

STRATEGIC PLATFORMS FOR MANAGING KALUSUGAN PANGKALAHATAN

Prepared by the Health Policy Development Program



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Acronyms and Abbreviations

AHRQ	Agency for Healthcare Research and Quality (USA)
AOR	Agreement Officer's Representative
CCT	Conditional Cash Transfer
CEO	Chief Executive Officer
CHD	Center for Health Development
CHEI	China Health Economics Institute
CHEPSAA	Consortium for Health Policy and Systems Analysis in Africa
CHSR	Center for Health Services Research (Singapore)
CHTs	Community Health Teams
CMS (HCFA)	Center for Medicare and Medicaid Services (USA), formerly known as the Health Care Financing Administration
COI	Conflict of interest
DALYs	Disability-adjusted life years
DHS	Demographic Health Survey
DILG	Department of the Interior and Local Government
DOH	Department of Health
DOLE	Department of Labor and Employment
DSWD	Department of Social Welfare and Development
FIES	Family Income and Expenditure Survey
FUNSALUD	<i>Fundacion Mexicana para La Salud</i>
HCF	Health care financing
HFEP	Health Facilities Enhancement Program
HIRA	Health Insurance Review Agency (South Korea)
HIV	Human immunodeficiency virus
HMO	Health maintenance organizations
HPDPB	Health Policy Development and Planning Bureau, DOH

HPDP2	Health Policy Development Program (2 nd USAID-supported HPDP project)
HSRI	Health Systems Research Institute (Thailand)
HSRC	Human Sciences Research Council (South Africa)
HTA	Health Technology Assessment
IHE	Institute of Health Economics (Canada)
IOM	Institute of Medicine (USA)
KP	<i>Kalusugan Pangkalahatan</i>
KPIP	KP/UHC Institutional Platform for Strategic Management
LGUs	Local government units
MCP	Maternity Care Package (PhilHealth)
MDGs	Millennium Development Goals
M&E	Monitoring and evaluation
ME3	M&E for Equity and Effectiveness
NBB	No balance billing
NEDA	National Economic Development Authority
NGOs	Non-governmental organizations
NHF&SRI	National Health Financing and Systems Research Institute
NHIP	National Health Insurance Program
NHRI	National Health Research Institute (Taiwan)
NHTS-PR	National Household Targeting System for Poverty Reduction
NICE	National Institute for Health and Clinical Excellence (U.K.)
NIH	National Institutes of Health (NIH at the University of the Philippines; NIH, USA)
NIHR	National Institute of Health Research (U.K.; Thailand)
NOH	National Objectives for Health

OD/HR	Organizational development/human resources
OPIF	Organizational Performance Indicator Framework
OSEC	Office of the Secretary of Health
PCB	Primary care benefit
PCHRD	Philippine Council for Health Research and Development
PHAP	Philippine Healthcare Association of the Philippines
PHIC	Philippine Health Insurance Corporation (PhilHealth)
PHO	Provincial Health Office
PIDS	Philippine Institute for Development Studies
RHU	Rural Health Unit
RFP	Request for proposals
SEIP-TF	Support for the Establishment of an Institutional Platform – Task Force
SHI	Social health insurance
SOH	Secretary of Health
SOW	Scope of work
TB-DOTS	Tuberculosis Directly Observed Treatment, Short-course
THETA	Toronto Health Economics and Technology Assessment Collaborative (Canada)
TOR	Terms of reference
UHC	Universal Health Care
U.K.	United Kingdom
U.S.A.	United States of America
USAID	United States Agency for International Development

Executive Summary

The *Kalusugan Pangkalahatan*/Universal Health Care Program (KP/UHC) is a three-pronged medium-term nationwide program that seeks to improve health service utilization and financial risk protection to all Filipinos, attain the health-related MDGs, and expand and strengthen the country's public health facilities network. Strategic management of the KP/UHC requires that the leadership, particularly the Secretary of Health and the ExeCom, has ready access to credible, objective, and timely intelligence that feeds into policy decisions and action.

To this end, the Health Policy Development Program 2 (HPDP2) organized the Support to the Establishment of an Institutional Platform Task Force (SEIP-TF) to develop short- and long-term options for an institutional platform for providing relevant information and intelligence to support strategic management of the KP/UHC.

Task Force Recommendations

The Task Force calls for the establishment of a KP/UHC Institutional Platform for Strategic Management (KPIP), whose overall purpose is to institutionalize an independent and sustainable mechanism for obtaining, analyzing, and disseminating relevant information and intelligence to steer, monitor, evaluate, and improve the KP/UHC program. The four key objectives and program components of the proposed KPIP are:

Objective 1

Strategic Research to provide strategic direction to the KP/UHC program through analytical and policy research, sector reviews, and impact and other evaluation studies.

Objective 2

Monitoring & Performance Assessment to provide monitoring support and operations research to the KP/UHC program and its three strategic thrusts.

Objective 3

Transactional Information to support the Office of the Secretary of Health (OSEC) in managing the day-to-day requirements of running the KP/UHC program.

Objective 4

Capacity Building to develop and strengthen capacity in technical areas related to evidence-based implementation of the KP/UHC program.

The proposed Institutional Platform has the following key features:

1. Adapts a “hybrid model,” which requires a mix of institutional mechanisms rather than a single research institute;
2. Balances the need for autonomy in operations versus proximity to the OSEC;
3. Integrates a built-in mechanism for external quality reviews; and
4. Offers opportunities and incentives for capacity building and research.

In the next three to five years, the proposed Institutional Platform will be built on three closely interacting components, namely:

1. A Special Response Team closely linked with the OSEC and supported by the HPDP2 to address time-sensitive key information and research needs;
2. An expanded Health Policy Development and Planning Bureau (HPDPB) and the implementation of the DOH Research Reference Hub, which will manage and outsource strategic and operational research related to DOH’s priority research agenda; and
3. The creation and support of a Health Financing and Systems Research Consortium, which will foster a community of practice among providers of KP-related information and research from the academe, regional research councils, non-governmental organizations (NGOs), think tanks, and other agencies. Also vital to the KP/UHC information and knowledge chain are close working relationships with the Philippine Health Insurance Corporation (PHIC, or PhilHealth) and the executives and health providers of local government units.

Over the long term, the Task Force envisions an institutionalized tripartite arrangement consisting of:

1. The Office of the Chief of Staff, which will manage the Special Response Team within its office;
2. A stronger HPDPB that has grown and matured in its ability to define, manage, and utilize information and research for policy and planning; and
3. The establishment of a National Health Financing and Systems Research Institute, envisioned to be mandated by law, supported by government as well as private and international agencies, and managed and operated by a strong multidisciplinary cadre of professionals with advanced training and experience.

All of the above are predicated on the demonstration of a strong commitment by the stakeholders, especially the DOH senior management, to the use of evidence and information in program planning and decision making, and to the pursuit of a strong program for capacity development (human resources, information systems, and infrastructure) to allow the culture of evidence and quality to take root and flourish within the DOH and beyond.

Summary of the Task Force's Findings

The Task Force recommendations are based on an analysis of the need for strategic and timely information for the KP/UHC, the providers of such information and their experiences and constraints, and lessons learned from relevant international institutions and models. These are summarized below.

International institutions and experiences. To derive lessons that would inform the establishment of the institutional platform, the Task Force conducted a desk review of various international institutions and organizations engaged in health policy systems research. Countries abroad have organized health research in a variety of ways:

1. A department within the health insurance fund, e.g., South Korea's Health Insurance Review Agency;
2. A government agency, such as U.S. agencies e.g., Agency for Healthcare Research and Quality and the National Institutes of Health, the National Institute of Health Research in the U.K., and the China Health Economics Institute;
3. A state corporation or foundation, which is purpose-built via Congressional or Parliamentary law, working through networks, such as the U.K.'s National Institute for Health and Clinical Excellence as a special health authority and Thailand's Health Service Research Institute;
4. A research council, such as South Africa's Human Sciences Research Council;
5. A civil society foundation, such as the *Fundacion Mexicana para La Salud*;
6. A research consortium or collaborative, such as the Consortium for Health Policy and Systems Analysis in Africa and the Toronto Health Economics and Technology Assessment Collaborative in Canada;
7. A public-private partnership, such as the Institute of Health Economics in Canada; and
8. An academy of elected scientists working voluntarily, such as the Institute of Medicine in the United States.

To fulfill their mandate of supporting policymaking and regulation, health research institutes are generally attached to, or under, the department or ministry of health or the health insurance fund. On the other hand, many advanced and emerging economies recognize the virtue of establishing purpose-built health research institutes or centers. The creation of a center or institute (whether internal or external, autonomous or not, independent or not) provides the boost of energy, unifying center, and locus for visibility, scale, and scope of health research activities.

These institutions involve high levels of technical expertise in a wide variety of non-biomedical disciplines, requiring intramural conduct of health policy, financing and systems research, and/or outsourcing relevant research through skilled research management. Historically, most developing countries have underinvested in health research, particularly health policy, financing, and systems research. Thus, while some institutes mainly have intramural research, others have resorted to outsourcing research projects; still, others have used both approaches.

In the procurement process for research, one important issue that institutes have had to address is the need for a high-level, long-term research agenda that identifies specific research priorities and thematic areas where research resources should be allocated.

Local institutions and experiences. The Task Force conducted a rapid situational analysis of institutions in the Philippines engaged in health policy and systems research, using key informant interviews. The Task Force concluded that the country does not yet have a single institution expressly established to deal with the three broad concerns of the KP/UHC, and with interdisciplinary expertise in the areas of health policy and systems research, health economics and financing, monitoring and evaluation, health technology assessment, and outcomes research.

For institutions involved in some aspects of health policy and systems research, there appears to be a trade-off between the level of capacity and the level of engagement with policymakers. Research institutions that are based in academic institutions with presumably greater capacity to undertake high quality research find it increasingly difficult to connect with local policymakers.

On the other hand, local institutions face a common set of constraints that tend to reduce the quality of research and create a disincentive for young individuals to join the ranks of health policy researchers. Better coordination and management of research funds, whether from the viewpoint of the user or provider of funds, seems to be the key to overcoming a number of constraints faced by researchers.

In developing options for the KPIP, a number of local institutions do offer potentially good models for specific activities proposed for the KPIP and/or for overcoming environmental constraints, specifically in the areas of research portfolio management, compensation of research staff, and capacity building. These have been adapted as part of the Task Force's recommendations for the KPIP.

1.0

Rationale and Problem Statement

1.1 Introduction

The Health Policy Development Project 2 (HPDP2) aims to strengthen a supportive policy and financing environment for family planning, maternal, neonatal, child health and nutrition, and tuberculosis to enable the Philippine government to achieve its Millennium Development Goals (MDGs) in health and to expand and sustain its *Kalusugan Pangkalahatan*/Universal Health Care Program (KP/UHC). Key to the development of effective policy reform for the KP/UHC is the ability to harness credible, readily available, and sustainable resources of analytical information and evidence to support strategic management and implementation of the KP/UHC by the Department of Health (DOH), PhilHealth, and other attached agencies and local government units (LGUs).

To this end and upon the request of the Secretary of Health (SOH), HPDP2 has organized the Support to the Establishment of an Institutional Platform Task Force (SEIP-TF) in order to:

1. Assess the Philippine situation with respect to current constraints in the strategic management, as well as the monitoring and evaluation (M&E), of the KP/UHC;
2. Review international and local institutions involved in analytical activities related to strategic management of social health insurance (SHI) programs; and
3. Advise the SOH on short-term measures and long-term options for institutionalizing the KP/UHC strategic management platform.

Three policy experts constitute the SEIP-TF, providing collective expertise in the areas of health policy development, health systems research, health economics (including health financing, epidemiology, and public health), strategic management, and knowledge management. Their experience covers both local and international health policy programs.

This report includes a brief background on the KP/UHC and the need for an Institutional Platform for its strategic management; a problem statement; methods; rapid situational analysis of Philippine institutions engaged in health policy and systems research; rapid situational analysis of international institutions engaged in health policy and systems research; and recommendations on short- and long-term options for establishing the Institutional Platform.

I.2 Thrust of the KP/ UHC

The KP/UHC is a three-pronged medium-term nationwide program that seeks to:

1. Improve health service utilization and financial risk protection to all Filipinos, especially the poorest of the poor (Quintile 1, or Q1) and the near-poor (Quintile 2, or Q2), all of whom are anticipated to be enrolled in the National Health Insurance Program (NHIP) of PhilHealth by 2013, through premium subsidies by the national government (NG) for Q1 and the local government units (LGUs) for Q2;
2. Assist the government in attaining its health-related MDGs by expanding and improving the country's public health system, including the training and mobilization of a nationwide network of Community Health Teams (CHTs); and
3. Expand, strengthen, and enhance the country's public health facilities network through government investments or through public-private partnerships (PPP) in key hospitals and public health infrastructure.

I.3 Macro Situation in the Medium Term

The KP/UHC needs to be institutionalized during the Aquino administration (2010-2016) and well into the succeeding political administrations so that it can sustainably address the current and future challenges of health sector financing and service delivery. The Philippine health sector is at an important juncture, marked by the following characteristics:

The Philippines has become one of the top 12 countries in terms of population size.

The Philippine population reached 92 million in 2010, and is estimated to reach 112 million in 2020. The demographic window is anticipated to start by 2015, the last among major East Asian countries because of the continuing relatively high birth rate (1.9% a year). Thus, although the population remains relatively young (33.4% below 15 years old), the elderly population is increasing (6.8% in 2010 compared to 6.0% in 2000). High urbanization leading to congested living among poor, persistent urban and peri-urban poverty, as well as labor mobility have become the demographic hallmarks in recent years, leading to new challenges in health service delivery. Meanwhile, about 12.5 million of Filipinos

are abroad working as overseas Filipino workers (OFWs), leaving their families behind, sometimes without health insurance coverage and access to services.

The country's health profile shows a distinct pattern of demographic and epidemiologic transition characterized by a double-burden of disease consisting of communicable diseases.

These require continuing major public health interventions, and noncommunicable diseases require chronic care interventions. Both patterns involve higher health care costs, which the still-largely-budget-funded health system can ill afford, and which uninsured or under-insured households are finding increasingly difficult to meet. Strategically, the country is moving toward a national health insurance system where the poor will receive premium subsidy, but this system needs to be strengthened and sustained beyond the present administration.

The country struggles to maintain its status as a lower middle-income country (lower MIC), and a significant proportion of the household population remains poor and near-poor, many of them without health insurance or access to health services provided by a variety of public, private-for-profit, and NGO providers.

While health financing is being overhauled through the KP/UHC, the supply side remains seriously problematic, and there continues to be many social and structural barriers to care seeking.

These economic, demographic, and epidemiologic developments are happening against a backdrop of historical underinvestment in health facilities and services since the 1970s, and fragmentation in financing brought about by health service devolution in the early 1990s.

The KP/UHC's thrusts can be seen as a necessary antidote to underinvestment and poor financing of the health sector. Since 2007 to 2008, resources for the health sector have steadily increased, and this is expected to continue into the near future, with additional resources coming from the soon-to-be-approved sin taxes on tobacco and alcohol. Thus, from a traditional resource-constrained sector, the health system's problem becomes one of absorptive capacity, largely

due to insufficient human resources for health and inadequate skills capacity enhancement for both management and services.

Little long-term strategic thinking has been done on how the health sector ought to be funded in a situation where the country's gross national income per capita increases over time, but is faced with the challenges of a burgeoning population undergoing a demographic and epidemiological transition, and with a rapidly privatizing health service delivery system and some apex facilities that have become magnets for medical tourism.

Until very recently, the PhilHealth, the country's SHI program, remained a passive funder of health services throughout most of its existence since the late 1960s because of weak stewardship and lack of technical skills. Recent changes in leadership at PhilHealth bode well for its evolution into a truly national health insurance program.

Overall, the bold vision of the KP/UHC and the reforms taking place at the DOH and PhilHealth provide a positive outlook for truly universal health care.

However, a strategic management platform is fundamental in ensuring that the KP/UHC's design is tightly linked to its execution and that information flows are seamlessly integrated to provide credible and timely feedback for updating and/or reinforcing policies and strategies where needed.

1.4 Scope of the KP/UHC Institutional Platform for Strategic Management (KPIP)

To institutionalize the KP/UHC across political administrations, there is a need for a KP/UHC Institutional Platform for Strategic Management (KPIP) that is credible, efficient, and sustainable. Based on the SEIP-TF's meetings with the Secretary of Health, the potential scope of the KPIP is defined below:

Information, evidence, analyses, and syntheses (i.e., "intelligence") for strategic concerns, such as:

1. Strategic planning;
2. Evaluation, including the PGS and impact evaluations;
3. Research focusing on health financing and service delivery;
4. Policy formulation, including support for proactive legislation and regulation; and

5. Institutional reform and the strengthening of relevant units and agencies, and the creation of new units and agencies for health technology assessment.

Intelligence for operational concerns, such as:

1. Routine data gathering and analysis;
2. DOH program monitoring; and
 - a. National Objectives for Health (NOH)
 - b. KP/UHC monitoring summarized in the KP/UHC Dashboard
 - c. Organizational Performance Indicator Framework (OPIF) Program
 - d. Monitoring and Evaluation for Equity and Effectiveness (ME3)
 - e. Various scorecards (LGU, CHD, hospital, donor)
3. PhilHealth program monitoring, summarized in the PhilHealth Dashboard.

Intelligence for transactional concerns, such as:

1. Technical, budgetary, and policy-related tasks;
2. Procurement-related tasks;
3. Advocacy tasks; and
4. *Ad hoc* tasks and other day-to-day requirements of the SOH on the KP/UHC.

The scope of KPIP is potentially very large, and the critical question to answer is: What is the *manageable interest* of the Office of the SOH? What are the most important actions that need to happen at the policy and programmatic levels so that the KP/UHC is on course and does not stall? What information and analyses are needed to underpin these actions? Who will do these? How will these analytical activities be managed and coordinated in the most efficient and least disruptive way?

I.5 Environmental Constraints

Policy environment in the DOH. Department Order 2009-0292 identifies the Health Policy Development and Planning Bureau (HPDPB) as the lead unit in health policy development and thus is expected to “facilitate policy agenda setting and shall provide technical assistance for the various DOH units in their policy formulation initiatives.”¹ Based on this Department Order, the HPDPB is expected to:

- (i) Solicit proposals for inclusion in the DOH policy agenda;
- (ii) Filter and integrate policy ideas and proposals;
- (iii) Provide technical assistance to other DOH units in the entire policy process;
- (iv) Assist in the provision of relevant researches or study results to the different DOH Bureaus or National Centers;
- (v) Review draft policy issuances prior to policy adoption;
- (vi) Actively support policy dissemination and advocacy;
- (vii) Devise a monitoring scheme for policy issuances to track the stages of policy development and implementation of all administrative and department orders; and
- (viii) Enhance the capacity of all DOH units on the policy process by developing a basic course on policy development for newly-appointed technical staff in the DOH.

The list of responsibilities suggests that policy formulation within the DOH is highly centralized and reliant on the HPDPB. Because the KP/UHC is a recently introduced program and would require additional policy issuances for its full implementation, the HPDPB is expected to play an important role in providing information support for the KP/UHC, in close coordination with other DOH clusters and offices and various levels of the health system that have the programmatic/technical expertise and/or generate and process the required technical information. However, as discussed further below, it has human resource constraints as well as structural and management issues in relating to other DOH clusters and offices, LGUs, and other government agencies.

Under an ideal situation, that is, if all the institutions of government having to do with social health insurance were working properly and smoothly, most of the KP/UHC information requirements

¹ Department of Health, Philippines. Department Order 2009-0202: Implementing Guidelines for the Development of the Executive Policies of the Department of Health.

would be met by service statistics produced by the relevant units, interpreted by internal and/or external analysts, and then provided to governing bodies such as the PhilHealth Board, the DOH Executive Committee, the Congressional oversight bodies, and the Office of the President for appropriate decisions and actions. However, many problems and bottlenecks exist in the knowledge-to-action value chain that call for an efficient, credible, and sustainable platform for strategically orchestrating the supply and demand for information and intelligence, and using these for effective strategic management of the KP/UHC.

Institutional limitations of the DOH and LGUs with respect to information management. A major constraint in discussions about the KP/UHC Institutional Platform is the limited capacity and skill set of the DOH, especially the Executive Committee (ExeCom), the Health Policy Development and Planning Bureau (HPDPB), and the regional Centers for Health Development (CHDs), to provide the Office of the SOH with key inputs in the stewardship and management of the KP/UHC initiative. Moreover, although the HPDPB is currently well-staffed and has adequate budgetary resources, it cannot, on its own, deliver strategic policy formulation and M&E support to the SOH regarding the areas of concern identified in Section 1.4 such as strategic, operational, and transactional concerns. Other clusters and offices in relation to health and management information systems, public health programs, and procurement and health facilities have been in a relatively better position to provide technical inputs on specific policy areas, but nevertheless have to go through the HPDPB bottleneck for policy issuances. The weak technical skills needed to address strategic, operational, and transactional concerns are even more noticeable at the level of CHDs and the LGUs, including the Provincial Health Offices (PHOs).

In large part, this is due to the lack of attention given by senior policymakers in government to the acquisition and retention of technical skills related to health policy and systems, financing, and evidence-based management over the years. In previous years, donor-funded projects have tried to bridge the skills gap through, for example, the Regional Capacity Building Initiative, but these have had mixed successes. For the few who have technical competencies and related experience, the lack of retention incentives in the DOH

and the LGUs is likely to draw them away eventually to institutions and/or countries with a more robust policy environment.

With the launch and implementation of the KP/UHC program, a new and re-energized demand for information and intelligence is taking shape. The SOH has reorganized the DOH Central Office to ensure accountabilities for the KP/UHC M&E, including timely and regular reporting on the KP Dashboard, the creation of a Research Hub, and a significant increase in research funds. These short-term solutions, however, will need to be complemented by an integrative platform that can adequately address the three broad concerns for business intelligence and harness the different types of expertise required.

PhilHealth's institutional limitations. A key constraint for an external group to periodically conduct an assessment of PhilHealth is freedom of information and ease of getting data. Gathering PhilHealth data is daunting, onerous, and therefore expensive. The PHIC's information system is extremely fragmented and not user-friendly, even to insiders. Moreover, the PHIC has not been known to be a generous sharer of data, with officers taking refuge in their Corporate Affairs Department, the watchful gatekeeper for data requests. This climate is changing, and the new PHIC administration has shown willingness to share data. PhilHealth is also drawing up guidelines for sharing its data sets to research institutions and universities. The new management is also seriously taking steps to improve information systems and data capture, and installed a new senior vice president position to give full attention to this problem.

Lack of active oversight at the Presidential and Congressional level. In many countries, health financing reform is a high-level (Presidential) priority (e.g., Obamacare). In the Philippines, it has always been a department priority; rarely has it been elevated to the level of the President. In addition, in Anglophone/Commonwealth countries, major initiatives in health financing come about as a result of Commission of Inquiry reports (so-called white papers), which then lead to parliamentary legislation of needed reforms. No such tradition exists in the Philippines. Indeed, although Republic Act No. 7875, which instituted the National Health Insurance Program (NHIP) and created the Philippine Health Insurance Corporation (PHIC), requires Congress to produce a periodic assessment report of

NHIP's performance (Article XIII, Section 54), no such assessment has ever been undertaken.

To address the deficiencies in the oversight of the PHIC, the SHI Study Group put together by the Philippine Healthcare Association of the Philippines (PHAP) has recommended that a national health financing stewardship board, under the Office of the President, be organized to oversee the PHIC. Another alternative may be to convene a Congressional oversight committee to do a regular technical and performance audit of PhilHealth.

1.6 Problem Statement

The effective execution and success of the KP/UHC program depends on good stewardship.² This requires that the stewards, particularly the SOH and the ExeCom, have ready access to credible, objective, and timely intelligence that feeds into policy decisions and action. At present, there is no integrative mechanism, i.e., an institutional platform, through which this all-important function of generating business intelligence flows.

Independence and institutionalization comprise the nature of the beast. Independence is needed to assure the objectivity of the researchers and analysts providing the information, evidence, analyses, and syntheses related to the KP/UHC. A neutral venue is required for objective discussions to take place. Autonomy in the design, implementation, analysis, and synthesis of studies is necessary to ensure that institutional interests do not dilute the results, a possibility that could distort the shape and direction of the program. Given the heavily politicized nature of social programs in the Philippines, an independent platform also minimizes the risk of partisan misuse of data and information. Institutionalization is necessary to ensure that the KP/UHC program runs across political administrations, as well as across its appointed leaders and stewards, i.e., the DOH Secretary and Undersecretaries; the PhilHealth President, Chief Operating Officer, and the Board; and CHD directors. Institutionalization also ensures sustainability of M&E, sector review, research, and related activities. The KPIP, if

² Good stewardship covers six domains/sub-functions: generating intelligence, formulating strategic policy direction, ensuring tools for implementation (power, incentives, sanctions), building coalitions/partnerships, ensuring a fit between policy objectives and organizational structure and culture, and ensuring accountability. (Travis P, Egger D, Davies P, Mechbal A. *Towards better stewardship: concepts and critical issues*. WHO, Geneva, 1992. Available at: <http://www.who.int/healthinfo/paper48.pdf>)

institutionalized, will itself produce the information and intelligence that can ensure its own survival as a program.

The foremost problems and issues to be addressed by the KPIP include:

- a. The need for an objective periodic assessment of the KP/UHC achievements, free of political and institutional self-interest. Periodic assessment provides critical information for any needed program redesign.
- b. The need to develop, validate, and execute a plan for the KP/UHC impact evaluation. This includes the need to obtain baseline information now and in the early years of the KP/UHC. Impact evaluation and related activities will allow strategic redesign of program elements, where needed, and prevent the KP/UHC opponents/cynics from arguing for program elimination or diminution.
- c. The need for objectively verifiable data and information to establish budgetary priorities (KP/UHC versus other government priorities).
- d. The need to sustain government programs such as the KP/UHC across political administrations. Objective assessment and impact evaluation can strengthen the case for this to happen, as has been done in conditional cash transfer programs across Latin America.
- e. The need to strengthen local capacity for technical work in the areas of health insurance and financing, health policy and systems research, impact evaluation, and related fields.

2.0 Methods

The creation of business intelligence for the KP/UHC is a daunting task. It would encompass different levels of inquiry, different tools and approaches, and different stakeholders. Even in the international scene, there is no standardized and agreed-upon approach or mechanism. To narrow down options for the structure and functions of an institutionalized KPIP, the SEIP-TF carried out the following:

1. Rapid assessment of relevant local institutions and organizations;
2. Desk review of relevant institutional or organizational experiences in other countries; and
3. Key informant interviews of prime stakeholders.
 - a. Brainstorming meetings of the SEIP-TF and consultations with the HPDP2 ManCom to develop options for the institutionalization of the KPIP.
 - b. Focus group discussions with prime stakeholders on two to three options for institutionalizing the KPIP.

From the above activities, the SEIP-TF distilled lessons learned and discussed potential innovations adapted to the needs of the SOH and the DOH.

