weeks	Mix of virtual and in-person engagement. 12 online modules (4-5 hours each) followed by two - face-to-face modules	Concepts and knowledge of health systems; health systems analysis for health system strengthening; applying complex systems thinking to solve health systems problems	International experts and UNICEF staff	Structured course is designed to build, module by module, to a comprehensive understanding of systems thinking for health system strengthening	United Nations Children's Fund (UNICEF)	Afghanistan, Bangladesh, Bhutan, Cambodia, China, India, Indonesia, DPR Korea, Kazakhstan, Kyrgyzstan, Lao PDR, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Sri Lanka, Pacific Islands, Papua New Guinea, Philippines, Tajikistan, Turkmenistan, Thailand, Timor-Leste, Uzbekistan, Vietnam	2017
FELLOWSHIPS	Harvard Ministerial Leadership in Health Program	Education, health, and finance ministers from low- and middle-income countries	One-year fellowship program	Mix of in-person and virtual engagement	Leadership effectiveness, priority setting, sustainable financing, policy implementation	Harvard senior faculty and former and long-serving health ministers		Harvard Graduate School of Education, Harvard T.H Chan School of Public Health, Harvard Kennedy School	Afghanistan, Bhutan, Bangladesh, Indonesia, Laos, Malaysia, Myanmar, Philippines, Sri Lanka, Taiwan, Vietnam	2012–present
	Equity Initiative Fellowship Program	Young professionals in medicine, public health, economics, government, NGO management, environment, law, business, and communications	One-year fellowship program	Mix of in-person and virtual engagement	Leadership and practical policy solutions for analyzing and addressing health equity challenges	Government policymakers, academics, NGO founders, leaders of social entrepreneurship programs, social activists	Interactive sessions, guest speakers and instructors, panel discussions and debates, field visits, and skill-building workshops,	Atlantic Philanthropies, China Medical Board	Fellows come from multiple countries within Asia	2016–present

	culminating in a practicum project implemented by fellows in their home countries

Table 2. Training programs and learning platforms that focus primarily on HPSRIs and their researchers

Program/ Platform	Participants	Approach	Faculty Profile	Technical and Funding Partners	Engaged Countries in Asia	Years Active
Asia Pacific Observatory on Health Systems and Policies (APO)	Governments, country-based researchers, international agencies, foundations	APO aims to increase HPSR capacity by linking teams of country-based researchers with a reputable local or regional research institution. APO helps them generate evidence specific to their country or important to the region for use in country dialogue and provides support for using the findings in country dialogue. These linkages can result in country-specific Health Systems in Transition (HiT) reviews developed using a standardized process, regional policy briefs, and cross-country analysis. Increasingly, APO encourages journal article publication based on the original research. The HiT process builds capacity in research and systems analysis to identify and analyze priority challenges. APO recently launched a series of publications on COVID-19 health system response, focusing on policy responses in selected countries.	Support for countries provided by reputable research institutions and individual researchers from their home country or within the region	Asian Development Bank, Australian Department of Foreign Affairs and Trade, Government of Hong Kong, South Korean Ministry of Health and Welfare, Philippines Department of Health, Singapore Ministry of Health, Thailand Ministry of Public Health, World Bank, WHO (South East Asia and Western Pacific regional offices)	Bangladesh, Bhutan, Cambodia, China, Fiji, India, Indonesia, Japan, Laos, Mongolia, Malaysia, New Zealand, Philippines, Myanmar, Papua New Guinea, Singapore, Solomon Islands, South Korea, Sri Lanka, Thailand, Tonga	2011–present
China Medical Board Health Policy Sciences Program	Medical researchers	Builds the capacity of both individual researchers and institutions to generate evidence that supports HSS within health policy centers of excellence at selected university medical schools. Supports twinning programs that pair Chinese researchers with institutions in the U.K., Thailand, and the U.S. for sharing of experiences and mentoring, as well as targeted capacity building through formal training and mentorship.	Led by a senior university faculty member from a medical university	Fudan University, Peking University, Sichuan University, Sun Yat-sen University	China	2008–present
Nossal Institute direct country engagement	International researchers, educators, development practitioners, governments	Nossal Institute partners with local research institutions (both governmental and non-governmental) to co-create and implement health systems research initiatives to inform policymaking. Nossal provides direct support to the assembled research team throughout the research process as well as targeted workshops (through trainings provided in partnership with local institutions) and online learning.	Nossal Institute faculty, with some additional country-based or regional expert faculty	University of Melbourne	Cambodia, India, Indonesia, Nepal, Pacific Islands, Vietnam	1998–present

Key Challenges and Opportunities

The Accelerator team conducted interviews with managers of training courses and learning platforms to identify major strengths and challenges. While the programs and platforms have collectively contributed to increasing the capacity of HSPRIs, policymakers, and health system leaders, four major challenges emerged, which are detailed in the upcoming sections.