Rapid assessment of local institutions. The Philippines does not yet have an institution expressly established to deal with the three broad concerns outlined in Section 1.4, and with interdisciplinary expertise in the areas of health policy and systems research, health economics and financing, M&E, health technology assessment, and outcomes research. Instead, local institutions remain broad in orientation, although a few focus on special areas such as demography, epidemiology, public health, and training. They have not focused specifically on the kinds of technical areas that are useful to underpin the strategic management of the KP/UHC, except perhaps in a few time-bound research projects.

The SEIP-TF conducted a rapid situational analysis and mapping of the relevant institutions and organizations from November 13 to December 10, 2012. The rapid assessment tool measured the following domains: governance and structure, nature of policy research and collaboration with government agencies, modes of dissemination of research findings, resources for policy research, capacity building efforts, and level of engagement with public policy making as shown in Appendix C. The assessment tool was pre-tested with the UPecon Foundation's Health Policy Development Program and refined accordingly.

Research institutions were identified as target respondents, primarily on the basis of their known expertise and/or experience in health policy and systems research, health economics and financing, M&E, health technology assessment, or outcomes research.

Some target respondents are not engaged in research but are rather providers of research funds, such as the USAID, whose practices could also partly explain the process and outcomes of health policy research. Formal and informal invitations were sent to these institutions. The invitation explained the purpose of the research and included the set of broad questions to be asked. Except for one target respondent, a private firm, all consented to be interviewed. Two other target respondents, a non-governmental organization and a government agency, agreed but were not interviewed due to scheduling constraints. All interviews were conducted face-to-face, with the exception of one institution outside Metro Manila whose interview was conducted via teleconference. Prior to each interview, Internet sources were used to gain knowledge on an institution's vision, mission, organizational charts, and published projects, among others. A post-interview research was done to validate and augment information gathered during the interview.

The overall analysis focused on the match among these local institutions and the DOH's technical support needs to address the three broad concerns in Section 1.4, the available resources and capabilities for technical support within and outside the DOH, the strengths and weaknesses of these institutional resources, and the interrelationships among available institutional resources.

Desk review of international experiences and institutions. The desk review sought to understand how advanced industrial countries as well as middle-income countries (MICs) have addressed the need for information and intelligence for the strategic management of health financing and delivery systems. The desk review was not meant to be exhaustive; it relied heavily on publications, assessment reports, and other resources found in the institutions' websites. As with the local institutions and organizations, the focus was on overseas institutions that have proven expertise and experience in the areas of health policy and systems research, health economics and financing, M&E, health technology assessment, or outcomes research.

Key informant interviews (KII) of prime stakeholders. These in-depth interviews aimed to understand the needs for technical support within the DOH and PhilHealth; the resources available to them; their absorptive capacities as well as vulnerabilities; their understanding and extent of use of information and evidence for decision-making; their points of view with respect to the shape, form, and function of the institutional platform; and their potential contributions or collaboration with the SMP. Some of the key informants include: the SOH; the PhilHealth President and Chief Executive Officer (CEO); the Assistant Secretary for Health Policy, Finance, and Research Development Cluster; the Bureau Chief of the HPDPB; and the HPDP2 leadership.

3.0

Overview of International Experiences and Institutions

This section reviews international experiences in institutionalizing health services research and related disciplines in selected industrial and emerging economies. The review was conducted using available Internet-sourced materials and therefore is not exhaustive. Appendix A provides the case profiles of 21 institutions located in five continents and 11 countries: North America – The United States and Canada; Latin America – Mexico; Europe – the United Kingdom; Africa – South Africa and Kenya; and East Asia – China, Japan, Singapore, Taiwan, and Thailand.

Evolution. Health research institutions evolved to address the increasing complexity of health financing and service delivery. Health research institutions rarely emerged in the beginning of social health financing; most emerged midway through the evolution as service delivery and payment systems became more complex. While political imperatives pushed the early years of membership and benefit expansion, further expansion in membership—especially with public subsidies to the poor and improvement in provider payments towards more complex case rate systems—could only be achieved with stronger technical underpinning, thus necessitating the emergence of research in service delivery and financing.

Technical mandates. The goal of health research institutes that were reviewed is to support policymaking and regulation. However, there are a few research institutes that are also mandated to provide information for service providers, professionals, and patients. These include the United States' Agency for Healthcare Quality and Research (AHQR); the United States' Centers for Medicare and Medicaid Services (CMS), formerly called the Health Care Financing Administration (HCFA); the United Kingdom's National Institute for Health Research (NIHR); and Singapore's Center for Health Services Research (CHSR).

The technical areas of health research institutions involve high levels of non-biomedical specialization. Each of the countries reviewed has dedicated organizations mandated to undertake or outsource relevant research to guide the progression of their health financing and service delivery systems. The technical areas covered by these dedicated research institutions vary but typically include the following specialized areas:

1. Health economics, health care financing³, economic evaluation⁴ payment systems, and claims review and analysis;

³ Health care financing (HCF) refers to the sources of and the methods of gaining revenues in health services. Modes of financing include third-party payers, public grants (budgets), contracts with managed care or health insurance institutions, government contracts, direct public or government payment for service, philanthropic grants, other payments for services, loans, bonds, and self-pay (NLM, 2012).

⁴ Economic evaluation (EA) is the systematic appraisal of costs and benefits of programs, projects, and interventions, normally undertaken to determine the relative economic efficiency of programs, projects, and interventions (NLM, 2012).

2. Health service research⁵;
3. Health therapeutics assessment and formulation of clinical guidelines based on cost-effectiveness analyses⁶ and risk-benefit analyses;
4. Health technology assessment⁷;
5. Outcomes monitoring, effectiveness research, and impact evaluation⁸;
6. Analysis and forecasting of health expenditures⁹ based on alternative scenarios and parameters; and
7. Other forward-looking strategic studies¹⁰ intended to inform needed policies, regulations, and programs in the health sector.

DOH/MOH stewardship. To fulfill their mandate of supporting policymaking and regulation, health research institutes are invariably attached to, or under the management of, the department/ministry of health or the health insurance fund. Almost all of the purpose-built institutes are organizationally under the supervision of the DOH/MOH, including the United States of America institutions (NIH, AHQR, and CMS/HCFR), the United Kingdom institutions (NIHR and NICE, which are under the NHS), Mexico's FUNSALUD, Thailand's NIHR, and Taiwan's NHRI.

Extent of mandate. The demarcation of research activities under health service and financing research is amorphous, covering almost anything beyond the scope of basic and biomedical research. Table 1 shows a stylized illustration of the pathway of health interventions, and the place of health service and financing research in the range of possible research activities in the health sector. Most of the health service research institutions focus on the second stage (Evaluation) while some go as far as to cover the third stage (Adoption) and even the fourth stage (Diffusion). Other countries separate the task of the last three stages as there may be conflict of interest involved, that is, those who did the health technology assessment (*ex-ante*) cannot then evaluate whether or not that particular technology was indeed as cost-effective as expected (*ex-post*).

⁵ Health services research (HSR) is the integration of epidemiologic, sociological, economic, and other analytic sciences in the study of health services. It is usually concerned with relationships between need, demand, supply, use, and outcome of health services. The aim of the research is evaluation, particularly in terms of structure, process, output, and outcome (NLM, 2012).

⁶ Cost-effectiveness analysis (CEA) is an economic evaluation in which the costs and consequences of alternative interventions are expressed as per unit of health outcome. CEA is used to determine technical efficiency, i.e., comparison of costs and consequences of competing interventions for patient group within a given budget (NLM, 2012).

⁷ Health technology assessment (HTA) is a multidisciplinary field of policy analysis that examines the medical, economic, social, and ethical implications of the incremental value, diffusion, and use of a medical technology in health care (Wikipedia, 2012).

⁸ Impact evaluation (IE) assesses the changes that can be attributed to a particular intervention such as a project, program, or policy, both the intended ones as well as ideally the unintended ones. In contrast to outcome monitoring which examines whether targets have been achieved, impact evaluation is structured to answer the question: How would outcomes, such as the participants' well-being, have changed if the intervention had not been undertaken? (Wikipedia, 2012).

⁹ Health expenditures (HE) are the amounts spent by individuals, groups, nations, or private or public organizations for total health care and/or its various components. These amounts may or may not be equivalent to actual health care costs (because of subsidies and taxes) and may or may not be shared among the patient, insurers, the government, and/or employers (NLM, 2012).

¹⁰ These may include studies on future demographic and epidemiologic patterns and health technologies.

Table 1.
*Stylized
 Illustration of the
 Locus of Policy
 and Systems
 Research in the
 Field of Health
 Research*

	Invention (1 st)	Evaluation (2 nd)	Adoption (3 rd)	Diffusion (4 th)
Activity	Basic research, biomedical research	Health services research; service delivery and organization; financing implications; health technology assessment	Evidence- or performance-based purchasing and contracting with providers; adoption of other policies and regulations	Monitoring of patient utilization of services, receipt of care, and outcome/quality of care; payment to providers; impact evaluation
Responsible institution	Medical research institute	Health service research institute ¹¹		

Adaptation to dominant health financing. The health research institutions in advanced countries reflect the type of their dominant health financing. In this sense, the health research institutions are adaptive.

The United Kingdom has a tax-funded health financing system (the National Health Service), and the health service research institutions supporting it (NICE/NIHR) are, by extension, part of the government. They are centralized but outsource to outside institutions, typically universities.

The United States is a mixed health financing system and employs both government and non-government agencies in carrying out the functions of knowledge management. Government agencies work very closely with professional associations, think tanks, and university research institutions in network and partnership arrangements.

1. Health research for the Medicaid/Medicare social health insurance programs is carried out largely in-house by CMS (formerly HCFA) under the DHHS;
2. Health service research as a basis for regulation is carried out mainly by AHRQ under DHHS, either through in-house arrangements or through outsourcing; and
3. Biomedical research is coordinated by the NIH (an agency under DHHS) either through intramural (in-house) arrangements or extramural approaches (outsourcing), underpinned with a very strong peer-review process.

Canada's health financing system is organized by province, and this arrangement provides the provincial contour of health research, where the provincial governments (stewards of the health funds) commission various institutions within the province,

¹¹ As a country advances, the functions of health services and financing research becomes more specialized, requiring not one but two or more research institutes or centers.

usually academic or non-profit research groups, to produce research. Thus, unlike in the United Kingdom and the United States where health research has a central focus and locus, Canadian health research is multi-focal, depending on the priorities of the commissioning province.

Dual-purpose research outputs. Much of health research produced in the United States, Canada, and Western European countries is destined for peer-reviewed journals. They are, therefore, both policy inputs and academic outputs as well. Somehow, the fact that these documents are destined to become peer-reviewed articles provides stronger legitimacy for these documents being used as policy inputs. A recent assessment of the Conference Board (2012) in Canada observed that “these non-profit organizations have several advantages in engaging in health research including relatively secure funding, access to rich data, and large research capacity (health economists, data analysts, policy analysts). For these reasons, they have been able to produce rigorous and reliable research and, at the same time, engage in effective knowledge translation and dissemination efforts. These attributes also contribute to a higher potential for uptake in the form of policies and activities.” The same can be said in the U.S. health research environment.

Administrative and legal structures. Countries have organized health research in seven generic administrative ways. The funding and organizational structures of these approaches¹² and resulting institutions vary from country to country, but they can be generally classified as follows:

1. A department within the health insurance fund, such as South Korea’s Health Insurance Review Agency (HIRA);
2. A government agency, such as U.S. agencies (AHRQ, CMS, NIH); U.K. agency NIHR; and China Health Economics Institute (CHEI);
3. A state corporation or foundation which is purpose-built via Congressional or Parliamentary law, working through networks, such as the United Kingdom’s NICE as a special health authority, Thailand’s Health Systems Research Institute (HSRI), Singapore’s Center for Health Services Research (CHSR), and Taiwan’s National Health Research Institute (NHRI);
4. A council, such as South Africa’s Human Sciences Research Council (HSRC);
5. A civil society foundation, such as Mexico’s FUNSALUD;
6. A research consortium or collaborative, such as the CHEPSAA in sub-Saharan Africa and THETA in Canada;
7. A public-private partnership, such as the Institute of Health Economics (IHE) in Canada; and

¹² The mandates and functions of these agencies are not uniform and therefore they cannot be strictly compared with each other. The structural comparison here is meant to be illustrative.

8. An academy of elected scientists working voluntarily, such as the IOM in the United States.

“Purpose-built” institutions. Advanced and emerging economies recognize the virtue of establishing purpose-built health research institutes or centers. Abstracting from the institutional structures of these research institutions, the common theme is that they were purpose-built, that is, research activities were brought into focus and not allowed to fragment and dissipate across different parts of the bureaucracy or the health sector, which is what inevitably happens when these activities are not pulled together in a coherent, centripetal way. The creation of a center or institute, whether internal or external, autonomous or not, independent or not, provides the boost of energy, unifying center, and locus for visibility, scale, and scope of health research activities.

Varying organizational structures. Despite their common research themes, research institutes focus on various aspects of health services delivery, financing, and systems, and deal with these themes with different levels of interest and intensity depending on the institutions’ specific mandates and the maturity of each country’s health care system. As a result, there is little commonality in the way these institutes are structured and organized. Nevertheless, to give a foretaste of how these research institutes are organized, Table 2 provides a snapshot of the key offices or directorates of a sample of them.

Table 2.
Key Offices or Directorates of a Sample of Health Research Institutes

Health research institute	Key offices or directorates
Agency for Healthcare Quality and Research (AHQR), U.S.	Center for Financing, Access, and Cost Trends; Center for Delivery, Organization, and Markets
Center for Medicare and Medicaid Services (CMS), U.S.	Research, Statistics, and Data Center; Innovation Center; Center for Consumer Information and Insurance Oversight
National Institute for Health Research (NIHR), U.K.	Health Technology Assessment Program, Public Health Research Program, Health Service Delivery Program, Efficacy Mechanism and Evaluation Program
China Health Economics Institute (CHEI)	National Health Accounts, Hospital Reform and Management, Medical and Pharmaceutical Technology Evaluation, Health Services
National Health Research Institute (NHRI), Taiwan	Five institutes (cancer research, cellular and system medicine, population sciences, biotechnology and pharmaceutical research, infectious diseases and vaccinology) and three divisions (environmental health and occupational safety, medical engineering, molecular and genomic medicine)

Health research institute	Key offices or directorates
Health Systems Research Institute (HSRI), Thailand	Works with seven affiliated institutions or subsidiary agencies: Central Office for Healthcare Information, Medical Audit Development Office, Institute of Health Promotion for People with Disability, National Healthcare Financing Development Office, Thai Case Mix Center

Risk of politicization. While purpose-built and independent research institutions can bring focus to the importance of health research, it does not fully insulate research activities from politicization. As the health care system becomes more complex, it inevitably becomes more highly contested. A well-respected health research institute (e.g., the United States’ National Institutes of Health) can lessen the contestability of various research findings by providing an authoritative voice to the discussions and debate. Even in emerging economies, the establishment of an autonomous research institute or center can initially ensure objectivity and independence, as in the case of Mexico’s FUNSALUD (Frenk, 2006; Frenk et al., 2006) or Thailand’s Health Systems Research Institute. However, the research institute can also be politicized, as was demonstrated in the case of the United States’ Agency for Health Care Policy and Research (AHCPR) (Gray et al., 2003) which has had a turbulent history as it traversed Republican and Democratic political administrations.¹³ Health service and financing research can become politicized as its findings can collide with parties that have a financial or political stake in the sector.

Requirement for advanced-level training. As noted above, health services, financing, and related research are highly specialized endeavors, requiring people with advanced degrees. Historically, most developing countries have underinvested in health research. Moreover, between biomedical research and public health research on the one hand, and health services and financing research on the other, the former has been more visible, deemed more meritorious, and therefore easier to sell to decision-makers as a training program that the government should support. Forward-thinking middle-income countries, however, are investing heavily in the degree- and non-degree training of personnel involved in health services and financing research.

¹³ The United States’ Agency for Health Care Policy and Research (AHCPR) has “had a turbulent history. Created with little opposition in 1989, it narrowly escaped being eliminated in 1995, only to be reauthorized (with a new mandate and name – the Agency for Healthcare Research and Quality or AHRQ), with overwhelming support in 1999” (Gray et al., 2003). The AHCPR story reflects the U.S. government’s penchant for spending generously on biomedical research while frowning upon health service research. Conflicting ideas may be due to health service researchers’ tendency to identify and quantify inefficiencies in the health system, findings that often negatively impact on health insurers and service providers with strong political connections.

A case in point is Thailand (Tangcharoensathien, 2001), which embarked on a large-scale “Health Economics and Financing” training scholarship program abroad, in parallel with the institutionalization of health services and financing research, and taking into consideration the career path of the scholars. In the first phase of this training program (1998-2001), 16 researchers from different units of the Ministry of Health and agencies of the health sector were produced, and 32 research activities were completed or ongoing as of April 2001. In the process, networks abroad were established, including links with academic institutions, professional societies, and government and private donors. During the DOH-sponsored Health Research Forum in 2010, a representative from Thailand claimed that the country spends an annual amount of USD70 million for this program.

Procurement modalities. Lack of information precluded detailed analysis of the procurement modalities used by the research institutes to obtain services from experts and specialists. While some institutes preponderantly used an intramural approach (in-house researchers), others preferred an extramural approach (outsourced researchers), while others used both approaches. The early years of a research institute seem to lean towards intramural use of researchers, and evolving towards a more extramural approach as the health agenda widens and gets more complex.

Two considerations are important in the procurement process. The first is having a strong, high-level, and long-term research agenda needed to identify specific research priorities and the areas where research resources should be allocated. The second is having multidisciplinary teams needed to undertake the highly complex research work to be done. While individual personal services consultants may suffice in the initial years, corporate entities may have to be resorted to as contractors as the research program matures (for large-scale surveys and multi-year impact evaluations, among others).

4.0

Rapid Assessment of Local Experiences and Institutions

This section presents a rapid assessment of the Philippine situation with respect to current constraints in the strategic management, as well as the monitoring and evaluation (M&E), of the KP/UHC. It reviews the nature, thrusts, capacity, and programs of local institutions involved in analytical activities related to strategic management of health and health care financing programs.

Due primarily to the limited timeframe of this study, the rapid assessment is not meant to be exhaustive, but is meant to provide a broad overview of relevant local institutions. The rapid assessment covered a total of 28 institutions, two of which are based outside Metro Manila. Appendix B shows a list of the respondents, 11 of which are parastatal/government agencies, 14 are from academia, two are foundations, and one is a private firm. Key findings are discussed below.

Finding 1. The Philippines does not yet have a single institution expressly established to deal with the three broad concerns, and with interdisciplinary expertise in the areas of health policy and systems research, health economics and financing, M&E, health technology assessment, and outcomes research.

Instead, local institutions remain broad in orientation. Although a few focus on special areas such as demography, epidemiology, public health, and training, they have not focused specifically on the kinds of technical areas that are useful to underpin the strategic management of the KP/UHC, except perhaps in a few time-bound research projects.

Of the 28 respondents, 25 indicated that they currently undertake health policy research. The matrix below summarizes the level of participation of these institutions in each broad research area.

Table 3.
*Distribution
of Research
Institutions
Surveyed, by
Broad Research
Areas*

Research topic	None	Few	Moderate	Many
	n=0	n=1-5	n=6-15	n=16-25
Demand for health care				
Health care financing, including insurance and managed care				
Hospital organization, financing, management, and reform				
Service delivery patterns				
Health technology assessment				
Cost effectiveness analysis				
Burden of disease and disability-adjusted life years; health metrics				
Regulatory reform in health care				
Impact evaluation				
Health needs analyses, including epidemiological and demographic projections				
Actuarial studies				
Operations research				
Medical informatics				
Household and health survey design and implementation				
Others:				
<i>Manpower planning</i>				
<i>Performance improvement</i>				
<i>Strategic planning</i>				
<i>Health market innovation</i>				
<i>Health human resource</i>				
<i>Women and women's issues</i>				

Finding 2. There appears to be trade-off between level of capacity and level of engagement with policymakers.

Research institutions that are based in academic institutions with presumably greater capacity to undertake high-quality research find it increasingly difficult to connect with local policymakers. While some cite institutional problems, such as delayed payments, as reasons for declining willingness to participate in commissioned researches, others cite the failure of research institutions to effectively communicate research findings to policymakers. Both weaken the link between (externally conducted) research and policy.

On the other hand, others have criticized some of those that are within arm's length to policy-making as not having the capacity to assess the technical merits of existing research and understand its potential usefulness and applicability. Five institutions suggested having relatively high levels of engagement with the Secretary of Health. Not all of these institutions, however, have high levels of in-house research capacity, at least based on objective measures such as peer-reviewed publications. In addition, the HPDPB, the office that is most accessible to the OSEC for policy information and planning, recognizes that it has a "high need for capacity building" and that the skills needed include economic and statistical analysis.

In general, addressing the trade-off described above implies the need for better management of research funds (particularly, payment); improved communication of research findings to policymakers; and investments in capacity building, primarily within the DOH.

Finding 3. Local institutions face a common set of constraints that tend to reduce the quality of research and create a disincentive for young individuals to join the ranks of health policy researchers.

These constraints include low pay for government employees, lack of employable and well-trained research staff (or, equivalently, lack of time to conduct and publish research among trained researchers who also hold full-time teaching positions or part-time research management positions), and lack of data. Low pay of government employees is primarily due to the Salary Standardization Law. Although there are mechanisms, such as those specified in the Magna Carta for Scientists¹⁴, that augment salaries, there are institutional realities such as lack of funds that render these mechanisms ineffective. Many institutions pointed out the importance of hiring and maintaining competent technical staff. However, there seems to be consensus that the health policy research

¹⁴ Republic Act No. 8439 provides for a Magna Carta for scientists, engineers, researchers, and other science and technology personnel in government. The IRR stipulates that only agencies conducting scientific and technological activities (STA) are eligible for the Magna Carta. The IRR defines STA as "all systematic activities which are closely concerned with the generation, advancement, dissemination, and application of scientific and technical knowledge in all fields of natural science and technology."

bench is relatively shallow and that this situation is not improving due to the lack of interest among prospective researchers and the lack of venues to hone the skills of technical personnel. While competent researchers tend to seek other jobs that offer better rewards, current employees who lack competence cannot be helped because of the lack of training facilities or resources. On the other hand, some of the better-trained researchers who are based in academic institutions lament about being overworked and spread thinly across their teaching obligations, research, and management of research projects. This compromises the quality of their research output or reduces their willingness to undertake research.

Lack of data is also a constraint identified by some institutions, whether due to the absence of an organized and centralized archiving facility for health policy research; the absence of institutionalized systems designed to systematically, regularly, and accurately collect nationwide health-related data; lack of a clear policy on data-sharing by government agencies; or lack of fund support to undertake follow-up data collection activities which can be useful for analyzing long-term policy implications.

Finding 4. Better coordination and management of research funds, whether from the viewpoint of the user or the provider of the funds, seems to be the key to overcoming a number of constraints faced by researchers.

Some respondents pointed out that one constraint in conducting research is the lack of a full-time personnel to manage the institution's research portfolio. Multi-tasking is often the chosen mode, which could result in a lack of focus or priority given to research.

Arguably, one reason why the research agenda of many institutions tends to be reactive rather than proactive is because providers of research funds are unable to pool large amounts of money and announce the availability of funds in a systematic, predictable, and transparent manner so that potential applicants for research funds can make rational staffing and capacity-building decisions. When the buyer of research is sufficiently large, it can make demands on the relevance and the quality level of the research. Moreover, competitive bidding for research funds promotes the production of high-quality research.

Finding 5. A number of local institutions offer good models for specific activities that the institutional platform is envisioned to undertake, or offer effective solutions for specific problems that the institutional platform might face in the future. The following are some examples:

Management of research funds

- The USAID employs Agreement Officer's Representatives (AORs) to manage cooperative agreements between the USAID and non-governmental

organizations (NGOs). AORs perform a wide range of technical tasks, including reviewing and analyzing reports, monitoring compliance with the agreement, verifying the timeliness of performance, and monitoring the financial performance of the recipient of the grant. AORs, who have a wide range of technical skills, are key to the effective management of the USAID's supply of research funds.¹⁵

- The Health Policy Development Program (HPDP) employs a multidisciplinary staff composed of health economists, econometricians/statisticians, and medical doctors from various specialties. The HPDP also sub-contracts other individuals and institutions to provide technical assistance, research activities, and specific competencies, such as the conduct of focus group discussions and the communication of research results, that its in-house staff cannot provide. Outsourcing of technical assistance and research is managed by the HPDP's program managers, who, like the USAID's AORs, are able to perform a wide range of technical tasks such as writing the terms of reference, monitoring deliverables, and engaging other experts to perform quality checks on the deliverables.
- The UP School of Economics (UPSE) and the UP Department of Clinical Epidemiology rely on private not-for-profit foundations to manage their research funds. This is to promote the timely release of funds, avoid delays, and minimize transactional costs.

Compensation of research staff

- The Philippine Institute for Development Studies (PIDS) allows its research fellows to bid for research funds and be compensated over and above the usual government salaries as provided by the Salary Standardization Law.
- The Philippine Council for Health Research and Development (PCHRD) provides increased compensation through R.A. 8439, which provides for a Magna Carta for scientists, engineers, researchers, and other science and technology personnel in government. Benefits under R.A. 8439 include honorarium, share of royalties, subsistence allowance, laundry allowance, longevity pay, and housing allowance. However, since R.A. 8439 is unfunded, payment of benefits is usually sourced from the agency's savings, which can be disbursed only at the end of the fiscal year and will require the approval of the Department of Budget and Management (DBM). To ensure that funds for the implementation of R.A. 8439 are available when needed, it is recommended that R.A. 8439 be amended to specify the source of funds, such as a percentage of the sin tax.

¹⁵ Similar positions exist in other international agencies, such as the Task Team Leaders at the World Bank and the Asian Development Bank, the Transaction Specialists/Advisors at the International Financing Corporation, and the Fund Portfolio Managers at the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

- The Ateneo Center for Economic Research and Development (ACER) and Research Institute for Mindanao Culture (RIMCu) allow faculty members to have reduced teaching load if they are engaged in research. This provides opportunities to increase compensation if the researcher is entitled to honoraria or other forms of payment.

Capacity building

- The HPDP has various capacity-building mechanisms in place. It supports graduate fellowships at the UP School of Economics and encourages research in the area of health economics. It has a pool of Fellows who are deployed in various DOH units in the Central and Regional Offices. These HPDP Fellows engage in learning-by-doing and, in certain situations, transfer know-how through close collaboration with DOH staff. The HPDP also provides support to the UP School of Economics by funding library acquisitions, computer hardware and software, and faculty research.

Research agenda setting

- The Health Policy Development and Planning Bureau (HPDPB), the PCHRD, and the Commission on Higher Education (CHED) jointly lead a national system of research agenda setting that is consultative in nature. The research agenda is intended to direct research efforts for five years. The consultation process involves stakeholders in the public and private sectors and undergoes validation through various workshops, eventually leading to the National Unified Health Research Agenda. The DOH and the HPDPB, in collaboration with the PCHRD, employ a similar process involving consultations with various DOH programs and offices, including the CHDs. For 2012-2013, it has identified about 100 research topics, under several thematic areas, which the HPDPB has commissioned to the PCHRD and the PIDS.
- The HPDP undertakes researches that are demand-driven, or specifically requested by the DOH for use in policy formulation. This ensures that research is policy-relevant. In addition, the HPDP engages in consultations with other stakeholders to have an independent assessment of the health sector's research needs.
- The Asian Institute of Management (AIM) participates in annual international policy forums where current issues in health policy research are presented. This provides inputs for local, regional, and global research priorities.

Research dissemination

- The HPDPB regularly conducts the Health Policy Discussion Series, a venue to discuss researches that potentially have policy implications, to present proposed policies to a wider audience, and to disseminate an approved policy.
- The UPSE conducts a Friday Seminar Series, which is open to the public. The UPSE faculty members use this venue to discuss their research for peer review and to solicit feedback from potential users of the research, including policymakers and graduate students. Visitors from other universities and research institutions also use this venue to obtain feedback on their research.

Engagement with policymakers

- The UP National Institutes of Health describes its links with health policymakers as “strong.” The NIH reported having a strategic role and can report directly to policymakers since the Secretary of Health and other department secretaries are members of its Board of Trustees.
- The UPSE has two types of research in its portfolio: commissioned research by the DOH and other government agencies intended to answer specific policy questions, and large-scale research grants provided through competitive grant application mechanisms. Some of these grants are designed to directly benefit the DOH and its attached agencies. While the first type of research satisfies the need to be directly engaged with policymakers, the second allows the research to yield more academic publication, which is needed to sustain a career in the academe.

5.0

Framework for the KP/UHC Institutional Platform for Strategic Management (KPIP)

5.1 Objectives and Framework for the KPIP

The **purpose** of the KPIP is to establish and institutionalize an independent and sustainable mechanism for obtaining, analyzing, and disseminating relevant information and intelligence to steer, monitor, evaluate, and improve the KP/UHC program so that it can achieve its targets and attract support from the current and succeeding political administrations.

The four objectives of the KPIP, and the corresponding program components, are as follows:

Objective 1

To provide strategic direction to the KP/UHC program through analytical and policy research, sector reviews, and impact and other evaluation studies that will ensure that “all Filipinos, especially the poor, are provided affordable, accessible, and quality health care.”

Objective 2

To provide monitoring support and operations research to the KP/UHC program and its three strategic thrusts, namely financial risk protection through expansion in National Health Insurance Program (NHIP) enrollment and benefit delivery; improved access to quality hospitals and health care facilities; and attainment of the health-related MDGs.

Objective 3

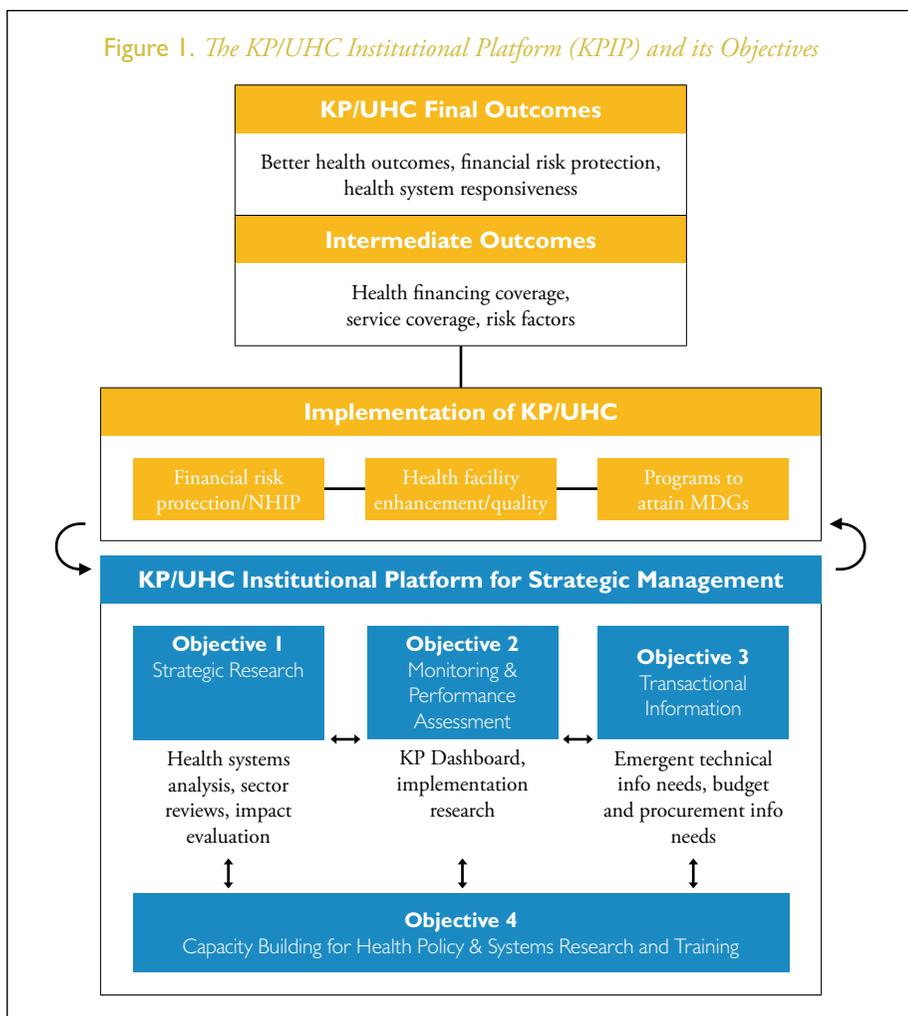
To support the OSEC in managing the day-to-day requirements of running the KP/UHC program. Thematic areas include technical, budgetary, and policy tasks (“managing up”); procurement-related tasks (“managing across” and “managing down”); advocacy tasks (“reaching out”); and *ad hoc* tasks.

Objective 4

To build capacity and strengthen training in technical areas related to evidence-based implementation of the KP/UHC program.

Figure 1 provides a KPIP schematic to illustrate the objectives in relation to the strategic management of the KP/UHC program. The objectives are elaborated in the subsections below.

Figure 1. *The KP/UHC Institutional Platform (KPIP) and its Objectives*



OBJECTIVE 1: STRATEGIC RESEARCH

Strategic research to guide the implementation and management, refinement, and/or reform of the KP/UHC program is critically important to ensure that the KP/UHC is indeed significantly improving the health status of the Filipino people, is achieving financial risk protection especially for the poor, and is responding to the people's health needs. The information generally entails macro-level analysis of health systems, sector reviews, and impact evaluation of the program. However, strategic information can also involve predictive modeling, assessments of potential/future programmatic interventions, options for policy change/reform, and strategic options for strengthening key components of the health system such as health financing, health information systems, human resources for health, and governance.

The following sources provided information and ideas related to this key result area of the Platform:

1. The SEIP-TF's discussions with the Secretary of Health on October 16, 2012.
2. The list of short- and medium-term challenges of PhilHealth contained in the draft report, "PhilHealth Now and Then: An Assessment of the National Health Insurance Program, 1995-2012."¹⁶ Many of the recommendations from this report emanated from meetings with Health Secretary Enrique Ona, PhilHealth President Eduardo Banzon, and PhilHealth Chief Operating Officer Attorney Alexander Padilla.
3. The research agenda for 2012-2013 agreed upon by the DOH and the PIDS under the DOH-PIDS Health Research Management Program. The raw list is based on discussions among stakeholders held during the Health Policy Forum at the Pan Pacific Hotel in November 2011 and further discussions with the DOH Office of the Secretary, DOH program managers, and PhilHealth staff.
4. The KP Dashboard indicators and discussions with the DOH, the World Health Organization (WHO), and the World Bank on the monitoring and evaluation of the KP/UHC.

Table 4 provides illustrative examples of strategic research that mechanisms under the KPIP could undertake. It is expected that in the next stages of the SEIP work and during the institutionalization process of the KPIP, the full list of researches and activities (under Objectives 1-4) will be critically appraised, prioritized, and costed.

Many of the potential areas for strategic research will require multidisciplinary and interdisciplinary collaborative efforts ranging from the social sciences, economics, political sciences, demography, epidemiology, public health and medicine, and others. Many will require special expertise not always found in the DOH nor in a single institution outside

¹⁶ Available upon request.

the DOH. In addition, the timeframe to conduct most of these research topics will not be “PDQ”¹⁷ and may require considerable investments in human resources and study implementation. These have implications on the options for the Platform.

Table 4.
*Illustrative
Examples of
Strategic Research
Areas and Topics*

Research area	Examples of research questions/topics
Overall sector analyses/studies	<ul style="list-style-type: none"> • Household health expenditure and utilization surveys (rider questions in FIES) • Demographic and Health Surveys (and secondary analyses using DHS) • Population and epidemiological studies; burden of disease studies (DALYs) • National Health Accounts/Expenditures and Local Health Accounts/Expenditures • Construction of a medical inflation index • Health technology assessment studies
Financial risk protection	<ul style="list-style-type: none"> • Family Income and Expenditure Surveys (and secondary analyses using survey data) • Defining the scope of financial risk protection by the government; development of consensus within government of what percent of the population should be subsidized by the government: real poor only, or including near-poor? (~7 million for both); cleaning up the Q1 and Q2 database (problems with NHTS-PR); How much of the sin tax revenues should be allocated to the KP/UHC premium subsidy? • How much is needed for the KP/UHC program until 2016? • What is the size of Q3? What if this population segment is also subsidized? How much would be needed for this purpose? • Policy research and regulations on health maintenance organizations (HMOs) in the Philippines • Catastrophic diseases – incidence, costs, current financing strategies, potential role of HMOs and supplemental health insurance, role of the Philippine Charity Sweepstakes Office (PCSO) and the Philippine Amusement and Gaming Corporation (PAGCOR) in financing catastrophic cases
PhilHealth-focused analyses	<ul style="list-style-type: none"> • PhilHealth service statistics (and secondary analyses using these statistics) • Support value/balance-billing surveys
Health facilities enhancement and public-private partnerships (PPPs)	<ul style="list-style-type: none"> • Quantitative Service Delivery Surveys to answer a range of questions: How many health facilities are really functional? (Use appendectomy as standard). Monitoring of LGU health facilities: What has happened to HFEP investments in terms of completion of infrastructure, staffing, and overall functionality? How much have they improved access?

¹⁷ “Pretty darn quick” in colloquial terms, or “Process Data Quickly.”

	<ul style="list-style-type: none"> • Assessment of impact of devolution of health services: What LGU powers/functions under Devolution Law are not being dispensed properly? Should these be recentralized? What amendments of the Devolution Law are needed? • Impact of central grants on LGU health services: How much of the money has actually been downloaded? Are they being used properly? What is the level of wastage? • Inventory and assessment of medical specialties: How many are in the province? How many are really Board-certified? What is the best and most feasible approach for measuring quality of care? • Assessment of PPPs for Health, systematic review of PPP experiences locally and internationally, and distilling best practices
MDG-related studies	<ul style="list-style-type: none"> • Impact of deployment of CHTs on health-related MDGs • Assessment of new initiatives for routine disease surveillance and tracking (e.g., Community Health Information Tracking System, ClinicSys) and pilot testing of new information systems (e.g., District Health Information Software) • Impact of implementation of the Reproductive Health Bill • Systematic review of integrated approaches and inter-sectoral approaches to achieving health-related MDGs • Client satisfaction surveys (health system responsiveness)
Impact evaluation	<ul style="list-style-type: none"> • Design and implementation of impact evaluation of the KP/UHC

OBJECTIVE 2: MONITORING AND PERFORMANCE ASSESSMENT

The KPIP should provide timely and accurate information and intelligence that will provide the DOH's top leadership and program managers with a reliable barometer to gauge regularly whether the KP/UHC programs and interventions are being delivered efficiently, effectively, and equitably. Monitoring and performance assessment, as well as implementation and operational research, are necessary to determine ways of improving performance and interventions directed towards the three strategic thrusts of the KP/UHC.

This meso-level of analysis requires data, information, analyses, and collaboration from many stakeholders: from the DOH Central Office (in particular, the National Epidemiology Center and the HPDPB) to the Centers for Health Development, local government units, PhilHealth (in particular, the Corporate Planning Department, which is in charge of M&E), the National Statistics Office (NSO), the National Statistical Coordination Board (NSCB), academic institutions, NGOs, programs and projects supported by international funding agencies and bilateral development agencies,

and the private sector, among others. The level of complexity of the information and coordination needs for Objective 2 should be considered in the development of the KPIP.

For regular monitoring of progress, the DOH has developed the KP Dashboard, which is a close-to-real-time system of reporting selected measures of inputs, outputs, and intermediate outcomes in an easy-to-read format. Signals of operational progress or delays, based on the KP Dashboard (as well as other performance assessment tools in the DOH), are supposed to trigger management action at appropriate levels. Table 5 shows the KP Dashboard indicators.

Table 5.
KP Dashboard Indicators Characterized by Domain Covered and by Component in the M&E Results Chain (as of October 15, 2012)

* Indicators 5 and 6 will be revised pending new terminologies and/or criteria used for various categories/levels of health facilities.

** Although indicators 9 and 10 refer to human resources for health (i.e., inputs to the KP/UHC), the effective deployment of the RNHeals nurses and the CHTs are proxy measures for improved access to services by helping clients and communities navigate through available health services.

Domain	KP Dashboard Indicator	M&E component	
Financial risk protection	1. Percentage of population enrolled in PhilHealth	Input	
	2. Inpatient utilization/availment rate by PhilHealth member type	Output	
	3. Percentage of NBB claims among PhilHealth members in the Sponsored Program	Intermediate outcome	
Access to quality health care	4. Percentage of LGUs with facilities contracted to provide the following: PCB, TB-DOTS, MCP	Output	
	5. Percentage of provinces with Level 2 and Level 3 hospitals*	Output	
	6. Percentage of accredited hospitals that are Centers of Excellence; percentage of accredited hospitals that are Centers of Quality*	Output	
	7. Percentage of HFEP facilities with infrastructure upgrading in the following stages: pre-procurement, procurement, ongoing, completed	Input	
	8. Percentage of LGUs with a Conditional Cash Transfer (CCT) Program without ComPack (Complete Treatment Program) stockouts	Input	
	9. Percentage of CCT LGUs with RNHeals nurses deployed	Output**	
	10. Number of Community Health Teams deployed	Output**	
	11. Percentage of clients in health facilities satisfied with services	Output	
	Attainment of MDGs	12. Percentage of children fully immunized (FIC)	Intermediate outcome
		13. Percentage of underweight and severely underweight children 0-59 months of age	Intermediate outcome
14. Percentage of mothers delivering in a hospital, RHU, birthing clinic, or lying-in clinic		Intermediate outcome	

	15. Number of new acceptors of natural and artificial family planning methods	Intermediate outcome
	16. Number of new TB cases detected	Intermediate outcome
	17. Number of newly-diagnosed HIV cases	Intermediate outcome
	18. Percentage of people living with HIV/AIDS on antiretroviral drugs	Intermediate outcome
	19. Proportion of adults (≥ 20 years old) found to have $\geq 20\%$ cardiovascular risk given appropriate intervention	Intermediate outcome
	20. Number of barangays with at least five cases of dengue in the past four weeks	Intermediate outcome

Source:
Department of Health. Monitoring and Evaluation Framework for *Kalusugan Pangkalahatan/* Universal Health Care. November 17, 2012. Available upon request.

In addition to the KP Dashboard, operational research and implementation research are needed to achieve Objective 2, specifically to develop solutions for operational and/or health service delivery, to address access and utilization issues encountered during the KP/UHC implementation, and to contribute high-quality information that feeds into M&E. Examples of such research studies are: how to scale up and accelerate deployment of Community Health Teams, survey of medical and surgical capabilities, service availability and readiness assessment (SARA) of health facilities, and patient exit interviews.

OBJECTIVE 3: TRANSACTIONAL INFORMATION

Transactional issues dominate much of the day-to-day work of the DOH. These issues may or may not be important, but are generally urgent or emergent, and require reliable information within a short span of time. For the most part, unless these transactional issues are addressed, they are unlikely to disappear.

Transactional issues cover a wide range of tasks, as shown in Table 6. The general urgent and dynamic nature of these tasks will require an agile and flexible response that is different from the relatively longer timeframes of most macro- and meso-level health policy and systems research studies.

Table 6.
*Illustrative
Examples of
Transactional
Information
Needs*

Thematic area	Examples
Technical, budgetary, and policy tasks (“managing up”)	<ul style="list-style-type: none"> • Responding to technical and policy queries (Office of the President, Lower House, Senate) • Responding to budgetary issues (DBM) and technical and policy queries (NEDA, DSWD, DOLE, DILG, other departments) • Responding to queries from donor agencies • Preparation of briefing notes and papers for official travels abroad
Procurement-related tasks (“managing across” and “managing down”)	<ul style="list-style-type: none"> • Writing and reviewing specifications (RFPs, TORs, SOWs, bidding/Central Office Bids, and Awards Committee documents) • Following up on ongoing procurements • Troubleshooting on problematic procurements
Advocacy and public information tasks	<ul style="list-style-type: none"> • Preparing presentations, speeches • Moral suasion; convincing local officials • Organizing events for meetings, visits, and media interviews • Preparing press releases and other publications (leaflets, brochures)
<i>Ad hoc</i> tasks	<ul style="list-style-type: none"> • Issuing technical guidance and opinions on urgent and emergent issues (e.g., pandemic influenza, disease outbreaks, and disaster management) • Providing briefing documents and solutions to specific problems as they arise

OBJECTIVE 4: CAPACITY BUILDING

The key to the institutionalization and sustainability of the KPIP lies in the presence of a critical mass of committed and competent professionals who will provide high-quality and timely information and intelligence relevant to the KP/UHC. It is appreciated that this is a medium- to long-term endeavor requiring substantial and continuous investments in human resources for health policy and systems research, as well as health information systems. This also requires an enabling environment wherein this community of information and research specialists can thrive and grow.

As alluded to under Objective 1, the range of technical expertise needed for the KPIP is broad and challenging. Some of the many disciplines and areas of competencies needed are: health economics, health financing, epidemiology, impact evaluation design and methodology, survey design and methodology, demography, health technology assessment, information systems, medical informatics, actuaries, and clinical practice guideline development, to name a few.

Obviously, the range of expertise goes beyond the reach of the DOH and will require harnessing of talents both within and outside the DOH. Over the medium to long term, the information demand from the KP/UHC implementation requires a solid platform for capacity building and training. To build a deep bench for strategic thinking and research, mid-career and young professionals can be sent for training in graduate degree programs here and abroad in the relevant disciplines, coupled with sufficient incentives for brain retention and growth after training. Short- and medium-term plans for capacity building could include graduate non-degrees (certificate) programs here and abroad, policy research internships and fellowships, technical paper writing and presentations in international conferences, or study tours to countries with successful UHC initiatives/research programs.

Capacity-building efforts will require a carefully laid-out master plan, which is beyond the scope of the SEIP-TF. In pursuing Objective 4, some of the issues that need to be addressed in developing a viable capacity-building plan are: criteria and process of selection of candidates for training, pros and cons of a bonding arrangement for trainees, deployment and career paths for the trained cadre, incentives for retention, the creation of a culture within the DOH and its partner institutions that demands good evidence for decision-making and program planning, and a conducive environment and infrastructure for research.

6.0

Recommendations for Institutionalizing the KP/UHC Institutional Platform for Strategic Management (KPIP)

Given the objectives and functions of the KPIP as described in Chapter 5.0, the institutional platform being proposed should have the following desired properties:

1. Maintains independence in the development, design, and implementation of KP/UHC-related studies and the analysis of data but closely-linked and attuned to the information needs for KP/UHC strategic management;
2. Has a sufficient level of technical expertise;
3. Addresses the three areas of the KP/UHC information and intelligence needs: strategic research, monitoring and performance assessment, and transactional information; and
4. Allows for a short-term time horizon to address pressing and/or priority information needs during the first two years of the KP/UHC implementation, and a long-term time horizon to ensure sustainability and consolidate the Platform.

The challenges posed by the broad mandate of the KPIP overwhelmingly suggest that no single institution can fulfill the above properties, at least in the short term. The SEIP-TF proposes a **“hybrid model”** for the proposed Platform, which has the following key features:

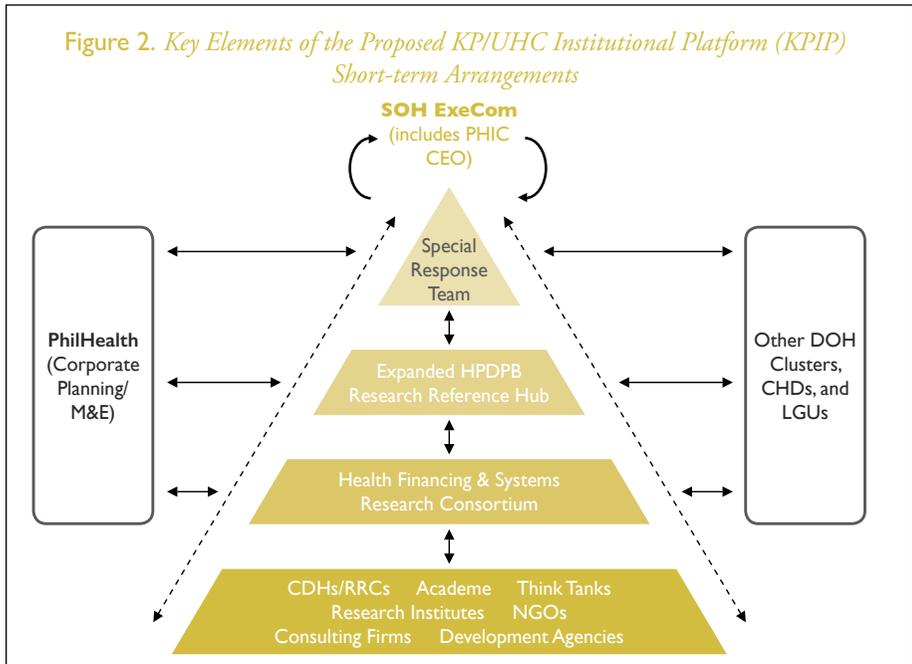
1. Constitutes a mix of institutional mechanisms rather than a single research institute to address all three areas of the KP/UHC information and intelligence needs, the very essence of a “platform”;
2. Balances the need for autonomy in operations versus proximity to the Office of the Secretary;
3. Integrates a built-in mechanism for external quality reviews; and
4. Offers opportunities and incentives for capacity building and research.

These are discussed next in terms of short- and long-term options.

6.1 Short-Term Options

Figure 2 illustrates the elements of the KPIP in the short term. It consists of three key elements supporting the Secretary of Health and the DOH ExeCom (including the PhilHealth President and CEO). At the bottom of the pyramid is a broad but fragmented array of local institutions and agencies with technical capabilities in disciplines related to health policy and systems research, but not necessarily serving the information needs of the KP/UHC (see Chapter 4.0 findings).

First Key Element. From these largely unconnected research bodies, selected institutions and agencies (based on disciplinary areas of technical competence, research infrastructure, geographic reach, and other criteria) could form the *first key element* of the KPIP, namely, the Health Financing & Systems Research Consortium,¹⁸ primarily acting as research providers and contributing relevant information and recommendations for action under Objectives 1 and 2 (strategic research and impact evaluation; implementation and operational research).



¹⁸ An international example of a consortium that harnesses synergies of collaborating institutions is the Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA). Although geared primarily towards capacity building, CHEPSAA is an example of a loose network of like-minded institutions working together for health policy and systems research.

Second Key Element. The *second key element* of the KPIP consists of a strengthened HPDPB and the DOH Research Reference Hub. The HPDPB is the lead bureau in the DOH for developing sectoral health policies, plans, programs, and systems (see Chapter 4.0) but is currently under-staffed to meet the rapidly growing need for knowledge and information for evidence-based policy-making. Thus, the DOH Research Reference Hub was created on November 27, 2012 to:

1. Strengthen health policy research systems management in the DOH through collaborations and partnerships among government and other research institutions;
2. Increase capacity for research, knowledge management, policy development, and performance assessment in the DOH; and
3. Generate more health researches to support the KP Health Research Agenda.¹⁹

The Research Reference Hub consists of an Executive Board (with membership from the DOH and its partners), a Technical Working Group, a network of institutional partners (initially the PCHRD, PIDS, and the UP NIH, but will eventually expand to other institutions capable of carrying out the necessary research priorities), policy planning research fellows attached to specific research projects, and the Secretariat (HPDPB staff). The Research Reference Hub could thus serve as a conduit for commissioning and funding KP/UHC-related strategic research, monitoring, and performance assessment needs, with the Health Financing & Systems Research Consortium as a major source of research human resources. It should be noted that the research agenda of the Research Reference Hub is much broader than the information/intelligence priorities of the KP/UHC. Hence, as the KPIP is implemented, there will have to be better coordination and rationalization of research priorities. The main focus would be strategic research, implementation research, and program/impact evaluations, making full use of the skills of academic researchers, think tanks, and the like.

Third Key Element. Short of creating an Office of the Chief of Staff with a Special Response Research Team to address transactional information concerns, the *third key element* of the KPIP will have

¹⁹ Department of Health, Philippines. Establishment of a Research Reference Hub in the Department of Health. Department Order No. 2012-0197, November 27, 2012.

to be a team of external resource persons who have the mandate to provide policy support to the DOH, possess the required technical competencies, and demonstrate the agility to respond quickly under the rubric of Objectives 2 and 3 (operational research, and transactional issues and implementation). In the short term, given the lack of a readily available solution within the DOH, the Secretary of Health has requested the HPDP to support the Office of the Secretary for these special information needs, and a small HPDP team is being seconded for this purpose. As described in Chapter 5.0, the “Special Response Team” from the HPDP can reach out and coordinate with the first two KPIP elements above and various levels of the health system (especially the LGUs), including PhilHealth, in responding to these information requests and initiating an open process of knowledge sharing and knowledge management (see Figure 2). Health policy fellows can also be posted to this team for “in the trenches” training.

In addition to the above elements, an important DOH partner in providing information and intelligence for the KP/UHC strategic management is the Corporate Planning Department of PhilHealth, which is charged with the M&E function within PhilHealth. Figure 2 illustrates this symbiotic relationship with PhilHealth, even though it is not, strictly speaking, a key element of the KPIP structure. Even more importantly, the KPIP must reach out to the LGUs which provide primary and secondary care and prevention programs, especially to the poorest 20 percent of the Filipino people.

Finally, as early as now, plans for capacity building (Objective 4) should be laid out and implemented through the various elements described above. Various strategic and short-term activities can be planned. For example, the HPDP could work closely with the HPDPB in the development of training modules; in the conduct of actual training programs, including policy research fellowships; in the enforcement of job rotation/exchange programs for HPDPB staff; in the recruitment of talent from other units of the DOH, such as public hospitals and applicants in the Doctors to the Barrios (DTTB) program; and in the development of performance-based incentives, and degree and non-degree graduate programs in relevant disciplines.

6.2 Long-Term Options

For a long-term, sustainable response to the DOH's essential need for quality information and intelligence for policy development and systems reforms, the SEIP-TF strongly recommends a mature version of the “**hybrid model**” described under the short-term options. This consists of the establishment of an Office of the Chief of Staff, which has a Special Response Team, and includes the option to recruit Senior Advisors; a stronger HPDPB; and a National Health Financing & Systems Research Institute.