- Programs and platforms (and their participants) could benefit from greater alignment and coordination of offerings.
- Participants could benefit from sustained support from programs and platforms.
- Programs and platforms could play a greater role in developing the capacity to translate evidence into policy.
- Programs and platforms have an opportunity to increase their reach through virtual modalities, particularly during the COVID-19 pandemic.

1. Programs and platforms (and their participants) could benefit from greater alignment and coordination of offerings

The Accelerator team's interviews revealed that the offerings from the various programs and platforms are relatively fragmented and lack coordination, collaboration, and alignment of their approaches and offerings. Interviewees also noted a need for greater adaptation to regional and country contexts.

The Flagship Course

A major provider of capacity-strengthening support within the region has been the Flagship Course, which is offered in global, regional, and country-specific versions. The Flagship framework is viewed as comprehensive and coherent by many health system actors. It draws from deep global knowledge of health systems to deliver a highly interactive, case-based approach that teaches principles of health systems analysis and ways to address critical health system challenges through policy.

Demand for the Flagship Course has been consistently high, and the course has led to meaningful policy dialogue in multiple countries since its launch more than 20 years ago. Multiple Asian countries have benefited from the global-level course. The courses customized to Asia have been offered since 2014, including in Thailand, Sri Lanka, and Cambodia (each with participants from nine to 17 countries). The course has been offered through substantial donor support. Without this support, the tuition would discourage participation and lead to long-term financial sustainability challenges.

The India Flagship Course serves state-level health system actors. It includes India-specific case studies and a teaching team of international and Indian experts. Despite integrating the course offerings with a larger country engagement strategy, the course organizers and participants have identified a need to more systematically and sustainably engage local faculty (e.g., mid-career professionals) to develop their capacity as instructors and to engage and sustain relationships with past course participants for continuous learning and support.

In 2018, USAID's Health Finance and Governance (HFG) Project held a workshop to discuss possible revisions to the Flagship model, including curriculum. The workshop highlighted the need for a stronger

multisectoral approach, post-course engagement through an alumni network, stronger linkages with other regional- and country-level activities, a more generalizable and flexible curriculum, curriculum for countries in transition and crisis, and a new curriculum to cover topics such as supply chain, procurement, and governance.

Other Programs and Platforms

Interviewees noted that most programs and platforms focus on increasing topical knowledge or practical skills, but not both. For example, WHO offers a weeklong advanced training course on health financing for universal health coverage (UHC) for low- and middle-income countries. This annual course, which is designed for policymakers, advisors, analysts, senior managers of service provider organizations and health insurance funds, and other health system actors, uses the WHO health financing policy framework as the basis for assessing the health systems of different countries. The Global Fund to Fight AIDS, Tuberculosis and Malaria has offered HSS-specific courses that address issues related to HIV/AIDS, tuberculosis, and malaria programs.

The interviewees also said that only a few training programs offer a sequence of courses that logically build technical and practical knowledge. One is Leadership Program for UHC (L4UHC), which has worked with the Flagship course to first deliver country-specific courses in health systems analysis and solution creation and then develop implementation and leadership skills. Overall, however, interviewees said that learning platforms tend to support separate aspects of HSPR or HSS capacity strengthening, and a more holistic, complementary vision is needed.

By contrast, the networking platforms—including platforms that facilitate the co-creation of technical products, such as the JLN—are seen as more holistic because they increase content knowledge and practical implementation skills. Fellowship programs are considered more holistic as well. For example, the Harvard Ministerial Leadership in Health program is structured to increase knowledge in priority health systems areas and identify steps that health sector leaders can take to address pressing challenges in implementing health reforms. The Atlantic Philanthropies and the China Medical Board's Equity Initiative Fellowship Program supports early-career professionals across various health-related sectors in strengthening skills in designing and implementing interventions to address country-specific inequity challenges and provides mentorship support during implementation.

But overall, the interviewees saw a need for a clearer, more logical landscape of offerings and more coordination among programs and platforms so countries can find offerings that are tailored to their needs.

Models for Targeted Capacity Strengthening

The Accelerator team identified several models that specifically support the development of evidence generation—and, to some extent, translation capacities—of HSPRIs within the region. These programs directly engage HSPRIs in co-creating health systems evidence for use in policymaking. For example, APO partners with leading country-level researchers and provides overarching support in creating the Health Systems in Transition (HiT) series, which aims to systematically analyze a country's health system and provide evidence on priority areas for reforms across multiple functions. Nossal Institute also has a history of engaging with local researchers in multiple Asian countries to identify health systems research priorities and support longer-term research and translation capacities through an ongoing training and

mentorship model. CMB also works with health policy institutes across China to strengthen the capacity of medical researchers to generate evidence that can be used in broader health policy discussions. This has led to stronger integration of evidence into policymaking processes.