The **Office of the Chief of Staff** will require the recruitment of a senior technocrat who acts as the chief policy advisor for the OSEC but also oversees the day-to-day management of the OSEC staff, particularly the Special Response Team.

The desirable profile for the **Chief of Staff** would be as follows:

- Has top-level managerial skills to manage and triage the inflow and outflow of information and intelligence for the KP/UHC and other OSEC concerns;
- Is able to effectively engage with DOH clusters and offices to obtain necessary quality information in a timely manner;
- Has a broad and deep understanding of the KP/UHC;
- Has experience in evidence-based policy-making and knowledge management;
- Knowledgeable about political and social issues; and
- Has excellent written and oral communication skills.

We further propose that the Chief of Staff be supported by a small team of three to five mid-career information and policy specialists who are the brightest and most capable from the pool of health policy fellows trained over the years, and/or selected staff from the HPDP who would like to directly serve as DOH staff. This team would take over the role of the Special Research Response Team described under the short-term options. Ideally, in addition to the mid-career staff, there would be three Senior Advisors for the following portfolios corresponding to the KP/UHC thrusts: financial risk protection, health facilities enhancement, and MDG attainment. The proposed scopes of work (SOW) of the team members (senior advisors and information/policy specialists) would be:

SOW for the Senior Advisor on Financial Risk Protection:

- Provide top-level advisory and strategic thinking on social health insurance and its operational aspects;

- Review reports and regulatory and legislative initiatives on social health insurance and financial risk protection and provide objective feedback and comments on behalf of the DOH;
- Draft concept notes pertaining to social health insurance and financial risk protection;
- Liaise with the HPDPB, other DOH clusters, PhilHealth, the Health Financing & Systems Research Institute (see below), LGU executives, private HMOs, donors, and other stakeholders on issues related to the financing of health services;
- Organize, interpret, and present relevant data pertaining to social health insurance and financial risk protection;
- Coordinate with the Health Financing & Systems Research Institute and the research community at large on ongoing and planned analytical activities on social health insurance and financial risk protection;
- Make necessary briefings to senior-level officials in government, the private sector, donors, and other stakeholders; and
- Draft relevant reports about social health insurance and financial risk protection on behalf of the DOH and other government agencies in collaboration with relevant bureaus, offices, and/or the Research Institute.

SOW for the Senior Advisor on Health Facilities Enhancement:

- Provide top-level advisory and strategic thinking on public-private partnerships (PPPs) in health, health facility planning and location, health facility management, and overall organization and regulation of public assets in the health sector;
- Review reports and regulatory and legislative initiatives on PPPs and health facilities enhancement and provide objective feedback and comments on behalf of the DOH;
- Draft concept notes pertaining to PPPs and health facilities enhancement;
- Liaise with retained hospitals and LGUs on the progress of their health facility enhancement programs and PPP initiatives;
- Coordinate with the HPDPB, the Health Financing & Systems Research Institute, and the research community at large on ongoing and planned analytical activities

- pertaining to PPPs, health facilities enhancement, and hospital management and regulation;
- Make necessary briefings to senior-level officials in the government, private sector, donors, and other stakeholders on PPPs and health facilities enhancement; and
 - Draft reports about PPPs and health facilities enhancement on behalf of the DOH and other government agencies in collaboration with relevant bureaus, offices, and/or the Research Institute.

SOW for the Senior Advisor on MDG Attainment:

- Provide top-level advisory and strategic thinking on public health and the attainment of health-related MDGs;
- Review reports and regulatory and legislative initiatives on health-related MDGs and public health objectives;
- Draft concept notes pertaining to the achievement of health-related MDGs and public health objectives;
- Liaise with concerned DOH technical offices (such as the NCDPC), LGU health officers, donors, NGOs, and other stakeholders on the progress of health-related MDGs in the country;
- Organize, present, and interpret relevant data pertaining to health-related MDGs and public health concerns;
- Coordinate with the HPDPB and the Health Financing & Systems Research Institute in preparing analytical activities pertaining to the MDGs and public health and service delivery;
- Make necessary briefings to senior-level officials in the government, private sector, donors, and other stakeholders on health-related MDGs and public health; and
- Draft reports about health-related MDGs and public health on behalf of the DOH and other government agencies in collaboration with relevant bureaus, offices, and/or the Research Institute.

SOW for Information and Policy Specialists in the Special Response Team:

- Provide assistance to the OSEC (including the Office of the Chief of Staff) on the SOH's technical, budgetary, and policy tasks by assisting in responding to technical and policy queries from other government offices, budgetary

issues from the Department of Budget and Management, and donors' queries;

- Provide assistance to the OSEC on the SOH's procurement-related tasks by assisting in writing and reviewing specifications (RFPs, TORs, SOWs, and bidding/COBAC documents), following up on ongoing procurements, and "fire-fighting" on problematic procurements;
- Provide assistance to the OSEC on the SOH's advocacy tasks by assisting in preparing presentations and speeches, press releases, and brochures; and
- Provide assistance to the OSEC (including the Senior Advisors, if recruited) on the SOH's *ad hoc* tasks by assisting in the issuance of technical guidance and opinions, and providing backgrounds and solutions to specific problems.

The big conundrum in establishing the Office of the Chief of Staff and the Special Response Team (with or without the Senior Advisors) is how to attract and retain the most qualified candidates to the DOH. Although the work can present itself as challenging and exciting, the demanding and highly-skilled nature of the job positions demands competitive compensation packages for these knowledge workers. In working towards these recommended long-term options, the DOH could work towards strong justifications for higher-grade positions such as the Magna Carta for Scientists, or Undersecretary level and Assistant Secretary level positions for the Chief of Staff and Senior Advisors, respectively; consider secondment of staff from the academe or think tanks coupled with proposals for funding by donor agencies, or develop relevant project proposals around the Senior Advisor portfolios.

Over the medium and long term, with the vigorous pursuit of Objective 4, it is expected that the staffing of the HPDPB will be beefed up with additional fully-trained technical staff who can fulfill the responsibilities of Portfolio Managers to effectively and efficiently manage the large infusion of research funds, which are roughly two percent of the MOOE budget of DOH offices and programs. The tasks of the Portfolio Managers would be similar to those described for the USAID AORs and the HPDP managers. The new cadre will be technically equipped to commission research (or identify areas where technical assistance is needed to develop highly technical

TORs) to the proposed Health Financing & Systems Research Institute (see below) and other researchers, and will be able to distill and manage research results for policy development for key priority areas of the DOH. In carrying out its work, the HPDPB is expected to refine its methods of priority setting and research management system to elicit the best value for money from the research funds that it handles. It is likewise expected to liaise with the Office of the Chief of Staff and the Special Response Team, as well as other DOH clusters and offices, CHDs, and LGUs, for the information generated and policy actions to be taken.

Through the years, the human resources for the expanded HPDPB will be built up gradually through strong leadership, job rotations and secondments, postgraduate training, and recruitment of the most promising health policy research fellows. Like the Office of the Chief of Staff, working towards higher pay and the institution of performance incentives will be critical in retaining career officers within the HPDPB.

Lastly, we strongly recommend the establishment of the Health Financing & Systems Research Institute. The proposed institute, which could be housed within the DOH as a semi-autonomous institute or operate independently, can build on the experiences, achievements, and lessons learned from the recent launch of the Research Reference Hub as well as the proposed Health Financing & Systems Research Consortium.

To this end, our recommendation is to ***establish a Task Force (with a longer timeframe provided for work) to look into the requirements of setting up an independent National Health Financing & Systems Research Institute (NHF&SRI), based on domestic needs and experiences, as well as based from lessons learned in similar institutions abroad.***

The Task Force is expected to study the building blocks required for the Institute, namely:

- Technical requirements such as mandate, goals and functions, research agenda, training and capacity building agenda, work program, and deliverables;
- Organizational requirements such as organogram; governance; reporting relationships with the DOH, DOST, and the PHIC; OD/HR issues; and the important issue

- of incentives to retain highly-skilled staff, for example, through the Magna Carta for Scientists²⁰;
- Resource requirements such as development costs, staffing costs, and costs of the work program; and
- Legal requirements which can lead to a draft of a Congressional or a Senate bill.

The Task Force may need to undertake two to three study tours to understand the complexities involved in setting up an institution like the NHF&SRI.

Based on the formal enactment by law of the Institute, the next steps would include the formulation of implementing rules and regulations and the establishment of the NHF&SRI. Milestone activities are to establish a Board of Trustees, and recruit and deploy staff. It is possible that some of these staff may come from the stable of recruited staff currently working in the DOH (such as Senior Advisors, Executive Assistants, and Health Policy Fellows), although they need to pass through the same process that the new entity will set up.

- a. Establish a Board of Trustees*
- b. Recruit and deploy staff*
- c. Undertake an institutional revitalization and reform program at OSEC and HPDPB*
 - Re-establish the Science Specialist position in the DOH (with higher salary level), which can then be occupied by qualified staff
 - Re-deploy current staff who do not have appropriate skills
- d. NHF & SRI to seed existing research institutions under a long-term partnership arrangement*
 - Develop a long-term research agenda on KP/UHC
 - Identify three to five Centers of Excellence in research-specific areas in the research agenda

²⁰ Since R.A. 8439 is unfunded, payment of benefits is usually sourced from the agency's savings, which can be disbursed only at the end of the fiscal year and will require the approval of the Department of Budget and Management. To ensure that funds for the implementation of R.A. 8439 are available when needed, it is recommended that R.A. 8439 should be amended to specify the source of funds, for example, a percentage of the sin tax.

- Formulate long-term partnership agreement
 - Agree on annual budgets vis-à-vis research deliverables
- e. *Establish a graduate-level scholarship program on health financing and health service research***
- Develop a long-term training agenda on KP/UHC knowledge management
 - Identify three to five centers of Excellence in research-specific areas in the research agenda
 - Formulate long-term partnership agreement
 - Agree on annual budgets vis-à-vis training

In determining the most optimal course for the near and distant future, the pros and cons of the various options need to be weighed. Table 7 lists some of the advantages and disadvantages of the short- and long-term options proposed by the SEIP-TF.

Table 7.
Advantages and Disadvantages of Recommended Options for the KPIP

Model	Advantages	Disadvantages
National Health Financing & Systems Research Institute (long-term option)	<ul style="list-style-type: none"> • Technical expertise • Independent thinking • Autonomous or semi-autonomous operations • Potentially stable funding through a Republic Act • Capacity building opportunities 	<ul style="list-style-type: none"> • Long incubation period and lobbying for a Republic Act • Long preparation time for staffing and infrastructure • Large and sustained resource requirements
Health Financing & Systems Research Consortium (short- to mid-term option)	<ul style="list-style-type: none"> • Potentially large technical resources available through the Consortium • Independence • Peer-review system • Increased knowledge sharing • Capacity building opportunities 	<ul style="list-style-type: none"> • Loose governance • Limited time availability of researchers (competing priorities) • Uncertain long-term funding
Expanded HPDPB (mid- to long-term option)	<ul style="list-style-type: none"> • Protected time for research management (theoretically) • Stable (and increasing) funding • Plantilla items available • Potentially large technical resources available through the Research Reference Hub 	<ul style="list-style-type: none"> • Lack of independence • Insufficient staff and technical capacity, at present • Research agenda goes beyond the OSEC and the KP/UHC concerns • Low pay and lack of incentives for capacity building and research

Model	Advantages	Disadvantages
Health Policy Development Program (short- to mid-term option)	<ul style="list-style-type: none"> • Technical expertise • Independent thinking • 24/7 on-call support • Capacity building opportunities 	<ul style="list-style-type: none"> • Five-year life only • Main focus on USAID SOAg (Strategic Objectives Agreement with USAID)
Office of the Chief of Staff and Special Response Team (long-term option)	<ul style="list-style-type: none"> • Early and timely response, nimble • Mix of transactional and strategic functions • Close coordination with top management 	<ul style="list-style-type: none"> • Lack of independence • Potential work overload and burnout • Highly skilled Chief of Staff a rare commodity

6.3 Costing of the KP/UHC Institutional Platform (KPIP)

It is beyond the scope of the SEIP-TF to do a detailed costing of the KPIP, particularly the long-term options. Some back-of-the-envelope estimates for further studying and developing the set-up for short- and long-term options add up to a total of ~PHP3.5 million. The main cost items here involve hiring of legal consultants to review the Magna Carta for Scientists and/or any other avenues for just compensation of human resources for the KPIP and consultants to elaborate plans for long-term institution building, particularly the Health Financing & Systems Research Institute; setting up the database and linkages for policy and systems research as part of the strengthened HPDPB; meetings and workshops to elaborate plans for the strengthened HPDPB and the Health Financing & Systems Research Consortium.

For actual operations in the short to medium term, we estimate that support for the network of research providers under the Consortium could be in the range of ~PHP250 million, involving research grants of ~PHP100 million, technical assistance amounting to ~PHP100 million, the organization of an Annual Forum of the Consortium member institutions (~PHP200,000), and an Annual Research Conference (~PHP300,000).

Estimated annual costs towards strengthening the capacity of the HPDPB would amount to ~PHP23.5 million, covering costs for short courses and training activities, 10 scholarships for advanced studies abroad, international conference participation for 10 staff members, research productivity incentives for published work, and a consultant to develop long-term plans for an expanded and

strengthened HPDPB. Note that this estimate is mainly for capacity building and does not cover salaries of an expanded HPDPB.

If the Special Research Response Team operated by the HPDP were to be eventually replaced by a Chief of Staff and a Special Response Team, the cost for salaries for one year is estimated to be ~PHP8.3 million. For all of the above propositions, the breakdown and cost assumptions are found in Appendix D.

6.4 Possibilities for Financing the KP/UHC Institutional Platform (KPIP)

Possibilities for financing the KPIP: Many recent developments and the infusion of funds to the DOH and PhilHealth give reasonable hope that the KPIP can be funded sufficiently in a sustainable manner. Three key potential sources of funds are the following:

1. The recent significant increase in pooled research funds, currently under the aegis of the DOH Research Reference Hub in the HPDPB, arising from the DOH's move to direct two percent of the MOOE budget of various DOH offices and programs to health research;
2. Request for dedicated allocation by the DBM for the Institutional Platform and all its components, ideally already identifying a proportion of the sin tax revenues for this purpose; and
3. Funds from the PhilHealth operating budget for monitoring and evaluation, operational research, and possibly use of a proportion of its reserve funds.

Other important funding sources that should be considered are contributions from donor agencies, which can be provided as general financial support to the KPIP, specific contributions in kind, or as restricted financial support for expert consultants/advisors for specific areas of the KPIP (health financing, health facility enhancement, MDGs and public health programs, monitoring and evaluation). When the full work plan and financial projections for the KPIP are elaborated, it would be worthwhile for the Bureau of International Health Cooperation to initiate discussions and negotiations with various donor agencies for the KPIP as a whole or for specific areas within the work plan. Other possible sources would be LGU contributions, given the mutually beneficial information that will be generated by the KPIP. The private sector, as part of its corporate social responsibility in relation to the UHC, could also be engaged in providing scholarships for advanced postgraduate programs and/or training courses related to the KP/UHC information needs.

6.5 Caveats and Critical Assumptions

Serious skill deficits in the country. The KPIP can fall off from its own weight, given the fragile institutional capacities and limited number of skilled people to do the technical work. Although the Philippines is considered a middle-income country, it actually has a shallow pool of knowledge workers due in part to large outmigration and the country's inability to develop a significant cadre of technical experts over the years (i.e., low-budget priority for graduate-level training, lack of suitable scholarships, among others).

Coordination problems. The DOH has a variety of M&E initiatives and information systems, some of which have been in existence from previous administrations of the DOH, others launched more recently, and still others being tested on a pilot basis, such as the NOH, OPIF, ME3, and the Performance Governance System or Balanced Scorecard. There are also ongoing research program efforts within the DOH, most recently the DOH Research Reference Hub, which has the PIDS, the Philippine Council for Health Research and Development (PCHRD), and the University of the Philippines' National Institutes of Health as institutional partners. The PhilHealth has its own dashboard for tracking KP/UHC, and the World Bank is supporting an M&E program for the NHIP. The proposed models for the KPIP must take these ongoing initiatives into consideration to foster synergy and avoid duplication (or competition) of work.

Potential conflict-of-interest (COI) problems. This is true for providers, funders, pharmaceutical and other corporate interests, professional societies, politicians, and academic institutions/research agencies that have an explicit or implicit stake in the KP/UHC. There is a need to establish *a priori* explicit rules to deal with potential COI issues. Some of the areas for elaboration are: legal or ethical issues in the creation, funding, and dissemination of research results; use of disclaimers and COI statements in conducting research studies and/or providing information/advice; recusal process; and exceptions to the rules, if any.



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Appendices

A. Profiles of International Institutions Involved in Health Policy and Systems Research

This brief review of the international experience focuses on institutions involved in the following areas:

- a. Health services research;
- b. Health economics and financing;
- c. M&E, including impact evaluation;
- d. Health technology assessment; and
- e. Outcomes research.

The review deals peripherally with biomedical research, which is not the central concern of the KP/UHC. Most of the following descriptions were lifted verbatim from the respective institutions' websites, or in assessment reports, which are listed in the Reference list.

A. NORTH AMERICA

Center for Health Economics and Policy Analysis (CHEPA),²¹ McMaster University, Canada

CHEPA is a reputable, independent non-profit academic research center. CHEPA researchers engage mainly in health services research, economics research, and policy research. They have a strong capacity for modeling and forecasting the shape and direction of the health economy. Its institutional strengths are in health economic evaluation, health technology assessment, health human resources, and needs-based primary care funding models. Its researchers are McMaster University faculty who mainly produce peer-reviewed journal articles.

Toronto Health Economics and Technology Assessment Collaborative (THETA)²²

THETA is a non-profit, independent academic collaborative research unit based in the University of Toronto. Its research focuses on health technology assessment, including economic and health policy modeling in this area. Most of its researches appear to be micro-analysis, such as cost-effectiveness analyses, although THETA has also done broader health policy analysis. Most of its technical outputs appear in peer-reviewed journals.

THETA is funded mainly by the Ontario MOH and Long-Term Care and Health Quality Ontario. Funds flow through the university, as well as through research and operating grants from sponsoring organizations. THETA tries to foster partnerships among researchers, policymakers, and health service providers along with conducting research.

Canadian Institute for Health Information (CIHI)²³

CIHI is a non-profit, independent organization that primarily maintains health databases. In terms of research, it provides data for analysis and engages in its own analysis to produce reports. CIHI also participates in knowledge translation activities, specifically on helping people use its data and perform statistical analyses. CIHI partners with different organizations (e.g., Statistics Canada and Canada Health Infoway) to carry out its mandate. Its strategic directions include producing relevant and actionable

²¹ The Conference Board of Canada (2012).

²² The Conference Board of Canada (2012).

²³ The Conference Board of Canada (2012).

analyses, including health economics and modeling. Focus areas in the future include analyses of health funding, costs, and productivity; health human resources; forecasting of national health expenditure trends; and benchmarking research (e.g., studies of waiting time for health services).

Institute for Clinical Evaluative Sciences (ICES),²⁴ Ontario, Canada

ICES is a non-profit, independent research organization that carries out population-based health services research that is relevant to the Province of Ontario. It also monitors trends in health service delivery in the province. ICES has research programs in five areas: cancer, cardiovascular and diagnostic imaging, chronic disease and pharmacotherapy, health systems and policy evaluation, and primary care and population health. ICES is funded by the Ontario MOH.

Institute of Health Economics (IHE),²⁵ Alberta, Canada

IHE is a non-profit, public-private partnership that engages in health economics research and modeling. Its research focuses mainly on health technology assessment, decision analytic modeling, health system evaluation, and treatment modalities and their resource use. The organization also engages in traditional knowledge translation and dissemination activities. IHE also works on special projects such as the Alberta Diabetes Atlas. IHE researchers are full-time staff members and academic fellows from Alberta-based universities. IHE is governed by a board of directors. It engages in commissioned work through partnerships.

Agency for Health Research and Quality (AHRQ),²⁶ Maryland, United States

This agency was formerly known as the Agency for Health Care Policy and Research (AHCPR), which was created in 1989. In 1995, it narrowly escaped being eliminated due to political wrangling, only to be reauthorized with a new name and mandate as the AHRQ in 1999. In 2012, it had a budget of USD405 million, with approximately 300 staff members. Approximately 80 percent of its budget is given as research grants and contracts.

AHRQ's mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. As one out of the 12 agencies within the Department of Health and Human Services, AHRQ supports research that helps people make more informed decisions and improves the quality of health care services. AHRQ's clients include: (a) clinicians, hospitals, and other health care providers; (b) consumers and patients; (c) health care policymakers at the federal, state, and local levels; (d) purchasers and payers of health care such as insurers and employers; and (e) other health officials.

AHRQ's focus areas cover comparing the effectiveness of treatments, quality improvement and patient safety, health information technology, prevention and care management, and health care value. AHRQ's work is organized around five centers dealing with: (a) communications and knowledge transfer; (b) outcomes and evidence, which covers cost-effectiveness analysis, assessment of health care practices and therapeutics, and health technology assessment; (c) primary care and prevention; (d) delivery, organization, and markets, whose research portfolio includes organizational behavior, delivery systems, markets, and external factors; (e) financing, access, and cost trends, which includes four divisions dealing with modeling and simulation, social and economic research, statistical research and methods, and survey operations; and (f) quality improvement and patient safety.

Two centers of AHRQ are worth highlighting:

1. **Center for Financing, Access, and Cost Trends (CFACT)** conducts, supports, and manages studies of the cost and financing of health care, the access to health care services, and related trends. CFACT develops data sets to support policy and behavioral research and analyses, which are designed to provide health care leaders and policymakers with information and tools they need to improve decisions on health care financing, access, coverage, and cost. This center has divisions for Modeling and Simulation, Social and Economic Research, Statistical Research Methods, and Survey Operations.

²⁴ The Conference Board of Canada (2012).

²⁵ The Conference Board of Canada (2012).

²⁶ www.ahrq.gov and Gray et al. , 2003.

2. **Center for Delivery, Organization, and Markets (CDOM)** provides a locus of expertise and leadership for research on health care markets, delivery systems, and organizations. CDOM's researchers serve as an interdisciplinary in-house team to identify emerging research needs, manage a portfolio of research grants and contracts, conduct and publish peer-reviewed research, and develop databases and software tools that can be used with the databases. The goal of this center is to help improve the quality and efficiency of health care by providing evidence on organization, payment, delivery, and markets that decision makers need.

Centers for Medicare and Medicaid Services (CMS), formerly known as the Health Care Financing Administration (HCFA),²⁷ Maryland, United States

HCFA was formed in 1977 and carried that name until it was renamed CMS in 2001. HCFA/CMS is a federal agency within the Department of Health and Human Services that administers the Medicare program and works in partnership with state government to administer the Medicaid program, the State Children's Health Insurance Program (SCHIP), and the health insurance portability standards. HCFA, the predecessor institution, was established in 1977 under the then Department of Health, Education, and Welfare (HEW), for the responsibility of coordinating Medicare and Medicaid, even as the processing of premium payments remained with the Social Security Administration. CMS employs approximately 4,100 employees, of which 2,700 are stationed in its headquarters.

CMS's functions that are relevant to the Philippines include:

a. Research, statistics, data and systems

- (i) The monitoring programs include the Comprehensive Error Rate Testing (CERT), data analysis support and tracking, medical review and education, Patient Error Rate Measurement (PERM), provider-compliance interactive map, and qualified entity program.
- (ii) The research programs include actuarial studies, consumer assessment of health providers and systems, health outcomes survey, Medicare contractor provider satisfaction survey, and research and demonstration grant system. CMS also publishes the Health Care Financing Review containing peer-reviewed journal articles on health financing.

b. Innovation center

The innovation center fosters health care transformation by finding new ways to pay for and deliver care. It identifies, develops, supports, and evaluates innovative models of payment and care service delivery for Medicare, Medicaid, and CHIP beneficiaries using open, transparent, and competitive process.

c. Center for consumer information and insurance oversight

This center is charged with helping implement the provisions of the Affordable Care Act (signed March 23, 2010). The areas of emphases are: ensuring compliance with the new insurance market rules, such as the patient's bill of rights; helping states review unreasonable rate increases; and administering the consumer assistance program.

Institute of Medicine (IOM), Washington D.C., United States

IOM was set up in 1970 as a non-profit, non-governmental organization under the Congressional charter of the National Academy of Sciences. Its purpose is to provide national advice on issues relating to biomedical science, medicine, and health, and its mission is to serve as an adviser to the nation to improve health. It works outside the framework of the U.S. federal government to provide independent guidance and analysis, and relies on a volunteer workforce of scientists and other experts, operating under a rigorous, formal peer-review system. IOM provides evidence-based and authoritative information to policymakers, professionals, leaders, and the public at large.

As a national academy, new members are elected annually by current members based on their distinguished and continuing achievements in a field relevant to the IOM's mission, as well as their willingness to participate actively in its work. The experts work without compensation. IOM works in

²⁷ Wikipedia and www.cms.gov

a broad range of categories including mental health, child health, food and nutrition, aging, women's health, education, public policy, health care quality, global health, workplace health, military and veterans' health, environmental health, and minority health.

National Institutes of Health (NIH), Maryland, United States

Formed in 1887, NIH is an agency under the Department of Health and Human Services and is the primary agency responsible for biomedical and health-related research. It comprises 27 separate institutes, centers, and offices. In 2003, NIH was responsible for 28 percent (about USD26.4 billion) of total biomedical research funding annually in the United States.

NIH's research is divided into two parts: The Extramural Research Program is responsible for funding research outside the NIH, while the Internal Research Program (IRP) has 1,200 principal investigators and more than 4,000 postdoctoral fellows involved in basic, translational, and clinical research. IRP is the largest program of its kind in the world.

NIH obtains its budget from the U.S. Congress. It then employs five criteria to allocate the budgetary resources received:

- (a) Ensure the highest quality of scientific research by employing an arduous peer review process;
- (b) Seize opportunities that have the greatest potential to yield new knowledge and that will lead to better prevention and treatment of diseases;
- (c) Maintain a diverse research portfolio in order to capitalize on major discoveries in a variety of fields;
- (d) Address public health needs according to the disease burden;
- (e) Construct and support the scientific laboratory infrastructure necessary to conduct research.

B. LATIN AMERICA

Fundacion Mexicana para la Salud (FUNSALUD)²⁸

FUNSALUD is a non-profit civil association focusing on scientific and technological knowledge and on the study of health policies. It works on promoting research, developing highly-qualified human resources, contributing to technological development, and identifying health problems and designing programs for their solution.

FUNSALUD's activities support both the consolidation of Mexico's research infrastructure, as well as areas of research regarding certain health problems that affect risk groups or cause a significant burden on the population. The studies generate materials of social importance and, in some measure, contribute to resolving health conditions. FUNSALUD offers awards of scientific research and disseminates research and scientific information through publications. FUNSALUD participates in the fields of public health and infectious diseases, nutrition, rehabilitative medicine, genomic medicine, health education, health technology assessment, and social science research in medicine through collaboration with other institutions.

C. EUROPE

National Institute for Health Research (NIHR),²⁹ London, United Kingdom

The NIHR commissions and funds NHS, social care, and public health research. Its main role is to develop the research evidence to support decision-making by professionals, policymakers, and patients; make this evidence available; and encourage its uptake and use. NIHR funds research, not implementation or service development. NIHR's key objective is to improve the quality, relevance, and focus of research in the NHS and social care by distributing funds in a transparent way after competition and peer review. NIHR funds a range of programs addressing a broad range of health priorities. The key research programs of NIHR are coursed through two major channels:

²⁸ Lifted from Mexican Health Foundation (2012), www.cloud2.gdnnet/~organizations

²⁹ National Institute for Health Research (2012), www.nihr.ac.uk

- a. **Central Commissioning Facility (CCF).** These include research for patient benefit program and the invention for innovation program.
- b. **NIHR Evaluation, Trials, and Studies Coordinating Center (NETSCC).**
 - These include the health technology assessment program, the public health research program, the health service delivery program, and the efficacy and mechanism evaluation program.
 - i. **Health technology assessment program.** This funds research to ensure that health care professionals, NHS managers, and the public and patients have the best and latest information on the costs, effectiveness, and impact of developments in health technology. The program (a) commissions response-mode clinical trials to investigate issues that are directly relevant to clinical practice in the NHS; and (b) commissions primary research and assesses the effectiveness of new technology through technology assessment reviews.
 - ii. **Public health research program.** This commissions research to provide new knowledge on the benefits, costs, acceptability, and wider effect of public health interventions, e.g., prevention of obesity in children.
 - iii. **Health service delivery program.** This funds a broad range of research to produce rigorous and relevant evidence on the quality, access, and organization of health services, including costs and outcomes, to improve health services. The two work streams are: (a) health services research which focuses on the quality, appropriateness, effectiveness, equity, and patient experience of health services; and (b) healthcare delivery research which focuses on evaluating models of service organization, delivery, and interventions which have the potential to improve service effectiveness, efficiency, and productivity.
 - iv. **Efficacy and mechanism evaluation program.** This program is broadly aimed at supporting science-driven studies with an expectation of substantial health gain and aims to support clinical science with a view to improving health and patient care.
- c. **The National Horizon Scanning Center.** This appraises new technological developments to provide policymakers with information on their implications to the NHS, both in clinical and economic terms. The center's appraisals include new medicine, medical devices, diagnostic tests and procedures, surgical and other interventions, rehabilitation measures, and new public health and health promotion strategies.

National Institute for Health and Clinical Excellence (NICE),³⁰ London, United Kingdom

NICE was set up in 1999 to reduce variation in the availability and quality of NHS and care. It provides evidence-based national guidance on promoting good health and preventing and treating ill health. These guidelines help resolve uncertainty about which medicines, treatments, procedures, and devices represent the best quality care and which offer the best value for money for the NHS. NICE also produces public health guidance recommending best ways to encourage healthy living, promote well-being, and prevent disease. The public health guidance is for local authorities, the NHS, and all those with remit for improving people's health in the public, private, community, and voluntary sectors. The mandates of NICE include:

- a. **Setting standards**
 - i. Guiding public health and personal health care and setting standards for high-quality care;
 - ii. Providing recommendations on drug therapies;
 - iii. Providing recommendations on diagnostic and medical technologies, interventional procedures, and support tools;

³⁰ Lifted from National Institute for Health and Clinical Excellence (2012), www.nice.org.uk

- iv. Managing the NHS Evidence, a service that provides access to authoritative clinical and non-clinical evidence and examples of best practices through a quick and easy online search engine;
- v. Helping general practitioners (GPs) provide high-quality care by overseeing the development of indicators for the quality and outcomes framework (QOF), a voluntary incentive scheme that rewards good GP practices; and
- vi. Helping commissioners of health services by working alongside the NHS Commissioning Board and professional and patient groups to develop commissioning (contracting) outcomes frameworks that will measure the health outcomes and quality of care of providers.

b. Appraising health technologies – providing recommendations on the use of new and existing medicines and treatments within the NHS, including medicines, medical devices, diagnostic techniques, surgical procedures, and health promotion activities. Technology appraisals are classified according to whether they are recommended, optimized, to be used only in research, or not recommended.

Every piece of NICE guidance and every NICE quality standard is developed by an independent committee of experts including clinicians, patients, carers, and health economists. All of the guidance is considered and approved by the NICE Guidance Executive. The Citizens Council, comprising 30 members of the public, provides advice that reflects the public's perspective on what are often the challenging social and moral issues raised by the NICE guidance.

NICE is planned to be converted into a Special Health Authority, an arm's length body funded by the Department of Health. The Health and Social Care Act of 2011 sets out plans for NICE to become a non-departmental public body beginning April 2013, and for its remit to expand to include quality standards for social care as well.

D. AFRICA

Human Sciences Research Council (HSRC),³¹ Pretoria, South Africa

HSRC primarily conducts policy-relevant studies on the human sciences (including health, education, labor, and social protection), especially focused on the contribution of technology in the reduction of poverty. It is a statutory body established in 1968 under the Department of Science and Technology. In recent years, HSRC has undergone major restructuring to align its activities to South Africa's national priorities, notably poverty reduction through economic development, job creation, elimination of discrimination and inequalities, and effective service delivery in the social sectors. It currently comprises more than 130 researchers and 100 support staff in five different centers across 10 multi-disciplinary research programs.

HSRC works in partnership with researchers globally, but especially those coming from the Southern African Development Community. HSRC also acts as the "social science council" of South Africa, and serves as the knowledge hub to bridge the knowledge gap between research, policy, and action, thus increasing the impact of research. This mandate is achieved through collaboration with key constituencies including the government, other research organizations, multinational agencies, universities, and donors.

³¹ Wikipedia and <http://www.hsrc.ac.za/>

HSRC's current research programs are: education and skills development; economic performance and development; population health, health systems and innovation; HIV/AIDS, STIs, and TB; democracy, governance, and service delivery; and human and social development. It maintains two centers on science, technology, and innovation; and the social and environmental determinants of nutrition. The population, health, and systems innovation program covers: lifestyle and health; demography; maternal and child health; population health; environmental health; mental health; health systems; and financing and health care.

Africa Population and Health Research Center (APHRC),³² Nairobi, Kenya

APHRC is a non-profit, non-government international organization committed to conducting high-quality and policy-relevant research on population and health issues facing sub-Saharan Africa. The center was established in 1995 as a Population Policy Research Fellowship program of the Population Council, with funding from the Rockefeller Foundation. In 2001, it became an autonomous institution with headquarters in Nairobi, Kenya. The center is registered as a corporate entity with legal status in Kenya. The objectives of the center's fellowship program are: to strengthen professional and institutional research capacity in Africa; to encourage and support Africans to develop and carry out research priorities; and to foster the dissemination and utilization of accurate and timely research findings for sound policy formulation, resource allocation, and program improvement.

Consortium for Health Policy and Systems Analysis for Africa (CHEPSAA)³³

CHEPSAA was set up in 2011 and aims to extend sustainable African capacity to produce and use high-quality health policy and systems research, by harnessing synergies among a Consortium of African and European universities with relevant expertise. Specific objectives are:

1. To assess the capacity development needs of the African Consortium members and their national policy networks in relation to health policy and systems research and evidence-informed decision-making and relevant training;
2. To support the development of African researchers and educators equipped with the skills, confidence, and organizational support necessary to provide health policy and systems training, conduct such research and engage with their wider policy networks;
3. To strengthen the educational capacity of these African universities by consolidating and extending the training they offer in health policy and systems research and evidence-informed decision making; and
4. To ensure effective coordination among consortium members and to engage with other research networks to share the products and experience of the Consortium.

The project is a coordinated action and, as such, rather than generating new knowledge, is aimed to strengthen research and educational capacity of African institutions. The intended results are for improved capacity of African partner-institutions and their networks in health policy and systems education and research. The potential impact of the project will include stronger partnership arrangements between Northern and Southern institutions as well as more proactive and sustainable engagement of African institutions in health policy and systems analysis and teaching.

CHEPSAA Consortium comprises 11 partner institutions from different countries: London School of Hygiene and Tropical Medicine, University of Leeds (United Kingdom); Karolinska Institute (Sweden); Swiss Tropical Institute (Switzerland); University of Cape Town, University of the Western Cape, University of Witwatersrand (South Africa); University of Dar Es Salaam (Tanzania); University of Ghana (Ghana); and College of Medicine, University of Nigeria (Nigeria). The consortium is funded by the European Commission (€ 3 million) and runs from February 2011 to January 2015.

³² www.aphrc.org

³³ www.leeds.ac.uk/hspr/chepsaa

E. EAST ASIA

China Health Economics Institute (CHEI)³⁴

CHEI was established by authority of the State Staff Committee in 1991 as a research institute at the national level which is under the MOH. Its missions are:

- (a) To conduct policy research on health development and reform and provide policy recommendations to policymakers;
- (b) To conduct empirical and interventional health economics research, laying out the basis of the macroeconomic policy and the microeconomic management of the health sector;
- (c) To conduct research with relevant ministries and professional organizations to promote national and international exchanges and communication; and
- (d) To coordinate and manage the China Network for Training and Research on Health Economics and Financing.

CHEI, which has since been renamed as the China National Health Development Research Center, was funded in its early days mostly by the World Bank, in conjunction with a loan program for infrastructure and capacity building. Under the capacity building component, Chinese researchers were trained locally or internationally. CHEI is under the MOH but obtains minimal funding of around CNY 700 per project (Domingo, 2012). CHEI has in-house researchers as well as a network of extramural researchers from China's 25 research universities. CHEI gets funding mostly by pitching research ideas to MOH. An annual list of 50 research priorities are developed jointly by the two institutions.

CHEI's research areas cover: National Health Accounts, regional health development planning and national allocation of health resources, health financing and organization in poor rural areas, rural health insurance scheme and payment systems, medical classification and coding, community health service delivery, reform of health system for employees, economic evaluation of medical and pharmaceutical technology, analysis of medical costs, and hospital management and reform.

CHEI is organized with the following Research Offices or directorates: Hospital Reform and Management, National Health Accounts, Medical and Pharmaceutical Technology Evaluation, Health Services, Health Accounting, Health Financing, Health Economics, Health Security, Coding and Payments in Health, Health Technology Assessment, Health Policy, and International Health Study

Institute for Health Economics and Policy (IHEP),³⁵ Japan

IHEP is a nonprofit corporation approved by the Ministry of Health and Welfare. This research institute receives the full support of academic societies, the health care industry, and the Japanese Government, and was established to promote the study of health economics in Japan on October 1, 1993. The research institute promotes empirical studies in health economics and contributes to the development and improvement of health care policies.

The main activities of IHEP are:

- a. **Preparation of the basis for the study of health economics** - collection and utilization of health economics-related statistical information and distribution of the collected information; and preparation of database for existing health economics-related studies.
- b. **Investigation and study of health economics** - independent research and studies; studies commissioned by the national government, local governments, and private associations; collection and analysis of information on foreign medical care services
- c. **Public relations** - providing foreign research institutes with information on the Japanese health care system; providing information on the administration of health economics research.

³⁴ <http://www.nhei.cn/ennheis/index.jsp> CHEI has been renamed as the National Health Development Research Center (personal communication, Domingo A, 2012; see also the aforementioned website).

³⁵ Institute for Health Economics and Policy (IHEP), www.ihep.jp

Current IHEP research projects include: national health care expenditures, research on national health care and nursing system in an aging society, research on the national health care industry, wide ranging research on fees for medical services, and research on the supply and demand of health care and nursing services.

Centre for Health Services Research (CHSR),³⁶ Singapore

CHSR was established in 2006 with the mission of providing research and analytics to support decision making, policy formulation, and translating research to practice. It works closely with clinicians, administrators, and healthcare administrators as well as industry partners to provide pragmatic health care solutions.

The research undertaken can be broadly classified into four:

- (a) Economic evaluation of health interventions that makes comparative analysis of alternative courses of action in terms of costs and consequences;
- (b) Health technology assessment;
- (c) Operations research including optimizations, simulation, decision analysis as applied in modern medicine and public health; and
- (d) Outcomes research which forms the bridge linking the endpoints of practices and interventions with their effectiveness.

CHSR also conducts public perception surveys on health service delivery. It works with local researchers who are issued grants to conduct their studies under a “national call for grants” done on a periodic basis. It provides research consultation clinics to assist researchers navigate through the process of grant application.

National Health Research Institute (NHRI), Taiwan

NHRI is a non-profit foundation under the DOH. It was established by the government with its organization charter created by an Act of Congress (Legislative Yuan) and signed into law in 1995. NHRI was set up in 1996 to serve the following purposes:

1. To plan the overall direction of national science and technology development in health and medical care;
2. To coordinate, integrate, and support research activities undertaken by medical institutions in the country;
3. To establish an objective and fair system for reviewing and assessing health research projects and their progress; and
4. To facilitate exchange of information in health and medical research.

NHRI consists of five institutes (cancer research, cellular and system medicine, population sciences, biotechnology and pharmaceutical research, and infectious diseases and vaccinology) and three divisions (environmental health and occupational safety, medical engineering, and molecular and genomic medicine). NHRI receives funding mainly from government and its operating funds from both public and private sectors. It then contracts out research projects to qualified investigators. Interesting features of NHRI are its unique research resources including the National Health Insurance Database, the cell bank, the health research information network, and use of bioinformatics for the gene bank.

International Health Policy Program (IHPP), Thailand

IHPP is a semi-autonomous program conducting health policy and health system research to address priority health problems in Thailand. The program is part of the Bureau of Policy and Strategy in the Ministry of Public Health. It aims to improve the national health care system by generating reliable evidence and integrating this evidence into policy processes in order to encourage evidence-based policy decisions. The program also aims to strengthen the capacity of Thai researchers to conduct high-quality and policy-relevant research. The program’s research focuses on health care financing, economic evaluation, public health insurance, and health policy analysis.

³⁶ www.singhealth.com.sg.

Health Systems Research Institute (HSRI),³⁷ Thailand

HSRI is an autonomous state agency established by the Health Systems Research Institute Act B.E. 2535 (1992), at about the same time that the Thailand Research Fund and the National Science and Technology Development Agency were established. Its organizational structure and management system are designed to focus on flexibility so as to be able to respond to the goal of “better knowledge management for better health systems.”

HSRI works on the basis of a network approach with its 7 affiliated institutions (subsidiary agencies): the Central Office for Healthcare Information, the Medical Audit Development Office, the Institute for Development of Human Research Protection, the Health Insurance System Research Office, the Institute of Health Promotion for People with Disability, the National Healthcare Financing Development Office, and the Thai Case Mix Center (a new unit).

The phases in the development of HSRI can be summarized as follows: Under Phase 1, 1992-1998, HSRI emphasized the development of health policy and systems research. There were a number of health systems and policy research studies conducted both in-house and outsourced to outsiders.

Under Phase 2, 1999-2004 and Phase 3, 2005-2007, the main focus of HSRI was knowledge generation and active participation of local communities and civil groups at all levels to support health systems reform. This aimed to support and to facilitate the formulation of the National Health Act. A pivotal mechanism, the Health Systems Reform Office, was then established to be a coordinating office and took up a lead role launching a learning process among local health communities and civil groups.

By this time, there were two main health research system changes. Firstly, HSRI played a new role as a health research management institute. The research management concept and skills were introduced and developed to nurture its personnel and the institute itself. This is to build capacity to work efficiently with its partners. Secondly, a number of research alliances and the research community network was established. The research activities were done by alliance institutions, but this arrangement sometimes led to fragmentation.

Under Phase 4, 2008-2010, HSRI's main focus was on maintaining the momentum of health system reforms as well as strengthening health system infrastructure by using knowledge management. From 2010-present, the new HSRI strategy focuses on knowledge generation to support equitable and sustainable health system development. This will be done through the establishment of new research alliances as well as working with cross-sectoral partners. Participatory public policy processes will be used to link the knowledge produced by alliance institutions and policymakers.

³⁷ www.hsri.or.th.

Table 1.

Directory of health research institutes abroad

Institution	Office Address	Contact Details
African Population and Health Research Center (APHRC), Kenya	APHRC Campus, 2/F Manga Close, Off Kirawa Road, Nairobi, Kenya	 aphrc.org
		 info@aphrc.org
		 +254 (20) 400-1000
		 +254 (20) 400-1101
Agency for Healthcare Research and Quality (AHRQ), United States	5600 Fishers Lane, Rockville, Maryland	 ahrq.gov
		 (301) 427-1364
Canadian Institute for Health Information (CIHI)	495 Richmond Road, Suite 600, Ottawa, Ontario K2A 4H6	 cihi.ca/en
		 communications@cihi.ca
		 613-241-7860
		 613-241-8120
Center for Health Services Research (CHSR), Singapore	31 Third Hospital Avenue, 03-03 Bowyer Block C, Singapore 168753	 singhealth.com.sg
		 +65 6225-0488
		 +65 6557-2138
Center for Health Economics and Policy Analysis (CHEPA), Canada	CRL Building, 282, McMaster University, 1280 Main Street West, Hamilton, Ontario, Canada L8S 4K1	 cheпа.org
		 cheпа@mcmaster.ca
		 (905) 525-9140 local 22122
		 (905) 546-5211
Centers for Medicare and Medicaid Services (CMS ¹), United States	7500 Security Boulevard, Baltimore, Maryland 21244	 cms.gov
		 877-267-2323
China Health Economics Institute (CHEI), China	Health Science Center, Peking University, 38 Xueyuan Road, Haidian District, Beijing 1000083	 nhei.cn
		 hr@nhei.cn
		 86-010-82805576
		 86-010-6203277
Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA)	School of Public Health, University of the Western Cape, Robert Sobukwe Road, Bellville 7535, Republic of South Africa	 hpsa-africa.org
		 hpsa.africa@gmail.com
		 +27 (21) 959-2809
		 +27 (21) 959-2872
Fundacion Mexicana para la Salud, A.C. (FUNSALUD), Mexico	Anillo Periferico 4809, Arenal Tepepan, Ciudad de México 14610, Mexico	 funsalud.org.mx
		 correo-funsalud@funsalud.org.mx
		 +52 (55) 5655-8211
Health Systems Research Institute (HSRI), Thailand	4/F National Health Building, 83/39 Tiwanon 14 Road, Muang District, Nonthaburi 11000, Thailand	 hsri.or.th/en
		 hsri@hsri.or.th
		 66-2832-9200

¹ Formerly the Health Care Financing Administration (HCFA).

Institution	Office Address	Contact Details
Human Sciences Research Council (HSRC), South Africa	134 Pretorius Street, Pretoria, South Africa 0002	 hsrc.ac.za/en
		 media@hsrc.ac.za
		 +27 (0) 12-302-2000
		 +27 (0) 12-302-2229
Institute for Clinical Evaluative Sciences (ICES), Canada	G1 06, 2075 Bayview Avenue, Toronto, Ontario M4N 3M5	 ices.on.ca
		 info@ices.on.ca
		 416-480-4055
		 416-480-6048
Institute for Health Economics and Policy (IHEP), Japan	No. 11 Toyo-Kaiji Building, 1-5-11, Nishi-Shinbashi, Minato-ku, Tokyo, 105-0003 Japan	 ihep.jp/english/
		 info@ihep.jp
		 (+81) 3-3506-8529
		 (+81) 3-3506-8528
Institute of Health Economics (IHE), Canada	1200, 10405 Jasper Avenue NW, Edmonton, Alberta T5J 3N4, Canada	 ihe.ca
		 info@ihe.ca
		 001-780-448-4881
		 001-780-448-0018
Health and Medicine Division (HMD), National Academies of Sciences, Engineering and Medicine, United States ²	The National Academy of Sciences Building, 2101 Constitution Avenue, NW, Washington, DC	 nationalacademies.org/hmd
		 cbehney@nas.edu
		 202-334-2000
International Health Policy Program (IHPP), Thailand	Ministry of Public Health, Tiwanon Road, Nonthaburi 11000, Thailand	 ihppthaigov.net
		 weerasak@ihpp.thaigov.net
		 +66 (0) 2590-2366-7
		 +66 (0) 2590-2385
National Health Research Institute (NHRI), Taiwan	35 Keyan Road, Zhunan Town, Miaoli County 350, Taiwan	 nhri.org.tw
		 webmaster@nhri.org.tw
	10/F Building F, 3 Yuanqu Street, Taipei 115, Taiwan	 (+886) 37-246-166; (+886) 2-2653-4401
		 (+886) 37-586-401; (+886) 2-2651-3723
National Institutes of Health (NIH), United States	9000 Rockville Pike, Bethesda, Maryland 20892	 nih.gov
		 nihinfo@od.nih.gov
		 301-496-4000
National Institute for Health Research (NIHR), United Kingdom	Room 132, Richmond House, 79 Whitehall, London, SW1A 2NS	 nihr.ac.uk

² Formerly the Institute of Medicine (IOM), United States

National Institute for Health and Clinical Excellence (NICE), United Kingdom	10 Spring Gardens, London SW1A 2BU	 nice.org.uk
		 nice@nice.org.uk
		 +44 (0) 300-323-0140
		 +44 (0) 300-323-0748
Toronto Health Economics and Technology Assessment Collaborative (THETA) Collaborative	University Health Network, Toronto General Hospital, 10/F Room 248 Eaton Building, 200 Elizabeth Street, Toronto, Ontario M5G 2C	 theta.utoronto.ca
		 info@theta.utoronto.ca
		 416-634-7245
		 416-340-3459

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B. Institutions Included in the Rapid Assessment of Local Experiences Related to Health Financing and Systems Research

No.	Name of Institution	Name of respondent and position	Date and place of interview
1	Asian Institute of Management (AIM)	Ms. Maya B. Herrera (Associate Professor)	December 4, 2012 UPSE, UP Diliman
2	Ateneo Center for Economic Research and Development (ACERD)	Dr. Leonardo A. Lanzona, Jr. (Director)	November 20, 2012 ACERD Office, ADMU
3	Ateneo Graduate School of Business (AGSB)	Ms. Johanna S. Banzon (Faculty)	December 4, 2012 AGSB Office, Ateneo Professional School, Rockwell
4	Ateneo School of Government (ASoG)	Dr. Mario C. Villaverde (Associate Dean)	November 27, 2012 ASoG Office, ADMU
5	Ateneo School of Medicine and Public Health (ASMPH)	Dr. Maria Eufemia C. Yap (Associate Dean for Planning and Administration)	December 4, 2012 AGSB Office, Ateneo Professional School, Rockwell
6	Center for Health Development Baguio (CHD Baguio)	Dr. Myrna C. Cabotaje (Regional Director and Chair)	November 27, 2012 (Note: interviewed for views on IP models)

No.	Name of Institution	Name of respondent and position	Date and place of interview
7	Development Academy of the Philippines (DAP)	Mr. Alan S. Cajes (Vice President and Managing Director)	November 29, 2012 DAP Office, Shaw Blvd
8	De La Salle University Behavioral Science Department (BSD)	Dr. Romeo Lee (Chair and Professor)	November 29, 2012 BSD Faculty Room, DLSU
9	Foundation for the Advancement of Clinical Epidemiology (FACE)	Dr. Noel R. Juban (Director)	November 19, 2012 UP Manila
10	Health Policy Development and Planning Bureau (HPDPB)	Asec. Madeleine Valera (Note: interviewed for views on IP models) Dr. Rosette Vergerie	November 28, 2012 HPDPB Office, DOH
11	Institute of Philippine Culture (IPC)	Dr. Dennis Batangan (Research Associate)	December 10, 2012 Katipunan
12	Isla Lipana & Co./ Pricewaterhouse Coopers (PwC)	Mr. Gene Morales (Executive Director), Ms. Maita Valero-Quicho (Associate Director)	December 11, 2012 Isla Office, Makati
13	National College of Public Administration and Governance (NCPAG)	Dr. Edna Co (Dean)	November 28, 2012 NCPAG, UP Diliman
14	National Institutes of Health	Dr. Vicente Y. Belizario (Vice Chancellor for Research and Executive Director)	November 27, 2012 UP Manila
15	Office of the Population Studies (OPS)	Dr. Alan Feranil (Director), Dr. Socorro Gultiano (Senior Research Associate), Dr. Judith Borja (Deputy Director)	December 5, 2012 OPS Office, University of San Carlos, Cebu
16	Philippine Center for Economic Development (PCED)	Dr. Stella Quimbo (Member and Faculty of UPSE)	December 19, 2012 UPSE, UP Diliman
17	Philippine Council for Health Research and Development (PCHRD)	Ms. Merlita Opena (Chief of the Research Information, Communication and Utilization Division)	November 29, 2012 PCHRD Office, Taguig
18	Philippine Health Insurance Corporation (PhilHealth)	Dr. Leizel Lagrada (OIC and Senior Manager - HES)	November 29, 2012 PhilHealth Head Office, Shaw Blvd
19	Philippine Institute for Development Studies (PIDS)	Dr. Oscar Picazo (Senior Consultant)	November 23, 2012 UPSE, UP Diliman
20	PITC Pharma Inc. (PPI)	Mr. Bienvenido Bautista (President), Mr. Jose A. Cortez (Vice President of Sales & Marketing)	November 28, 2012 PPI Office, Makati
21	Research Institute for Mindanao Culture (RIMCu)	Dr. Magdalena Cabaraban (Senior Research Associate)	December 10, 2012 Through teleconference

22	Research Institute for Tropical Medicine (RITM)	Dr. Remigio M. Olveda (Director)	November 28, 2012, RITM Office, Alabang
23	University of the Philippines College of Medicine	Dr. Charlotte Chiong (Chief – Research Implementation and Development Office)	November 23, 2012, PGH
24	University of the Philippines College of Public Health	Dr. Nina Gloriana (Dean), Dr. Ma. Susan Yanga-Mabunga (Assistant Professor)	November 19, 2012, UP Manila
25	University of the Philippines Economics Foundation (through HPDP)	Dr. Albert Domingo (Consultant)	November 13, 2012, UPSE, UP Diliman
26	University of the Philippines Population Institute	Dr. Josefina Natividad (Director)	November 16, 2012, UP Diliman
27	University of the Philippines School of Economics (UPSE)	Dr. Stella Quimbo (Faculty)	December 19, 2012, UPSE, UP Diliman
28	United States Agency for International Development (USAID)	Ms. Marichi De Sagun (Project Manager)	November 27, 2012, USAID Office

C. Profiles of Local Institutions Involved in Health Financing and Systems Research

ASIAN INSTITUTE OF MANAGEMENT (AIM)

I. Institutional Background

- AIM, the Asian pioneer in international management education, was established in 1968. The following are the schools of the institution with the respective programs it offers:
 1. W. SyCip Graduate School of Business (WSGSB) – Offers Master in Business Administration and Master in Management.
 2. Executive Education and Lifelong Learning Center (EXCELL) – AIM’s executive development arm that offers general management programs and other programs (degree programs, open enrollment programs, custom programs).
 3. Center for Development Management (CDM) – Offers Master in Development Management program and certificate programs.
- The programs they offered are designed for practicing management in the real world (e.g., using case study method).
- AIM is “committed towards making a difference in promoting the sustainable development of Asian societies by developing professional, entrepreneurial, and socially responsible leaders and managers”.
- The following are the strategies of the institution to achieve their goal:
 1. Offer leading-edge practitioner-oriented management programs and use learning technologies that are responsive to diverse market
 2. Promote research

3. Attract and develop an international faculty of distinctive competence and highly skilled and trained staff
4. Nurture and sustain a culture that rewards professionalism, creativity, and excellence.