In all of these models, research prioritization at the beginning is a prerequisite, but engagement between governments and researchers in shaping research priorities lacks in some contexts. Some programs reportedly focus more on generating evidence and less on the translation of that evidence. Many programs also struggle with funding for capacity strengthening approaches because they are dependent on external or institutional funding.

2. Participants could benefit from sustained support from programs and platforms

Many programs and platforms lack structured follow-up or mentorship support. Instead, they rely on informal networking among participants and trainers. The L4UHC program is one of few programs active in the region that provides dedicated mentorship support to participants after the program ends. However, some interviewees noted that because HSPR is a relatively new field, the number of experts in the region who could serve as mentors is somewhat limited.

Peer-to-peer learning can be a valuable approach. Some platforms (such as the JLN) provide this longer-term support through peer-to-peer mentorship that involves practitioners, policymakers, and the platform's technical facilitators. More such opportunities would help build relationships among practitioners, researchers, and platform facilitators, which could serve as an ongoing source of support, advice, and problem-solving.

Another overarching challenge relates to the composition of participant or country teams in training programs and learning platforms. Historically, the profile of Flagship training participants at the global level has been senior-level ministry leaders. Regional and country-specific Flagship offerings have included a wider range of actors; for example, the India Flagship Course implemented through the Health Systems Transformation Platform and Harvard T.H. Chan School of Public Health has included participants from leading research organizations. Other platforms have engaged country delegations—such as country teams that participate in the yearlong L4UHC program or country core groups under the JLN—including similar high-level health system leaders and policymakers who work together over time. However, these teams have not typically included HSPRI representatives because HSPR has not been consistently viewed as central to the mandates of many of these platforms.

Some program leaders have concerns about financial sustainability because they are dependent on external or institutional funding, which can limit their ability to provide ongoing support to participants. A related challenge has been a lack of ongoing evaluation of programs and platforms, particularly whether they have strengthened the capacities of individual participants or influenced policy change over time. Lack of funding and time have limited opportunities for rigorous evaluations of short- and long-term impact, even though the interviewees considered this a strategic priority for ensuring that programs and platform methods and offerings are responsive to the needs of health system actors.

A recent evaluation of the second cycle of L4UHC (2018–2020) found that the program was successful in building leadership competencies, that participants were generally satisfied with the structure and delivery of the program, and that L4UHC country teams were somewhat able to influence health policy and practice in some counties. Increasing participant diversity and the appropriate level of seniority,

strengthening regional collaborations, and increasing capacity development for implementing policy change were flagged as areas for further content development.

3. Programs and platforms could play a greater role in developing the capacity to translate evidence into policy

The interviews revealed that engagement between researchers and policymakers lacks in some contexts or that programs focus more on generating evidence than on translating it into policy. The interviewees noted a lack of formal opportunities for dialogue between researchers and policymakers. As a result, researchers often do not fully understand complex policymaking processes in their country, lack the skills to communicate with policymakers effectively and at the right time, and ultimately produce research that does not meet policymakers' needs or is not framed in such a way that policymakers can easily understand the policy implications.

Some low- and middle-income countries in Asia lack a culture of evidence-based policymaking. In some countries, such as India, policymakers can be wary of evidence that comes from academic institutions. In China, on the other hand, academics are often more integrated into the policymaking process, and HSPRIs receive government funding for their research. This means that research priorities are often aligned with government priorities. However, China has had challenges building longer-term HSPR capacities and increasing collaboration among HSPRIs to support larger policymaking processes.

Across the Flagship program, network platforms, and fellowship programs, capacity-strengthening activities focus on analyzing data and formulating solutions, with relatively less support for translating evidence into policy. This is true for efforts that target both HSPRI and non-HSPRI health systems.

4. Programs and platforms have an opportunity to increase their reach through virtual modalities, particularly during the COVID-19 pandemic

The COVID-19 pandemic increased the need and demand for virtual learning opportunities. Most of the courses offered by training programs and learning platforms were conducted in-person before the pandemic; only a few platforms had digital offerings, such as JLN and Nossal Institute and UNICEF's MOOC. The JLN shifted to virtual learning offerings and member exchanges to maintain momentum for its members and other interested country leaders and partners. It created more interactive features on its website and engaged a consulting firm to create more effective virtual meetings and engagements. L4UHC adapted a portion of its final module for its current cohort to a virtual format. Demand for a virtual version of the Flagship course, which had previously been discussed, led to scheduling the first such course in June 2021.

Continued rapid adaptation to virtual formats is needed in the short term to address the challenges of the pandemic and in the long term to increase the reach of course offerings. Evaluation will also be needed to determine whether the virtual versions are meeting the needs of the participants.

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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