II. Policy Research: Nature and Collaboration with the Government

- The research and advocacy of the institution is oriented to the management practices of leading organization and the insights of practicing managers. Its focus is on the link between business and development in Asia. AIM's main advocacies are social development, responsible corporate governance, and the management of nonprofit organizations.
- There are various research centers ("Centers of Excellence") within AIM that serve as the venue for exchanging of ideas and expertise, sharpening know-how in the issues of the day, recommending policies and proposing action. The following are the Centers of Excellence of the institution:
 1. AIM Policy Center
 2. AIM Team Energy Center for Bridging Leadership
 3. AIM Ramon V. Del Rosario Sr. Center for Corporate Social Responsibility
 4. AIM Ramon V. Del Rosario Sr. – C.V. Starr Center for Corporate Governance
 5. AIM Dr. Stephen Zuellig Center for Asian Business Transformation
 6. AIM Gov. Jose B. Fernandez, Jr., Center for Banking and Finance
 7. AIM Dr. Andrew L. Tan Center for Tourism
- The various researches of these centers and engagement in various activities such as public lectures, seminars, workshops, and conferences are supported by endowment funds through the generosity of social investors who share the same mission and objective of the centers.
- Faculty members with research proposals would seek fund support from these various centers. Currently, there are three to four faculty members who are engaged in health-related research.
- AIM is also a party to ADB-AIM Knowledge Hub (K-Hub) together with Asian Development Bank (ADB). The K-Hub aims to be a leading source of knowledge on ASEAN economic development and regional integrations themes that are of relevance to both private and public sectors. Also, the K-Hub has two main functions, namely:
 1. To gather, produce, and disseminate research through publications, roundtable discussions, conferences, websites, press releases and others
 2. To hold discussions and debates through roundtable discussions and conferences
- AIM also established AIM Research and Advisory Corp (ARAC) to build up the consultancy ability of the institution. As an integral part of their mission, a consultancy platform was created to establish and maintain the faculty's linkages to the corporate world. Furthermore, ARAC will provide the venue for the faculty to conduct action research and develop domain knowledge on certain industries and issues.
- In line with AIM's objective to achieve and maintain accreditation from the US-based Association to Advance Collegiate Schools of Business (AACSB), AIM provides incentives (e.g., points) to faculty members who are able to produce research publications.
- The respondent considers international health policy forums, usually sponsored by pharmaceutical companies, as a good way to determine the current policy debates or new additions to the literature.

ATENEO GRADUATE SCHOOL OF BUSINESS (AGSB)

I. Institutional Background

- AGBS, a school under the Ateneo Professional Schools of the Ateneo De Manila University, was established in 1948 (although autonomy status was only given on 2003). It offers degree programs in business and management.
- AGBS aims "to be a leading management educational institution in the Asia-Pacific region for the business practitioner seeking to become a professional and ethical business leader committed to nation building."
- The School is organized according to cluster/departments, namely: Operations cluster, Finance

cluster, HR cluster, IT cluster, Central management, Research and economics, Center for continuing edition (CCE) and Health Unit.

- Being an academic institution, AGSB's primary mandate is teaching and training although they are also engaged in researches.
- The School's strategy in achieving its mission are three-fold, namely:
 1. Capacity building (covers MBA and short-courses)
 2. Research and publication
 3. Partnerships

II. Policy Research: Nature and Collaboration with the Government

- AGSB's mission is a principal element that drives the content and priorities of the school's research agenda. Since AGSB is a work place-based institution, and given its mission focus on the business practitioners, AGSB's research agenda focuses on practice-based research with the view to validating, enhancing and advancing the various disciplines of business and their pedagogy. Furthermore, the Research Unit Director and the school's core faculty (heads/executive committee) must agree to the school's research agenda.
- AGSB classifies their research into three types:
 1. Discipline-based research – “scholarship of discovery” or basic research which contributes to the stock of knowledge of business and management theory
 2. Applied research – “scholarship of application” or a research which contributes to practice by applying knowledge directly to problems in business and management
 3. Learning and pedagogical research – “scholarship of teaching” or a research pertaining to the development of instructional materials.
- The respondent defined health policy research as “a systematic gathering, analysis and reporting of information/data/current knowledge on topics that impact on health.”
- The School has experience in conducting a health policy research. They have been engaged in this kind of research for five to 10 years already although it is not done continuously. At present, they have no current health policy research project.
- The School was involved in the following areas of health policies research:
 1. Demand for healthcare
 2. Health care financing
 3. Hospital organization
 4. Service delivery patterns
 5. Health technology assessment
 6. Regulatory reform in healthcare
 7. Impact evaluation
 8. Health needs analysis
 9. Operations research
 10. Medical informatics
 11. Household and health survey design and implementation
- As of date, the School has not been engaged in joint research activities with the DOH.
- The respondent described the School's communication with DOH as both formal and informal.
- The DOH has tapped the School already for short-term technical assistance, particularly for health promotion. They have not yet received a long-term research grant from DOH.
- The School's sources of funds for research include grants from the national government, international sources, local sources, and own earnings (from projects of health units). They also have funds allotted by the School.
- The respondent rated the ability of PCHRD to identify and obtain research funding as good since they are more reactive than proactive to research opportunities.
- Similarly, the respondent rated the ability of the School to sustain efforts to identify and obtain research funding as good. She defends the rating by explaining that funds are personality-dependent (get funds because of a certain person).
- ASGB ensures that research outputs of the School conform to the acceptable standards of quality and adhere to the principles of ethics and integrity. They have an ethics committee who shall approve the outputs. Peer-reviews are also done. They also ensure that they follow the “Good clinical

practice” standard (eg: informed consent forms).

- The constraints they face in producing high quality output are mostly simple things that have a big effect on the outcome of the research like workspace area. The respondent also mentioned that there is a constraint found in the ADMU’s own way of doing their research which is very rigid. This result to conflicts between the technical people and the administration.
- Although the respondent could not quantify the number of the staff of the School, she mentions that the staff of the School is large. She also supposes that 100 percent of those in health unit and 100 percent of those in research unit must have been engaged in policy research although in varying degrees of participation.
- The respondent considers the staff as multidisciplinary. Disciplines included are business, social development, computer, education, epidemiology, etc.
- She also considers the salaries of the staff to be very competitive. AGSB sees to it that they take good care of the staff of the School.

III. Capacity Building

- AGSB have plans for capacity building since this is included in their strategic planning (which is reported) and staff development. The capacity building includes the following activities:
 1. Short-term training
 2. Scholarship for advanced degrees in a local university
 3. Scholarship for advanced degrees in a university abroad
 4. Peer-to-peer knowledge sharing/ Brown bag lunches
 5. Exchange programs/ Fellowships
 6. Conferences
 7. Forums

IV. Dissemination of Findings

- The publication format for the School’s research output includes:
 1. Reports
 2. Discussion papers
 3. Policy notes
 4. Presentation slides
 5. Peer-reviewed articles
 6. Pamphlets/Brochures
 7. Videos
 8. Monographs
 9. Case studies
 10. Occasional papers
- The School has no policy/set of guidelines for the dissemination of research findings. However, they have a current practice in place (e.g., desk reviews)
- AGSB undertakes the following research dissemination activities: conferences, workshops, policy forums and presentations.
- The School shares its research findings with the DOH although they have shared only once in 2012.
- AGSB supports participation in conferences, both local and international although maximum amount of support cannot be determined. However, it is noted that the support will cover registration fees, allowances, and travel accommodation. There is no requirement in for applications in conferences; anyone who is interested can apply.

V. Level of Engagement in Policymaking

- The School characterizes the engagement to the national government as very important to their mission. Also, the School characterizes their level of engagement with the national government as moderate in a broad sense. Although the respondent characterizes their level of engagement as high for DOH since they remain as the choice for management training and intervention (leadership). When asked if they are satisfied with this level, the respondent answered positively although they could do better.
- The respondent shared that the positive factors that contributed to their current level is the

- reputation and dedication of the School in engaging the national government.
- When asked of the biggest constraint the School faced in achieving that level of contribution, the respondent explained that the weaknesses of the unit are crucial (e.g., understaffed, personality-dependent, focus).

VI. Health Research Policy in the Philippines

- The biggest constraint identified by the respondent are the following:
 1. Lack of interest
 2. Lack of competency
 3. Lack of appreciation

ATENEO SCHOOL OF GOVERNMENT (ASoG)

I. Institutional Background

- Established in 1996 as the public sector arm of the Graduate School of Business, ASoG became an independent school unit of Ateneo De Manila University in 2001.
- As an academic institution, ASoG mission is to contribute to building a better Philippines and to connect leaders, government agencies and organizations to each other by establishing strategic partnerships and collaboration.
- The School operates primarily by offering core/standard programs (Master in Public Management and PhD in Leadership Studies, Major in Public Management) and customized programs with innovations in different thematic areas as well as in the urgent issues to date, which includes health (Health Governance MPM Program).
- It is also noted that the ASoG is a center of excellence in research, innovation and training not only in the Philippine but also in the whole Southeast Asia. ASoG produces action researches and other knowledge products that demonstrate, evaluate and analyze good governance principles through its Knowledge Practice Areas (KPAs) division. The areas included are poverty, social accountability, environment, and politics.
- The primary mandate of the institution includes research, policy research (with the bulk centering on environment research), teaching and training.

II. Policy Research: Nature and Collaboration with the Government

- The issues indicated in the websites of different government agencies determine ASoG's research agenda. Also, issues determined through networks/external linkages are considered.
- The respondent defined health policy research as "looking for new things to contribute to better society by analyzing existing gaps/weaknesses in health."
- The institution has not been actively involved in health policy research in the prior years. ASoG only started engaging in health policy research when Dr. Villaverde joined the School as the Associate Dean in the current year; thus health policy research is just emerging in the School. Per inquiry, the respondent shared that the School is engaged in few health policy research although he cannot quantify how many during the interview. He mentioned that the School is mainly engaged in small researches linked with NGOs and targets LGUs although they also engage in few big researches like the "Kaya Natin" project. It is noted that many professors are conducting health policy research as an individual consultant and not for as a representative of the institution.
- The School is involved in the following areas of health policies:
 1. Demand for health care (e.g., Botika ng Barangay activity's documentation)
 2. Service delivery patterns (the respondent stressed that he is sure that they engage in purely service delivery although he is not sure if it has research)
 3. Operations research
- Currently, the School is not involved in joint research activities with DOH and is not planning to do so in the near future since Dr. Villaverde sees that conflicts may arise since many personnel of DOH are his staff during his days as Undersecretary of Health. It is noted, however, that the School is active in joint research activities with other National Government agencies like DENR, DAR,

DILG, DOLE and PCHRD. The types of joint research activities undertaken by the School with these agencies are joint publications, workshops (done weekly), conferences, data collection, data analysis, and training.

- The School communicates to DOH and other National Government agencies both through formal (e.g., MOA) and informal channels. ASoG is able to communicate through the different agencies through informal channels since its faculty consists mainly of former and active members of these institutions.
- The DOH tapped ASoG for short-term technical assistance in training/course(MPM Governance). It is noted that the ASoG has never received a long-term research grants from DOH.
- The School's sources of funds for research include grants from international sources, local sources, national government and donations. The budget allocated to them by the University is mainly used for administrative purposes.
- Per inquiry of the composition of the total funds available of the School in 2012, the respondent roughly estimated that, out of PHP20 million regular funds of the School, one third goes to operations (personnel and admin expenses) and 2/3 goes to research. He also stressed that availability of funds depends on the project itself but mostly "what comes in, comes out".
- The respondent rated the ability of the School to identify and obtain research funding as very good. He explained that the Company is very good since their Dean, who is a member of international bodies, is very active in obtaining funds especially when it comes to environmental issues. He did not give the institution the highest rating since he believes that they can still explore other fields.
- The respondent rated the ability of the School to sustain efforts to identify and obtain research funding as very good. As a private academic institution, they always have funds. However, he did not give the highest rating since they sometimes lost government bidding for research funds which he attributes to its being a non-government institution.
- High quality research outputs are ensured through peer-reviews and reviews made by the funding agencies.
- The School has four people in the management level, six people as technical staff, and five people that are non-technical. All person in the management level are Doctors of Philosophy while all technical and non-technical staff have College degrees.
- The respondent supposes that all management personnel and technical staff have been engaged in policy research. However, it is only him who has experience in health policy research.
- The respondent considers the staff of the School as multidisciplinary. The disciplines included are Management, Local Government, Human Resources, Health, Environment, Law, Politics and Urban Planning. He stressed that they do not have economist, statisticians, etc., as a formal member of the School although they are as good as part of their staff since they work with them constantly for a long time already through service agreements.
- Per inquiry, the salaries are higher than average especially for those in the Admin because of seniority.

III. Capacity Building

- ASoG always has plans for capacity building which includes the following activities:
 1. Short-term training
 2. Scholarship for advanced degrees in a local university
 3. Scholarship for advanced degrees in a university abroad
 4. Peer-to-peer knowledge sharing
 5. Public lectures
 6. Faculty meetings
- Although he cannot quantify the budget allotted per each activity, the respondent characterize that the budget for 2012 is medium.

IV. Dissemination of Findings

- The publication format for the School's research output includes:
 1. Reports
 2. Discussion papers
 3. Policy Notes
 4. Presentation Slides (Post lecture and has limited scale)
 5. Books (Most prevalent format)
 6. Pamphlets and Brochures
 7. Videos
 8. Manuals and lectures
- The School doesn't have a specific policy for dissemination of research findings. However, they hold regular launching of books.
- ASoG undertakes research dissemination activities with the DOH and other National Government Agencies which includes publications, conferences, workshops, policy forums, briefings, press conferences and panel presentations.
- The School often shares its research findings with DOH and other National Government Agencies through publications, conferences, workshops, policy forums, briefings, press conference, and focus group discussion.
- ASoG supports participation in conferences, both local and international, although maximum amount of support cannot be determined during the time of interview. Participation in the conference is mainly project-based. Thus, invitees are also identified based on the specifics of the project. Conditions for applications/Requirements depend on the conference being considered.

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission. This is matched with their current level of engagement, which they consider as very high. This came as no surprise since engaging national government is the nature of the School. They are satisfied at this current level.
- The respondent shared that the tight connections and linkages of the School's personnel positively contributed to their current level of engagement.

VI. Health Research Policy in the Philippines

- The biggest constraint pointed out by the respondent is the limit/boundary set by UP-NIH (National Institutes of Health). He explained that the institution is currently limited to the UP system and funding is mostly given to UP. However, as a national institution it must involve more institutions outside that system.

ATENEO SCHOOL OF MEDICINE AND PUBLIC HEALTH

I. Institutional Background

- ASMPH "seeks to form, educate, train and field physician-leaders who will actively catalyze and take charge of the process of affecting and effecting systematic changes in society through the health sector."
- As a learning School, the school provides different venue for capacitybuilding, namely: classroom (curriculum), hospital (hidden curriculum), co-curricular (offered during summer).
- The School mainly acquires its revenue from enrollment. It also has a lean administration support but they see to it that the lean support is reliable. They also have a core group of faculty which performs variety of function including coordinating and being a culture-bearer.
- Their current target is to maximize the use of information system to lessen warm bodies.

II. Policy Research: Nature and Collaboration with the Government

- The research agenda of the School is driven by the University's strategic thrusts, which are: mission and identity, nation building (forefront is health), and care for the environment. Note that the research agenda is developmental.
- The School has not been able to engage in health policy research but is about to. However, there are

some researches produced by their students which touches the topic.

- The papers produced by the students involve the following areas of health policies:
 1. Health care financing
 2. Hospital organization
 3. Health technology assessment
 4. Cost effectiveness analysis
 5. Burden of diseases and disability-adjusted life years
 6. Operations research
 7. Medical informatics
 8. Household and health survey design and implementation

- To date, the School has not been engaged with joint research activities with DOH, tapped for short-term technical assistance and given a long-term research grant.
- The respondent describes the channels of communication of the School with DOH as both formal and informal.
- We noted that the only source of funds for research of the School is from the enrollment of its students. The respondent estimated that the total fund available is PHP300,000.
- The respondent rated the School's ability to identify and obtain research funding as very good. This is because they have sufficient members of the faculty who are established in their recent field who have abilities to obtain grants.
- However, the respondent rated their ability to sustain their efforts as good only. This is because most people are multitasking; no one is devoted for this particular purpose.
- To ensure that the research outputs are of high-quality, the output is reviewed by the School Review Board Committee (Research Director of PCHRD). Also, they teach research starting first year; the research must have an output which is graded.
- The constraints identified by the respondent in producing high-quality outputs are: funding and getting students to be involved.
- Roughly, there are 20 non-teaching personnel, two of whom are part of management. Also, there are around 1,100 teaching personnel, 20 of whom are part of management. Also there are no advance degree requirements for those in management positions; however at least a master's degree is required for the teaching personnel.
- The staff of the Schools is considered to be multidisciplinary. Disciplines included are: management, economics, history, public health, etc. Also, the staff are considered to have external linkages
- The salaries of the staff are considered to be generally competitive since it is at par with the leading private medicine school.

III. Capacity Building

- ASMPH have plans for capacity building. The capacity building in 2012 includes the following activities:
 1. Short-term training
 2. Scholarship for advanced degrees in a local university
 3. Peer-to-peer knowledge sharing

IV. Dissemination of Findings

- The publication format for the School's research output includes:
 1. Reports
 2. Discussion papers
 3. Policy Notes
 4. Presentation slides
 5. Peer-reviewed articles
 6. Pamphlets/Brochures
 7. Videos
 8. Posters

- The School has no policy/set of guidelines for the dissemination of research findings. They follow

the common practice in the school.

- The School disseminates its research findings through publications, conferences, workshops, policy forums and briefings. It is also noted that they share their findings to DOH. In 2012, they were able to share its findings to DOH through conferences (twice).
- ASMPH supports participation in conferences, both local and international although maximum amount of support cannot be determined. It is noted that the support will cover registration fees, allowances, and travel accommodation. For the requirements for application, it is normally the School who chooses and sends the participants who must present papers.

V. Level of Engagement in Policymaking

- The School characterizes the engagement to the national government as very important to their mission. However, the School characterizes their level of engagement with the national government as very nearing moderate only. When asked if they are satisfied, the respondent said that they could do better.
- The respondent shared that the positive factors that contributed to their current level is mainly the connection of the their people to other institutions.
- When asked of the biggest constraint the School faced in achieving that level of contribution, the respondent explained that scarcity of time and money.

VI. Health Research Policy in the Philippines

- The biggest constraint identified by the respondent is the lack/scarcity of funding. Also, the mindset of the people must be fixed since it is not a habit of many to look for evidence then create a policy.

DEVELOPMENT ACADEMY OF THE PHILIPPINES

I. Institutional Background

- The Development Academy of the Philippines (DAP) was established in 1973, and was pioneered as “Project DAP” by the then DBP Chair Virata and his colleague. Virata owned a training facility in Tagaytay and donated this to DAP, with the aim of training and building the capacities of human resources.
- The mission of the institution includes enhancing the capacities of the agencies of the government in fulfilling their service mandate, and supporting synergy while at the same time promoting innovative ideas.
- The institution’s strategy towards achieving this mission includes training and technical assistance, consultancies (in the arena of policy research) and efficient troubleshooting.
- DAP, is a government owned and controlled corporation (GOCC), established by law, and embraces the mandate of productivity development that was shouldered by NEDA in the prior years. Its primary mandate is to be the “think tank” in terms of teaching and training.

II. Policy Research: Nature and Collaboration with the Government

- DAP’s research agenda has been constant throughout the years. The institution is mainly focused on governance and productivity.
- According to the respondent, DAP involves itself with researches with policy implications. The respondent further characterized policy researches (including health policy research) as “action researches.”
- Among the health policy research that DAP was involved in includes environmental health researches, and the Rationalization Plan commissioned by the Department of Health (DOH) among many others.
- At present, DAP has more than ten policy researches and has touched the areas of:
 1. Health care financing
 2. Hospital organization
 3. Service delivery patterns
 4. Health technology assessment
 5. Cost effectiveness analysis

6. Regulatory reforms in health care
7. Impact evaluation
8. Health needs analyses
9. Operations research

- DAP has been engaged in joint research activities with the DOH in activities such as workshops, conferences, data collection and data analysis in collaborative investigations. Almost all the time, formal channels are utilized for communication.
- The DOH as also sought short term technical assistance (training and impact evaluation) and has given them long term research grants (e.g., Five in 2012 amounting to PHP5 million to PHP10 million). A large bulk of their funds flow in from their income and other local sources. DOH is their biggest source of funds for health policy research. Note that they allocated five to 10 percent of their 2012 budget for research.
- DAP further characterized their ability to identify, obtain and sustain research funding as excellent due to their “distinctive competence given the procurement requirements of the government”, adding this to their reputable track record.
- High quality of research output is reached through a “Project Management System” with Supervising Fellows as monitors of quality. A constraint however, includes the timely release of funds, change in administration and high turnover rates.
- The staff (Research) includes seven managers, over 20 technical staff and seven non-technical staff. Note that most of their research associates are outsourced. All of those in the management and technical levels have advanced degrees and come from the field of public administration, management engineering, and the other social sciences. Most of them have external linkages and salaries were characterized as competitive.

III. Capacity Building

- DAP has plans for capacity building and has a mandatory five percent of their annual budget allocated to this. Activities included short-term training and scholarships (local and abroad).

IV. Dissemination of Research Findings

- DAP had a press office before but was eradicated during their re-engineering. At the moment, they don't have strict guidelines in disseminating research outputs, and would depend largely on their client preference.
- Among the output formats are discussion papers, peer reviewed articles and books.
- They disseminate output to the DOH and other involved agencies, and conducts joint research dissemination activities with them (publications, conference, workshops, policy forums). They have presented to the SOH twice this year.
- DAP participates in conferences (local and abroad) and attendees are usually required to have specializations in the involved field. A nomination process is followed and the Executive Committee chooses the attendees.

V. Level of Engagement in Policy Making

- DAP characterizes their ability to engage with the National Government as very important to their mission, while further stating that at the moment, they have a very high level of engagement with the government (STRATEGIC ROLE of the Department Secretaries as members of their Board of Trustees). They are satisfied with their current level of contribution to the policy making process.

VI. Health Policy Research in the Philippines

- The respondent identified competency as the biggest constrain in the area of health policy research in the country and further stated that end-users must know the value of the policy studies.

DE LA SALLE UNIVERSITY BEHAVIORAL SCIENCE DEPARTMENT (BSD)

I. Institutional Background

- The BSD is “committed to pursue and promote the values of academic excellence, quality research and scholarship, integrity, respect for the individual, collegiality, participatory processes and social responsibility.”
- Like all the colleges in the university, BSD has its partner research centers. As part of the College of Liberal Arts, BSD partner research centers are Bienvenido N. Santos Creative Writing Center (BNSCWC), La Salle Institute of Governance (LSIG), Social Development Research Center (SDRC) and Marcelino Foronda Jr. Center for Local and Oral History (MFCLOH).
- As a private academic institution, the primary mandate of BSD includes teaching, research, policy research, health policy research and training.

II. Policy Research: Nature and Collaboration with the Government

- The research agenda of the department is determined in three ways:
 1. University thrust
 2. Individual small scale research
 3. External agencies
- The respondent defined health policy research as “any investigation intended to create policy of health.”
- The department has been actively involved in health policy research since the 1970’s. Currently, the company is engaged in 4 health policy researches (note that some are really intended for policy while some are for generating information which will be used for policy-making).
- The Department is involved in the following areas of health policies:
 1. Demand for healthcare
 2. Health care financing
 3. Hospital organization, financing, management and reform
 4. Service delivery patterns
 5. Cost effectiveness analysis
 6. Burden of diseases and disability-adjusted life years
 7. Regulatory reform in healthcare
 8. Impact evaluation
 9. Health needs analysis
 10. Operations research
 11. Household and health survey design and implementation
- As of date, the department has been engaged with many joint research activities with DOH and other national government agencies. The type of joint research activities undertaken by the Company with DOH includes: joint publications, workshops, conferences, fellowship programs, data collection and data analysis.
- The DOH has tapped the department already for short-term technical assistance which includes training, data gathering, consultancy and research. However, the department has never received long-term research grants from DOH.
- The Department’s sources of funds for research include grants from the national government, international sources, local sources, and own earnings.
- The respondent was not able to give an estimate of the total funds available for 2012 although he was sure that the university fund they receive may amount up to PHP1 million. Aside from this, the received huge amount of funds from other sources. He also roughly estimated that 10-20 percent of the total available funds go to administrative activities while the remainder is used for research.
- The respondent rated the ability of BSD to identify and obtain research funding as very good. He attributed this very good rate to the well-established names of the department’s professors. Their people are widely known by various agencies and they have good people network.
- On the other hand, the respondent rated the ability of the Department to sustain efforts to identify and obtain research funding as fair only. He reasoned that funds would always be an issue because of its nature.

- High quality research outputs are ensured by a mentoring scheme and series of reviews. For the mentoring scheme, it is a practice that an old-timer will mentor the new personnel. Aside from the mentoring scheme being employed, all outputs must pass through the evaluation of the research council panel inside the department (e.g., department chair) and through the review of College Research Council.
- The respondent shared that the biggest constraint they face in producing high quality output is the time. Aside from being professor, the university demands from them various things, which leave them with a limited time for research.
- The Department has a total of 11 full-time personnel, two of which are in management position. The department requires that those in management position must have a doctorate degree while all professors must have a master's degree.
- The respondent considers their staff as transdisciplinary (two or more disciplines in one person).
- The salaries of the staff are considered to be the highest among all universities; thus, it is very competitive.

III. Capacity Building

- BSD has plans for capacity building. The capacity building in 2012 includes the following activities:
 1. Short-term training
 2. Scholarship for advanced degrees in a local university
 3. Scholarship for advanced degrees in a university abroad
 4. Peer-to-peer knowledge sharing
 5. Exchange programs/fellowships
 6. Development program
 7. Conferences for internationalization

IV. Dissemination of Findings

- The publication format for the Department's research output includes:
 1. Reports/Journals (most prevalent type since the university offers incentives like points for promotion)
 2. Presentation slides
 3. Books
 4. Newspapers
 5. Monographs
 6. Articles
- The Department has no policy/set of guidelines for the dissemination of research findings since the university promotes academic freedom.
- BSD undertakes research dissemination activities with the DOH and other National Government Agencies which includes publications, conferences, workshops, seminars, radio and TV appearances.
- The Department shares its research findings with the DOH through publications, conferences, workshops, policy forums and press conferences. It is noted that there are meetings held every month for this purpose.
- BSD supports participation in conferences, both local and international although maximum amount of support cannot be determined. However, it is noted that the support will cover registration fees, allowances, and travel accommodation. As a condition for applying/ requirement, a person wishing to attend a conference must have a paper and must be a faculty for a number of years already.

V. Level of Engagement in Policymaking

- The department characterizes the engagement to the national government as very important to their mission. Also, the department characterizes their level of engagement with the national government as moderate since their relationship is on and off which may be due to the being private of BSD.
- The respondent shared that the positive factors that contributed to their current level of engagement is the following: required by the university, community engagement, and incentive for the professors to become visible (desired quality for promotion).
- The respondent expressed his lack of satisfaction to the department's current level of contribution to policymaking. However, he noted that this level is just realistic since the focus of the professors must

be in teaching and not policy making. Engagement in research must be occasional only. This is also why even though they are aware of their current level, they have no plans to increase this level.

VI. Health Research Policy in the Philippines

- The biggest constraint identified by the respondent are as follows:
 1. Lack of visible connection of research to policy
 2. Lower investment in people which leads to declining number of skilled researchers (He mentioned that proper research methods must be taught to students already)
 3. Most of the funds are distributed to UP, thus research studies center only on the agenda of UP consultants.

FOUNDATION FOR THE ADVANCEMENT OF CLINICAL EPIDEMIOLOGY (FACE, Inc.)

I. Institutional Background

- FACE is a public, non-profit foundation established in 1995, with a mission of generating funds for clinical epidemiology.
- Its strategy in achieving this mission is to continually provide sound outputs to uphold its reputation and maintain its clientele.
- Its primary mandate is research and support; and the members are all from their faculty.

II. Policy Research: Nature and Collaboration with the Government

- Research agenda is determined through comparison (looking at what others are researching about).
- The respondent defines health policy research as gathering primary and secondary data and existing guidelines affecting the management of health conditions.
- FACE is highly engaged in health policy research for a couple of decades and currently has eight to 10 projects. They are involved in the following areas:
 1. Demand for health care
 2. Health care financing (insurance and managed care)
 3. Hospital organization, financing, management and reform
 4. Service delivery patterns
 5. Health technology assessment
 6. Cost effectiveness analysis
 7. Impact evaluation
 8. Health needs analyses (epidemiological and demographic projections)
 9. Operations research
 10. Medical informatics
 11. Household and health survey design and implementation
- Joint research activities with the DOH can be done through consultancies (funds through FACE) or the UP system (government to government transaction or funds go through UP Manila). Activities include fora, and conferences (National Research Forum).
- There are no short term technical assistance requested, but receives long term research grants from the DOH and other national government agencies amounting to PHP1 million to PHP20 million (depending on the nature of the project). Larger bulks come from the DOST and DOH, while USAID, WHO, WB and ADB are the biggest international sources.
- The respondent describes their ability to identify and obtain funding, along with sustaining it as every good. However, a weakness lies on the fact that “they (members) can, but initiative is low”.
- On the other hand, high quality is ensured by peer reviews but a constraint is that this system is informal.
- There are 11 board members with their own research associates and writers, and the foundation has a secretary, bookkeepers and accountants. The salaries would largely depend on the research (consultancy fee).

- III. Capacity Building
 - The institution does not have plans for capacity building, and training are done thru own initiatives.
- IV. Dissemination of Findings
 - Publication formats include fora, papers, articles and reports but publication is up to the commissioned member. They often share their findings with the DOH and have presented to the SOH twice this year (panel and forum).
 - Conferences are joined by the members using own money.
- V. Level of Engagement in Policymaking
 - The institution characterizes the engagement to the national government as very important to their mission, while charactering their level of engagement as very high since this is a requirement.
- VI. Health Research Policy in the Philippines
 - According to the respondent, budget is enough, but there is a shortage of manpower (experts in policy). The problem is also due to highly political processes and transactions.

HEALTH POLICY DEVELOPMENT AND PLANNING BUREAU (HPDPB)

- I. Institutional Background
 - HPDPB is a public, non-profit institution, which is the product of EO 102 as part of the 2000 Rationalization.
 - Their mission is to provide health policy researches based on quality evidences, and have strategic management of social health programs. Their primary mandate is health policy research.
 - Their strategy includes human resource management and the centralization of funds from the different units within the DOH and disseminates such in the institutions within the research hub.
 - It dubs itself as the overseers while PCHRD and PIDS trickle the funds due to the fact that they have better management and capabilities.
 - At the moment, they also absorbed 30 research fellows undergoing training (four modules) with compensation.
- II. Policy Research: Nature and Collaboration with the Government
 - The research agenda is aligned with the needs of different offices, and as determined by the SOH and the Executive Committee as priority researches (NUHRA).
 - The respondent defined health policy research as “studies done to have evidence for policies towards the strengthening of health systems” and stated that HPDPB has been involved in HPR for more than a decade.
 - In 2011, 187 have been gathered, and 12 have been done.
 - Large bulk of their funds is sourced from the national government, with PHP150 million allocated for HPR in 2012; while PHP2 million is allocated for all operations.
 - The respondent characterized their ability to identify, obtain and sustain research funding as very good due to the networks of their members such as Asec. Valera.
 - No formal monitoring system is in place, hence becoming a constraint for ensuring high quality output.
- III. Capacity Building
 - They are currently composed of over 30 members, with six administrative staff. They have engineers, nurses, doctors but note that they recongize that these are not exactly the people that they need. They need economists, CPAs, statisticians and the like.
 - Respondent recognizes the high need for capacity building in HPDPB, but states that it is difficult to just fire people. Hence, their staff is required to join the four-module training of the 30 research fellows to jumpstart the capacity building process.

IV. Dissemination of Findings

- Policy notes, peer reviewed articles, pamphlets, brochures and policy issuances are the usual research output formats of HPDPB. There is no strict guideline for this and has recently contracted 12 of its Health Policy Notes.
- HPDPB's research output dissemination activities include conferences, workshops, and policy forums (Annual National Health Policy Forum and Mini-Policy Sessions once every two months, but this is limited to the internal DOH)
- All publications are shared with SOH but if urgent, they get the attention of the Executive Committee for actual presentation and discussion.
- Attendance in conferences is financially provided for by DOH and international donors. Attendees must have papers or are invited participants.

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission, while characterizing their level of engagement as very high.
- HPDPB recognizes the gaps in the policymaking process (parallelism with HPDP before, or their lack of partnership). Presently, open communication and partnership efforts are taking place towards implementing a better mechanism for coordination.

VI. Health Research Policy in the Philippines

- The respondent pointed to capacity (both quantity and quality) and funding as the biggest constraints in HPR in the country.

INSTITUTE OF PHILIPPINE CULTURE (IPC)

I. Institutional Background General Information

- IPC, a private research institute based on Ateneo De Manila University, was established in 1960. It is the social science research organization of the School of Social Sciences of the Ateneo Loyola Schools.
- IPC aims "to seek a better understanding of culture and society in the Philippines and other Asian countries, an improved quality of life for disadvantaged groups, and a more peaceful, just, and equitable national and global society."
- To achieve its goal, the institute's strategies are as follows:
 1. Significant contributions through scholarly and action research to knowledge generation and theory building
 2. Enhance capabilities of development agencies
 3. Develop partnership with non-government organizations, people's organization and communities engaged in participatory research, action and advocacy
- IPC has its board and own budget that comes from mixed sources. It follows the ADMU rules in processing fund transactions to establish accountability. It is also noted that the Institute is self-sustaining; it uses its own earnings in its maintenance.
- The primary mandate of IPC is social science research and it has two tracks, namely:
 1. Regular programs (Cultural heritage, documentation, technology & health, etc.)
 2. Issues/Themes aimed at offering solutions to persistent problems

II. Policy Research: Nature and Collaboration with the Government

- The research agenda is mainly based on the institutional tracks of IPC. Across the years, the topics evolve, depending on the intermittent commissioned research of the institute.
- The respondent defined health policy research as a "decision-making process which involves relations between the decision makers and implementers; it is a broad area (covers financing to specific programs) and its definition depends on the needs of the user (whether it is macro or micro); it is also an attempt to make policy recommendations which means that it does not have an isolated findings and initiative."

- IPC was engaged in community health research since the 90s. At present, they are engaged in two health policy research projects.
- The Institution is involved in the following areas of health policies:
 1. Demand for healthcare
 2. Service delivery patterns
 3. Health technology assessment
 4. Burden of diseases and disability-adjusted life years (As a participant)
 5. Impact evaluation
 6. Health needs analysis
 7. Operations research
 8. Medical informatics
 9. Household and health survey design and implementation
- As of date, the institution has been engaged with joint research activities with DOH regarding community health studies. The type of joint research activities undertaken by the Company with DOH includes: joint publications, workshops, conferences, fellowship programs, data collection and data analysis. It is noted that these activities undertaken with DOH were done in prior years and not in 2012.
- The respondent described the institution's communication with DOH as both formal (for institutional arrangements/projects) and informal (personal).
- The DOH has tapped the institution already for short-term technical assistance which includes training (medicine price studies), data collection, data analysis and technical writing.
- IPC also received long-term research grants from the DOH in the prior years. However, there are no grants received in the current year.
- The Institution's sources of funds for research, which also applies to health policy research, include grants from the national government, international sources, local sources, own earnings and donations. They also receive subsidy from the University for their research needs.
- The respondent was not able to give the total fund available during the time of interview. However, he mentioned that they currently have at least 10 to 20 research projects which have at least PHP1 million fund per project. When asked what percentage of the funds goes to operations and what percentage goes to research, the respondent explained that he cannot give a rough estimate of the actual percentages of the partition. However, he mentioned that there is a guiding principle that the administration costs should not exceed 40 percent of the total funds.
- The respondent rated the ability of IPC to identify and obtain research funding as very good. She attributed this very good rate since the IPC, being an old institute, has a well-established name already in terms of expertise and experience. Also, since the institute is part of an academic institution, they are frequently called upon by the University for various studies.
- Similarly, the respondent rated the ability of the Institution to sustain efforts to identify and obtain research funding as very good. He explained that they have much better funding now compared to their early years (1960s). Also, they now employ fund management (e.g., earmark funds).
- High quality research outputs of the institute are ensured by three ways. First, control is enforced by the partner/donor by setting a minimum standard for the outputs. Second, clearance must be acquired from the Director before publishing outputs. Third, if need arises, outputs undergoes external reviews by technical experts.
- The respondent shared that the biggest constraint they face in producing high quality output is the lack of time in doing the research because of the volume of work. Also, conflicts sometimes arise because of the differences between the institution's management and the donor.
- The staff of the institute is at least 20 to 30 persons, eight of which are in management position. Of the remaining personnel, two are non-technical staff. The department requires that those in management position must have doctors of philosophy and that the technical staff must have at least a master's degree. Also, the non-technical staff must at least have a college's degree. The respondent roughly estimates that 30 percent of the personnel have been engaged in policy research although in varying degree of engagement.
- The respondent considers the staff as multidisciplinary. Disciplines included are psychology, anthropology, economics, development studies, science and technology, engineering, computer, chemistry. He also considers the staff as having external linkages.

- The salaries of the staff are considered to be competitive (Ateneo rates).

III. Capacity Building

- IPC have plans for capacity building. The capacity building in 2012 includes the following activities:
 1. Scholarship for advanced degrees in a local university
 2. Scholarship for advanced degrees in a university abroad
 3. Peer-to-peer knowledge sharing
 4. Exchange programs/ Fellowships
- The budget of the institute for their capacity building follows the budget set by the School of Science.

IV. Dissemination of Findings

- The publication format for the Institute's research output includes:
 1. Reports
 2. Discussion papers
 3. Presentation slides
 4. Peer-reviewed articles
 5. Books
 6. Pamphlets/Brochures
 7. Videos
 8. Website
- The Institution has no policy/set of guidelines for the dissemination of research findings. However, there is an established practice in the dissemination of research finding: all research findings must be disseminated through presentation or forums.
- IPC undertakes research dissemination activities with the DOH and other National Government Agencies which includes publications, conferences, workshops and policy forums.
- The Institution shares its research findings with the DOH through conferences and through their E-health website.
- IPC supports participation in conferences, both local and international although maximum amount of support cannot be determined since it depends on the project. However, it is noted that the support will cover the usual allowances. As for the conditions for applying/ requirements, the person must be invited as a resource person or must be endorsed by the agency. Also, it depends on the nature of the invitation if its needs an input.

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission. On the other hand, the institution characterizes their level of engagement with the national government as moderate only. When asked if they are satisfied with this level of engagement, the respondent pointed out that they could do better if only they are given opportunities and if there is an existing venue.
- The respondent shared that the positive factors that contributed to their current level is the nature of the result of the studies and connections of the people involved.
- When asked of the biggest constraint the institution faced in achieving that level of contribution, the respondent explained that the lack of venue is the main constraint.
- Through e-health, they are currently moving into more defined topics which may increase their current level of engagement. Also, budgets for health are increased.

VI. Health Research Policy in the Philippines

- The biggest constraint identified by the respondent are as follows:
 1. Lack of venue to discuss health concerns
 2. Lack of venue to debate health issues
 3. Resource shortage
 4. Openness to debate of people involved

ISLA LIPANA & CO. (Isla) / PRICEWATERHOUSECOOPERS (PwC)

I. Company Background

- Isla Lipana & Co, a Philippine member firm of the PwC global network, was established 90 years ago. The company offers financial consulting and advisory services.
- The Company aims to become “the accounting and advisory firm with the highest quality standards committed to innovative and responsive audit, tax and business solutions”.
- The Company is a private for-profit professional firm which has consultancy and advisory as its primary mandate.

II. Policy Research: Nature and Collaboration with the Government

- The research agenda of the Company is two-fold. First is client-determined research, which means that the agenda is specified in the agreement entered with the client. Second is thought leadership, which mainly refers to the PwC think tank. The PwC think tank is organized for multidisciplinary research and services, which are conducted for governments or corporate clients.
- The respondent defined health policy research as “something that must be set DOH which must be followed by hospitals.” They also noted that all information regarding health must reside in the said department.
- The respondents stressed that the Company is not engaged in health policy research per se; they pointed out that they conducted health research engagement which touch health policy. Their engagement with these health researches ran for two and half years and ended in 2009 and mainly dealt with market assessment and remuneration and benefits for the health industry (government and private hospitals).
- The Company is involved in the following areas of health policies although in varying degrees of participation:
 1. Demand for healthcare
 2. Hospital organization
 3. Health technology assessment
 4. Cost effectiveness analysis
 5. Impact evaluation
 6. Operations research
 7. Household and health survey design and implementation
 8. Man-power planning
 9. Performance improvement
 10. Strategic planning
- To date, the Company has been engaged with a joint research activities with DOH although the respondent noted that this activity is termed as “engagement” rather than a joint research activity. This particular joint activity with DOH is a joint publication entitled Public Private Partnership (PPP).
- The respondents described the Company’s communication with DOH as both formal and informal.
- The DOH has tapped the Company already for short-term technical assistance (“engagement”) which includes data collection, data analysis and impact evaluation. We noted that the Company has never received a long-term research grant from DOH.
- The Company’s sources of funds for research include grants from the national government, international sources, local sources, and own earnings.
- When asked of the total funds available, the respondents were not able to give even a rough estimate since the fund is not quantifiable because it largely depends on demand.
- The respondents rated the ability of Isla to identify and obtain research funding as excellent since they have funding services and they help clients source funding.
- On the other hand, the respondent rated the ability of the Company to sustain efforts to identify and obtain research funding as very good only. He reasoned that funds would be sustainable because of the name the Company already established.
- High quality research outputs are maintained by ensuring the participation of the target respondents. They make sure that the respondents are subject matter experts (internal members of association).

- The respondents also shared that the biggest constraints they face in producing high quality outputs are unavailability of data and resistant participants.
- The Company has an estimated total of 600 to 650 personnel, 20 of which are in management position (partners). When asked if there are any required advanced degrees in certain position, the respondent explained that as far as she knows there is none. They focus more on experience, capability and performance in their promotion scheme.
- The respondents consider the staff as multidisciplinary. Disciplines included are accounting, industrial engineers, psychology, business and communications. The personnel also have external linkages although the external linkages of the staff are still limited.
- The salaries of the staff are considered to be competitive, especially those in the starting level.

III. Capacity Building

- The Company have plans for capacity building. The capacity building in 2012 includes the following activities:
 1. Short-term training
 2. Scholarship for advanced degrees in a local university
 3. Scholarship for advanced degrees in a university abroad
 4. Peer-to-peer knowledge sharing
 5. Exchange programs and fellowships

IV. Dissemination of Findings

- The publication format for the Company's research output includes:
 1. Reports
 2. Presentation slides
 3. Pamphlets/Brochures
 4. Videos
 5. Books (Global PwC)
- The Company has a policy/set of guidelines for the dissemination of research findings which is the PwC global format. The Company characterizes this guideline as strictly required.
- The Company shares its research findings with the DOH if and only if they are a party in the engagement. It is noted that this applies to all engagement of the Company since they are employing a non-disclosure agreement.
- The types of research dissemination activities undertaken by the Company are publications, conferences, workshops, policy forums, briefings and press conferences. Among these types, it is only through the publication of PPP did the DOH participated.
- The Company supports participation in conferences, both local and international although maximum amount of support cannot be determined since it mainly varies. However, it is noted that the support will cover the usual allowances. There are no requirements for application since participation in conferences are upon the discretion of the partners.

V. Level of Engagement in Policymaking

- The Company characterizes the engagement to the national government as very important to their mission. Also, the Company characterizes their level of engagement with the national government as high.
- The respondent shared that the positive factors that contributed to their current level of engagement is mainly because of the exposure of the Company's people to the heads of these agencies.
- When asked of the biggest constraint the Company faced in achieving that level of contribution, the respondent pointed out that the only time they were able to engage with government is only when they are tapped. They noted that it is very hard to set an appointment with government agencies.

VI. Health Research Policy in the Philippines

- The biggest constraint identified by the respondents are as follows:
 1. Lack of available data
 2. Reliability and accuracy of data
 3. Access to hospital in rural areas

NATIONAL COLLEGE OF PUBLIC ADMINISTRATION AND GOVERNANCE (NCPAG)

I. Institutional Background

- NCPAG is a public, non-profit, academic institution, established in 1952 with a three-pronged mission or areas of service: extension, research and teaching.
- Their strategy centralizes on professionalizing the bureaucracy through a degree-granting mechanism. Its primary mandate is teaching.
- NCPAG has a similar structure as ECON. NCPAG has a foundation called the University Public Affairs Research and Extension Services Foundation.

II. Policy Research: Nature and Collaboration with the Government

- The respondent defines policy research as “what the government wants to do through organizational and institutional studies;” while HPR are those policies concerning health services vis-à-vis the bureaucracy.
- Their research agenda is dictated by their so-called “Main Components”:
 1. Local governance
 2. Policy
 3. Organizational and Institutional studies
 4. Public enterprise
 5. Voluntary sector management.
- NCPAG’s involvement in HPR is intermittent and would depend if a faculty member engage himself/herself in such. But some of their works include the 10-year implementation of the Generic Drugs Law, Primary health care and Community-based health (minimum basic needs).
- They are not involved in joint research activities with the DOH, nor are they given long term research grants. NCPAG usually communicates with the DOH through informal channels. However, they are commissioned (STAs) to do training, data collection, data analysis, impact evaluation and technical writing amounting to PHP1 million to PHP2 million usually.
- Large share of funds come from the national government, while small portions come from international and other local sources.
- The respondent characterized their ability to identify, obtain and sustain research funding as fair due to the fact they are NOT considered as “SCIENTIFIC”
- High quality is ensured by placing faculty as the top of every project as monitors and quality controls. But individualized consultancies prove to be a constraint due to the fact that their attention is divided.
- Management is composed of eight individuals, while they over 20 administrative staff. They have 23 faculty members, 10 lecturers and 20 researchers. They stem from NCPAG, economics, political science, engineering, statistics etc. Their pay is lower than average.

III. Capacity Building

- They have plans for capacity building but only a small percentage of funds are allocated for such. External funding is more rampant for scholarships, fellowships and exchange programs

IV. Dissemination of Findings

- NCPAG has its own publication office and outputs range from reports, discussion papers, policy notes, presentation slides, peer-reviewed articles, books, brochures and videos.
- Non-peer reviewed articles are usually “parked” along with some policy briefs.
- Note: Some donors are strict in terms of having access to the data and study produced for them (even if it has high social significance and even if the data can be utilized to create more meaningful studies).
- They have presented findings twice this year (Asec. level) only.
- Conferences are funded by NCPAG and external donors through their foundation. Attendees must be invited or must have papers.

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission, while characterizing their level of engagement as very high.
- An issue faced by the NCPAG is the sprouting of competing institutions. Hence, they must play the game better.

Note: NCPAG is currently widening its network and participating in national government efforts to be able to maintain its status and to compete for funding and clientele.

VI. Health Research Policy in the Philippines

- The respondent pointed to funding and the lack of knowledge that a set of data exists as the main constraints of HPR in the country.

NATIONAL INSTITUTES OF HEALTH, UNIVERSITY OF THE PHILIPPINES

I. Institutional Background

- NIH is a public, non-profit, academic institution established in 1996.
- The mission is to be a major resource center of health research and capacity building with the framework “Partnership for Better Health”. Their strategy involves strengthening the regions, alongside the National Health Research System and PCHRD partnership. The aim is to “research to implement.”
- NIH as the research arm of the public and private sector.
- Note that it is just under the UP system administratively but its scope goes beyond the system. It was placed in such order since the most number of health researchers are housed in UP, along with the fact that health research is closely attached to academic life. The challenge is for the country to have a “continuing supply of health researchers” which can be characterized as INDEPENDENT.

II. Policy Research: Nature and Collaboration with the Government

- The NIH’s research agenda is guided by the National Health Research System and the DOH research agenda (Top 6 priorities, MDGs and UHC)
- Health policy research was defined as generating new knowledge leading to crafting of policy or basis of policy improvement. NIH has been involved in HPR for 16 years and has over 100 projects at the moment.
- Areas included in the HPR of NIH are:
 1. Demand for health care
 2. Health care financing (insurance and managed care)
 3. Hospital organization, financing, management and reform
 4. Service delivery patterns
 5. Health technology assessment
 6. Cost effectiveness analysis
 7. Burden of disease and disability-adjusted life years, health metrics
 8. Regulatory reform in health care
 9. Impact evaluation
 10. Health needs analyses (epidemiological and demographic projections)
 11. Operations research
 12. Medical informatics
 13. Household and health survey design and implementation
 14. Health human resource
- More importantly, joint research activities with the DOH include joint publications, workshops, conference, data collection and analyses (co-investigators). Communication is through formal and informal channels.
- Short-term technical assistance is centered on training, data collection, data analyses and impact evaluation. Long-term research grants largely stem from DOST. DOH usually does not commit for more than a year (no follow-up studies). More than 50 research grants come from the DOH with amounts ranging from PHP200,000 to PHP15 million.

- Sources of funds for research and health policy research come from DOH, DOST, other national government agencies and private sectors (out of corporate social responsibility).
- NIH has a current set-up with DOH: “no need to bid using CoA on some commissioned works”
- The respondent characterized their ability to identify, obtain and sustain research funding as excellent due high quality human resource and UP reputation.
- High quality of output is ensured through the presence of scientific publications (peer reviews as seal of quality). However, the recurring problem of stretched out human resource, and lack of young people interested in research prove to be large constraints.
- NIH has 11 institutes, all of which have research faculty members, with university researchers and university research associates. All are required to have knowledge on both operations and applied research.
- External linkages are presented, especially at the top levels. Staff comes from statistics, environmental science, social science, and business administration among many others.
- Salaries were characterized as higher than average.

III. Capacity Building

- Capacity building is funded through sponsors (short-term training, scholarships, exchange programs and fellowship programs).

IV. Dissemination of Findings

- Discussion papers, peer reviewed articles, books, pamphlets and brochures are the primary formats of research outputs. Publication is highly encouraged (through financial support and other incentives).
- Findings are shared with DOH through round table discussions, while dissemination activities done in partnership with them are publications, conferences, workshops, policy forums, briefings, and press conferences.
- Engagement with the top level of DOH is seen through presentation of findings and consultations involving program managers and directors, Asecs and Usecs.
- Conferences are funded by UP and the national government agencies. One must have a paper, must be a speaker or has work in line with the topic of the conferences.

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission, while characterizing their level of engagement as very high. (SOH as Chairman of their Advisory Board).
- That they are still not satisfied due to the need of more people to help
- Currently, other sectors are saying that NIH is too UP-centric. Hence, the current administration is taking steps towards coordination while not losing the seal of UP quality. Coordination is key and regionalization is important.

VI. Health Research Policy in the Philippines

- Lack of linkages and collaboration efforts are pointed as constraint, hand in hand with lack of people engaged and interested in health policy research.
- On HPDPB: No internal coordination.
- Some Program Managers are secretive in terms of providing DOH data.

OFFICE OF THE POPULATION STUDIES (OPS)

I. Institutional Background

- The Office of the Population Studies is a foundation established in 1971. Its primary mandate is research and is administratively under the University of San Carlos, but is an autonomous unit that handles own funds and project grants.
- The office was established due to the government call for higher academic involvement in population studies, especially in the Visayas.

- Their mission is to research, teach and train in the area of population studies. Their strategy towards this mission are the following:
 1. Interdisciplinary contracted researches
 2. Teach in various departments
 3. Share expertise to all others thru mentorships and internships
 4. Pre-documentation and Post-documentation
 5. Training for government and non-government agencies
 6. Utilize research in programs and advocacies
 7. Link with foreign and local partners
 8. Share to government, and private sector

Note that the office became a foundation only in 2005 from being an extension office. This was due to the fact that they want to avoid legal complications (own legal entity separate from San Carlos) but still with priests sitting in its Board. This is to promote scientific integrity and not alienate students.

II. Policy Research: Nature and Collaboration with the Government

- Their research agenda before is sponsor-driven, but now, their agenda is tailored according to the expertise of their research staff (fortunately aligned with their donors).
- The respondents defined health policy research as those “research agenda aimed to inform to aid policy for the entire population” or “inputs to health policy in all forms.”
- The OPS has been involved in HPR for over 25 years and 5 projects are ongoing and 12 are done.

Areas of HPR include:

1. Demand for health care
 2. Health care financing (insurance and managed care)
 3. Service delivery patterns
 4. Health technology assessment
 5. Impact evaluation
 6. Health needs analyses (epidemiological and demographic projections)
 7. Actuarial studies
 8. Operations research
 9. Medical informatics
 10. Household and health survey design and implementation
- They previously had joint research activities with the DOH but the partnership was discontinued due to factors such as: Too busy, too political, lateness of release of funds (critical for their continuous existence). Some of their activities include conferences, data collection and data analysis.
 - Funding sources are largely from international donors. 85-90 percent of their funds go to research.
 - The respondent characterized their ability to identify, obtain and sustain research funding as very good due to strong reputation and timely outputs, as well as the presence of a strong international network with good social capital with the U.S. universities.
 - Their weakness in terms of funding lies on the fact that they are too heavily dependent on their collaborators and cannot get foreign funds without them.
 - High quality of output is ensured by their rigid audit, they are focused (refuse proposals if they don't have time), training, brainstorming and publishing locally. A constraint, however, is funding and a small core staff.

III. Capacity Building

- The institution has 10 technical staff, all with advanced degrees. Three non-technical with training to be incorporated.
- The staff is multidisciplinary and all have external linkages.
- Salaries are qualified as low compared to USAID, but monetary rewards are enough.
- Plans for capacity building are funded by donors which include short-term training, scholarships (local and university).

IV. Dissemination of Findings

- Publication of findings are in the form of reports, discussion papers, presentation slides, peer reviewed articles, books, pamphlets and brochures.
- They do not have time to write findings, unless embedded in the contract.
- Usually, if they need to present to DOH, they report to the Assistant Secretary or Undersecretary only.
- Participation in local and international conferences requires abstracts and being a part of that certain project.

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission, while characterizing their level of engagement as low due to the fact of their location. The regional office is still centralized and politicians don't listen to academics (Manila-centered).
- But now, they are trying to be more visible in national conferences and with Dr. Alan Feranil as their head, they now have a PCHRD LINK.

VI. Health Research Policy in the Philippines

- Disconnect in the regional and local: receptiveness
- Few people in the DOH for so many programs
- Premature devolution of the DOH
- International presentations instead of local
- Need for advocates/triggers in agencies

PHILIPPINE CENTER FOR ECONOMIC DEVELOPMENT (PCED)

I. Institutional Background

- PCED, a government owned and controlled corporation, was established in May 13, 1974 (PD No. 453).
- PCED aims to give financial and moral support to the UP School of Economics so that they can undertake at a large scale the following functions:
 1. Conduct research and studies oriented towards national policy and development in the field of economics
 2. Conduct training programs designed to provide the government and nation as a whole of planners, analysts and economic statistician and technicians
 3. Publish the results of research

II. Policy Research: Nature and Collaboration with the Government

- PCED have two research centers, namely:
 1. PCED Institute of Public Economics and Regulation (PIPER) – A nonpartisan center for applied research in public economics, regulation and public policy; uses research output to advance practical public policy advice and recommendation.
 2. Institute to Study Inequality, Poverty & Social Protection (ISIP) – A non-stock nonprofit research center which conducts researches for publication and dissemination in the areas of inequality, poverty, social protection, etc.
- Since members of PCED are the members of UPSE, they manage their research portfolio by striving to balance technical consultancy and research. They acknowledge that they need and are therefore engaged in both activities since each has its own advantages and disadvantages.
- PCED, together with UPSE, is engaged in health policy research since late 80s. Currently, they have various health research projects and papers, which is hard to quantify due to its nature (project produces various papers and some produce spin-offs).
- The areas of health policy research the Institution ever engaged in are as follows:
 1. Demand for health care
 2. Health care financing
 3. Service delivery patterns

4. Cost effectiveness analysis
5. Burden of disease and disability
6. Regulatory reform and health care
7. Impact evaluation
8. Health needs analyses
9. Operations research
10. Household and health survey design and implementation

- PCED, together with UPSE, has been engaged in joint research activities with DOH. The types of the joint research activities are as follows:
 1. Joint publications
 2. Workshops
 3. Fellowship programs
 4. Data collection (Most prevalent)
 5. Data analysis
- PCED members (not the institution) have been tapped various times by DOH for short-term technical assistance. The assistance they provided includes: training, data collection, data analysis, impact evaluation and technical writing.
- As of date, they have not yet received long-term research grants from DOH.
- The fund of PCED is mainly from the earnings of the endowment fund they received during the establishment of the institutions. They were able to survive and sustain their activities using only this source for a long time. This proves their sustainability in terms of funds. Just recently, this fund was augmented by some appropriation from international governments.
- To ensure that they produce high quality outputs, they employ peer-reviews, conferences, seminars, internal reviews, and public presentations.
- Identified constraints in producing high quality outputs are lack of people, limited time of the faculty members, and heavy competition for limited funds.
- PCED have 17 members (part-time). Among these members, four are engaged in health policy researches.
- The salaries of the faculty members are considered to be at standard rate. These are augmented by the earnings (limited practice) they receive from research contracts granted to them by PCED.
- The Institution funded UPSE for the following:
 1. Faculty research grants
 2. Publication funds
 3. Student fellowships
 4. Property upgrading and maintenance
- They also subsidize a number of the school's public forums (e.g., Friday Seminar Series)
- III. Capacity Building PCED have plans for capacity building. The capacity building plan includes the following activities:
 1. Short-term training
 2. Scholarship for advanced degrees in a local university
 3. Scholarship for advanced degrees in a university abroad
 4. Teaching fellowships to graduate students

IV. Dissemination of Findings

PCED supports the UPSE Discussion Paper Series and Philippine Review of Economics (PRE) in the dissemination of research findings. They also provide support to the other dissemination activities of UPSE which includes:

5. Reports
6. Discussion papers
7. Policy notes
8. Presentation slides
9. Peer reviewed articles

10. Books (includes making of chapters, volumes and editing)

11. Position papers

- Similar to UPSE, it is noted that individual members of the School are encouraged to produce journals by offering incentives (e.g., eligibility for awards).
- The Institution does not have a formal policy/set of guidelines for the dissemination of research findings but they encourage submission of research findings to the UPSE's discussion paper series.
- PCED, through UPSE, often shares their research findings to DOH in the form of publications, conferences, workshops, policy forums, briefings, and press conferences. Also, they are able to share directly their findings to the Secretary of Health.
- PCED currently have efforts to fund student and faculty participation in international and local academic conferences.

V. Level of Engagement in Policymaking

- PCED characterizes their engagement with the national government as very important to their mission. Similarly, they characterize their level of engagement as very high.
- Given that PCED's activities are essentially are also the activities of UPSE, their very high level of engagement with the government can be attributed to the direct ties they have established with DOH and other government agencies. They are also often approached by various government agencies for direct work and technical inputs. There are also times when the government agencies make use of their research outputs funded by international organizations.

VI. Health Research Policy in the Philippines

- The biggest constraints identified by the respondent are the lack of people and lack of time. As an academe institution, the professors have limited time to engage in various researches. However, the respondent noted that engaging solely in one of these activity is not the best solution for this constraint since being a professor and researcher brings many advantages (eg: built-in push from colleagues to produce quality output). Also, it is noted that funds are currently not a problem in but the lack of competent and available people who will make use of these funds is.

PHILIPPINE COUNCIL FOR HEALTH RESEARCH AND DEVELOPMENT (PCHRD)

I. Institutional Background

- PCHRD, a partnership-based national body responsible for coordinating and monitoring research activities in the country, was established in March 17, 1982 (E.O. 784).
- PCHRD aims to become the "lead council that creates and sustains an enabling environment for health research in the country."
- As a government research institution, the primary mandate of the institution are as follows:
 1. Formulate policies, plans, programs, projects and strategies for health S&T development.
 2. Program and allocate government & external funds for R&D
 3. Monitor R&D projects
 4. Generate external funds

II. Policy Research: Nature and Collaboration with the Government

- The research agenda of the institution is in line with the term of the President (NUHRA 2011-2016) which is every 6 years. Determination of agenda and the priority agenda is done through series of consultations with the President and with the different regions.
- The respondent defined health policy research as "a health research that will lead to health policy enhancement."
- The respondent stressed that the institution is not engaged in health policy research per se; she pointed out that they conduct health researches which will later impact policies. She believes that health policy researches are embedded in the institution's many researches; thus, she cannot pinpoint and quantify how many. The institution has been engaged in health research since its inception.

- The Institution is involved in the following areas of health policies:
 1. Demand for healthcare
 2. Health care financing
 3. Service delivery patterns
 4. Health technology assessment
 5. Cost effectiveness analysis
 6. Burden of diseases and disability-adjusted life years
 7. Regulatory reform in healthcare
 8. Impact evaluation
 9. Health needs analysis
 10. Actuarial studies
 11. Operations research
 12. Medical informatics
 13. Household and health survey design and implementation

- As of date, the institution has been engaged with joint research activities with DOH since 2003 and other national government agencies. The type of joint research activities undertaken by the Company with DOH includes: workshops, conferences, fellowship programs, data collection and data analysis.
- The respondent described the institution's communication with DOH as both formal and informal. They still use MOAs in their agreements.
- The DOH has tapped the institution already for short-term technical assistance which includes training, data collection, technical writing and managing research programs.
- PCHRD also receives long-term research grants from the DOH on a year-to-year basis since 2003. However, she cannot quantify how many research grant has the institution received from DOH since they give the fund (amounting to PHP100 million in 2012) in bulk which covers various researches.
- The Institution's sources of funds for research include grants from the national government (90 percent of funds), international sources, local sources, and donations. Funds from national government comprise mainly of the budget allocated by the government to the institution. DOST's contribution augment the budget of PCHRD when needs arise.
- The respondent roughly estimates that the total fund available for 2012 is PHP250 million. From this PHP250 million, PHP200 million is used for research and PHP50 million is used for administrative purposes.
- The respondent rated the ability of PCHRD to identify and obtain research funding as very good. She attributed this very good rate since the institution is known for its core competency which is research management. She did not give the highest rate to leave room for improvement.
- On the other hand, the respondent rated the ability of the Institution to sustain efforts to identify and obtain research funding as excellent. He reasoned that funds would always be present since research is their primary mandate.
- High quality research outputs are ensured by a series of reviews. In-house reviews are made to check the documentation and if the topic is in-line with the agenda. They also check for merits and ethics. After in-house checking, external peer-review is done by technical experts hired by the institution. Lastly, the merits of the output are checked by the governing council.
- The respondent shared that the biggest constraint they face in producing high quality output is the critical mass of researchers.
- The Institution has an estimated total of 60 personnel, five of which are in management position. Of the remaining personnel, 75 percent are technical staff while 25 percent are the non-technical staff. The department requires that those in management position must have a master's degree while the staff must have a college degree.
- The respondent estimates that their ten persons from the total of 60 personnel have been engaged in policy research. She also estimates that three out of these 10 persons have been engaged in health policy research.
- The respondent considers the staff as multidisciplinary. Disciplines included are sciences, communication, networking, library, finance, statistics and economics. Since they consider networking as their business, all staff are expected to have external linkages.

- The salaries of the staff are considered to be generally competitive.

III. Capacity Building

- PCHRD have plans for capacity building. The capacity building in 2012 includes the following activities:
 1. Short-term training
 2. Scholarship for advanced degrees in a local university
 3. Scholarship for advanced degrees in a university abroad
 4. Peer-to-peer knowledge sharing

IV. Dissemination of Findings

- The publication format for the Institution's research output includes:
 1. Reports
 2. Discussion papers
 3. Peer-reviewed articles
 4. Books
 5. Pamphlets/Brochures
 6. Videos
 7. Policy issuances
 8. Exhibits
 9. Articles
- The Institution has no policy/set of guidelines for the dissemination of research findings. They follow the broad guidelines indicated in the research contracts.
- PCHRD undertakes research dissemination activities with the DOH and other National Government Agencies which includes publications, conferences, workshops, policy forums, briefings, press conference, and seminars.
- The Institution shares its research findings with the DOH through publications, conferences, workshops, policy forums and press conferences. It is noted that they share their research findings to DOH as soon as they have the output.
- PCHRD supports participation in conferences, both local and international although maximum amount of support cannot be determined. However, it is noted that the support will cover registration fees, allowances, and travel accommodation. As a condition for applying/ requirement, a person wishing to attend a conference must have a paper and the research must be funded by PCHRD. It is also noted that the person applying will benefit with his participation in the conference.

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission. Also, the institution characterizes their level of engagement with the national government as very high.
- The respondent shared that the positive factors that contributed to their current level is mainly its mandate.
- When asked of the biggest constraint the institution faced in achieving that level of contribution, the respondent pointed out that the government sometimes are not receptive of the information they passed.

VI. Health Research Policy in the Philippines

- The biggest constraint identified by the respondent is the poor communication of the people who undertake the research and the people who adopt it into policy. The respondent also stressed the importance of the proposal development (research ideas becoming research proposal).

PHILIPPINE HEALTH INSURANCE CORPORATION (PhilHealth)

I. Institutional Background

- PhilHealth is a government owned and controlled corporation (GOCC) established to provide social health insurance to the informal sector.
- The strategy is to come up with a mechanism to capture the informal sector; and this was done through groupings (capturing self-employed through their groups and associations such as TODAs, cooperatives and the like).
- Their scope is from the poorest to those with seasonal capacity, those with small businesses, contractual, professionals (lawyers, artists) up to the formal sector.
- Their mandate is basically to pay for healthcare.

II. Policy Research: Nature and Collaboration with the Government

- PhilHealth has a Benefit Development and Research Department and researches are done on an “ad hoc basis”. Hence, no institutional or formal mechanism for health policy research is in place.
- Research is done through: ad hoc call, directives from management and reports. The areas covered are demand for healthcare and health care financing (including insurance and managed care).
- 80 percent of communication with the DOH is done through the informal channels and joint research activities done with the DOH include joint publications, workshops, conference, fellowship programs, data collection and data analysis.
- Funding for research springs from local and international sources, with less than five percent of the annual budget allocated for research (this is enough according to the respondent).
- The respondent characterized their ability to identify, obtain research funding as excellent due to reputation; while ability to sustain is good (usually get long term researches)
- High output quality is ensured through the “acceptability to the end-user.”
- The salary of the staff is competitive but is below average if work is analyzed (regular work plus research)

III. Capacity Building

- PhilHealth has plans for capacity building and now requires abstracts for international conferences attended, along with publication requirements.

IV. Dissemination of Findings

- Outputs are in the form of reports, policy notes, presentation slides, and policy issuances.
- Guidelines for dissemination depend on the level: some are for presentation only, others are free for all.
- They don't publish researches, but disseminate findings through policy issuances.
- Dissemination activities done with the DOH include conferences and policy forums while it is important to note that SOH is the Chairman of their Board.
- Conference attendance get financial support from PhilHealth and international organizers; attendees must have papers or with aligned interests.

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission, while charactering their level of engagement as very high. They are satisfied with this current level of engagement.

VI. Health Research Policy in the Philippines

- No “critical-thinking” capacity in terms of technicalities on the part of the end-users. Often, they quote the study directly without examining it technically.
- No translation to policy due to low awareness, low interest. Not proactive, just reactive.
- No clear priorities and no incentivizing system.

PHILIPPINE INSTITUTE FOR DEVELOPMENT STUDIES (PIDS)

I. Institutional Background

- The PIDS was established on September 26, 1977 (P.D. No. 1201) to respond to the critical and growing need for research planning and policy formulation.
- As a non-profit government institution, PIDS vision is to help government planners and policy-makers in the executive and legislative branches of government.
- The goals of PIDS are as follows:
 1. To develop and implement a comprehensive and integrated research program that will provide the research materials and studies required for the formulation of national development plans and policies.
 2. To serve as a common link between the government and existing research institutions.
 3. To establish a repository for economic research information and other related activities.
- To achieve its mission, the Institute has 3 basic programs:
 1. Research program
 2. Outreach program
 3. Dissemination and research utilization program
- The primary mandate of PIDS is policy research with the National Economic and Development Authority (NEDA) as its primary clientele.

II. Policy Research: Nature and Collaboration with the Government

- The research agenda of the institution is “loose” and depends on the supply.
- The respondent defined health policy research as “set of act to support evidence which will be given to agencies that are interested in improving the health program.”
- The institution has been actively involved in health policy research since its inception. In fact, it may be considered as the institution which pioneered health policy research. Currently, the company is engaged in 3 health policy researches (DOH, Rockefeller, WHO).
- The Institution is involved in the following areas of health policies:
 1. Demand for healthcare
 2. Health care financing
 3. Service delivery patterns
 4. Cost effectiveness analysis
 5. Regulatory reform in healthcare
 6. Household and health survey design and implementation
 7. Health market innovation
- As of date, the institution has been engaged in one joint research activity with DOH which is still currently ongoing (DOH health management with PHP50 million fund)
- The institution's communication with DOH is informal. Representatives from PIDS and DOH have direct communication by meeting frequently.
- The DOH has tapped the institution already for short-term technical assistance (data and information needs). Also, the institution has already received one long-term research grants from DOH that amounts to PHP50 million.
- The Institution's sources of funds for research only include grants from the national government and grants from international sources.
- The respondent rated the ability of PIDS to identify and obtain research funding as good. He pointed out that the problem lies with the lack of full-time person to manage the institution's portfolio. The respondent also rated the ability of the Institution to sustain efforts to identify and obtain research funding as good. He explained that the institution funds depend greatly on the subsidy/budget of the government and that the existing incentive structure is declining.
- High quality research outputs are ensured through the following: competitive research project, principal monitors output, at least two peers review the output.
- The Institution has a total of 60 personnel. For healthresearches, there is one research associate (with masters degree) and three research assistants (with bachelors degree). Per inquiry, around 95 percent

of the total staff has been engaged in policy research while roughly 80 percent has been engaged in health policy research.

- The respondent considers the institution's staff as multidisciplinary. The disciplines included are health economics, epidemiology, statistics, development studies, business, etc.
- The salaries of the staff are considered to be competitive compared to other government agencies.

III. Capacity Building

- PIDS has plans for capacity building. The capacity building in 2012 includes the following activities:
 1. Short-term training
 2. Scholarship for advanced degrees in a local university
 3. Scholarship for advanced degrees in a university abroad
 4. Peer-to-peer knowledge sharing

IV. Dissemination of Findings

- The publication format for the Institution's research output includes:
 1. Reports/Journals
 2. Discussion papers
 3. Policy Notes
 4. Presentation slides
 5. Peer reviewed articles
 6. Books
 7. Working paper series
- The Institution has a specific unit-in-charge for the dissemination of research findings called the Research Information Service. This unit consists of 20 persons who perform the dissemination of findings through radio broadcast and workshops.
- PIDS undertakes research dissemination activities with the DOH and other National Government Agencies, which includes publications, conferences, workshops, policy forums, briefings, and press conferences.
- The Institution shares its research findings with the DOH through publications, conferences, workshops, policy forums and press conferences. It is noted that there are meetings held every month for this purpose.
- PIDS supports participation in conferences, both local and international although maximum amount of support cannot be determined since this is highly based on the venue of the conference. As a condition for applying/ requirement, a person wishing to attend a conference must have a paper or presentation. It is noted that, sometimes, this is included in the budget line item as determined by the donor.

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission. Similarly, the institution characterizes their level of engagement with the national government as very high.
- The respondent shared that the positive factor that contributed to their current level of engagement is its mandate.
- As pointed out by the respondent, the biggest constraints which they face in achieving their desired level of contribution to the policymaking process is the ability of the government to understand the recommendations presented to them.

VI. Health Research Policy in the Philippines

- The biggest constraint identified by the respondent are as follows:
 1. Lack of systematic way to share research findings
 2. Lower investment in people which leads to declining number of skilled policy researchers
 3. Lack of predictable source of funds

PITC PHARMA INC. (PPI)

I. Institutional Background

- The PPI was established in July 4, 2005 as a subsidiary of the Philippine International Trading Corporation (PITC) to supervise the pharmaceutical business of PITC (E.O. No. 442).
- As a SEC-registered GOCC under the supervision of PITC and, the PPI tasked to be the lead coordinating agency to make quality medicines available, affordable and accessible to the greater masses of Filipinos. Its primary mandate is procurement.
- The institution's vision is as follows: "The leading catalyst in enhancing health and wellness of the Filipino thereby sustaining economic development." The institution's mission is as follows: "Provide the best value healthcare products and services to our customers by improving affordability, accessibility and availability."
- To achieve its mission, the Institution forged strategic partnerships with industry players and stakeholders, which includes DSAP, PCPI, civic organizations, LGU sans some multi-national companies.

II. Policy Research: Nature and Collaboration with the Government

- It is noted that even though it is part of the Company's mandate to engage in research, PPI has never engaged in any kind of research. Per inquiry, PPI's mandate to engage in research was their least priority since their focus is in procurement. Also, they do not have funding for research. Nevertheless, they support several researches of other government agencies, such as the DOH's senior citizen discount (they were consulted for evaluation).
- PPI is involved in many joint activities with several government agencies although these activities exclude research. These joint activities focus on procurement services.
- The respondent considers the institution's communication with DOH as both formal and informal. He pointed out that some of the personnel of PITC Pharma Inc. are part of committees created by DOH. He also mentioned that they don't use MOAs as their communication channel because the ties they built when they were previously under the supervision of DOH are still present.
- PPI was tapped by DOH for a short-term assistance in the establishment of procurement process map (e.g., Botika ng Bayan, ComPack). To reiterate, the institution has never received long-term research grants from DOH or any other National Government Agency.
- The Institution has 40 personnel, the breakdown of which is as follows: 11 management, one technical staff, and 28 non-technical staff. They classify their staff as support staff (office) and field staff (in-charge for sales). The institution only requires college degree for all their staff including the management.
- The respondent supposes that none of the staff have been engaged in policy research.
- The respondent considers the staff of the School as multidisciplinary. The disciplines vary from Sales & Marketing to Finance.
- The salaries of the staff are considered competitive compared to other government agencies but is not competitive compared to salaries offered by private institutions.

III. Capacity Building

- Capacity building plans of the PPI are made annually. The capacity building in 2012 includes solely of training.

IV. Dissemination of Findings

- PPI supports participation in local conferences although maximum amount of support cannot be determined since it depends on the availability of the funds. The only application requirement for joining conferences is that the conference agenda must be related to the personnel's function.

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission. On the other hand, the institution characterizes their level of engagement with the national government as moderate only.
- The respondent shared that the institution's strong linkages to government agencies positively contributed to their current level of engagement.

- When asked if he is satisfied with the current level of contribution to the policymaking process, he explained that they could do better.
- The biggest constraints pointed out by the respondent which they face in achieving their desired level of contribution to the policymaking process are: limited resources (fund, infrastructures and people), and lack of President's mandate to assign all procurement to PPI.

VI. Health Research Policy in the Philippines

- The biggest constraint to health policy research in the Philippines identified by the respondent is the lack of data availability for the research

RESEARCH INSTITUTE FOR MINDANAO CULTURE (RIMCu)

I. Institutional Background

- RIMCu is a private, non-profit, academic institution established in 1957 with a mission to research in order to enrich the lives of the inhabitants of Mindanao.
- It is administratively under Xavier University (Ateneo de Cagayan), but is an autonomous research unit.
- Their research is focused on the social and economic development in Mindanao and other regions. Aside from being the main research unit of Xavier, it also takes pride in being a premier resource and training center in Mindanao.
- RIMCu's strategy in towards achieving its mission include the establishment of a library rich with resources with the core subjects revolving around issues in Mindanao; it also cuts the courses for its mainstays to be able to focus more on research.
- It advertises consultancies and advisories, while at the same time, promoting their database through the use of their own students in the Department of Sociology and Anthropology. (Its members are also faculty members of the Department of Sociology and Anthropology.)

II. Policy Research: Nature and Collaboration with the Government

- With research as its primary mandate, its annual agenda is determined largely by their funding agencies.
- The respondent defines health policy research as those studies with directions, courses of action and those that must be used, along with the questions of who implements, who benefits, the mandated evaluation and how it is and must be received by the community.

NOTE : that policy research and the conduct of health policy research is embedded in their medical sociology courses in the department.

- RIMCu has been involved in HPR for over 25 years (since establishment). Most of their researches have health policy implications and focuses on the areas of:
 1. Fertility
 2. Mortality
 3. Family planning
 4. Aging and development process
 5. Health and nutrition
 6. Medical and epidemiological research (health needs analyses)
 7. Women and women issues
 8. Filipino families
 9. Marketing research
 10. Impact evaluation
- Joint research activities with the DOH are done through formal and informal channels (especially in the regional level). Some of their joint activities include workshops, conferences, data collection and analyses, as well as validation of results.
- Short term technical assistance asked of them includes training, data collection and analysis, impact evaluation, technical writing, governance and disaster management.
- RIMCu has not received any long term research grant in 2012 due to a big project they're handling

at the moment. But funding is flowing in from contracts and grants from government agencies and private organizations. A large bulk of their funding comes from international sources. A small portion comes from local sources for poll surveys due to the upcoming elections.

- The RIMCu fund is “stagnant” and is used only when really needed (this is their buffer fund). Overhead costs are embedded in the contracts and operations costs are minimal.
- The respondent characterized their ability to identify, obtain and sustain research funding as very good due to their track record, and a good pool of interviewers and supervisors (especially in data gathering aspects due to the longevity and depth of experience of field interviewers and the connections they have established especially in hard to reach places like Basilan and Tawi-Tawi).
- High quality of outputs is ensured by their experienced pool of interviewers who are on call for the past 15-20 years, as well as the presence of supervision and training.

III. Capacity Building

- RIMCu is composed of seven to eight mainstays, all with PhDs and 10 non-technical staff. Their RAs and SAs are contractual and are always on call.
- Salaries were described as average (for the non-technical); note that this is subject to change if and when projects come in. The technical staff does not regular salaries; hence income comes only from consultancy works.
- Funding for capacity building come from funding agencies and include short-term training, scholarships, exchange programs and collaborations.

IV. Dissemination of Findings

- RIMCu has its own publication office and has a journal called BAHANDI. However, its publication depends on funding and time (time for technical writing).
- Dissemination policies largely depend on the contract. Otherwise, they hold periodic faculty presentations for peer reviews and attend invitations from student organization activities to disseminate findings.
- Dissemination activities with the national government include publications, conference, policy forums and briefings. Most of their findings are presented to the regional heads of the DOH.
- Conferences (local and international) are funded by organizers and one must present studies in order to attend.

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission, while charactering their level of engagement as moderate due to the fact that they are not always called upon.
- Their engagement is out of their advocacy (RH and women’s health) for the social transformation in Mindanao, as well as teaching professionalism and excellence in research.
- Steps being taken to increase this level of engagement is always honoring their commitment to attend conferences, and being more visible.

VI. Health Research Policy in the Philippines

- They often present to other countries rather than here due to lack of funding
- Political: Health policy goes down from the national to the regional, to the municipal and barangay, but somewhere along the way, the policy is not applied. For example, local officials do not want to adhere to the RH Bill.
- Cultural: Indigenous communities are not receptive of some policies such as health insurance schemes

RESEARCH INSTITUTE FOR TROPICAL MEDICINE (RITM)

I. Institutional Background

- The RITM was established in 1981 as the research facility under the Department of Health with the signing of E.O. 674.

- As a government agency under the supervision of DOH, the RITM is mainly tasked with planning and implementing research programs for infectious and/or tropical diseases.
- As the principal research arm of the DOH, the institution's vision is as follows: "A nation adequately protected from infectious and tropical diseases." The institution's mission is as follows: "RITM will lead in the conduct of high quality multidisciplinary research and in the development and production of biologicals and vaccines that contribute significantly to the prevention and control of infectious and tropical diseases especially those of public health importance."

II. Policy Research: Nature and Collaboration with the Government

- As the research arm of DOH, the research agenda of the institution is aligned with DOH. The respondent stressed that RITM gathers evidences while DOH uses this evidences to form strategies; thus, they are not engaged in translation research.
- The respondent defined health policy research as "gathering evidences to form policies."
- The institution has been actively involved in health policy research since its inception. Currently, the company is engaged in many (more or less 11) health policy researches.
- The Institution is involved in the following areas of health policies:
 1. Service delivery patterns
 2. Health technology assessment
 3. Cost effectiveness analysis
 4. Burden of disease and disability-adjusted life years
 5. Regulatory reform in health care (e.g., Test products for license)
 6. Health needs analyses
 7. Operations research
- As an institution created under DOH, RITM is involved in many joint research activities with DOH. The types of joint research activities undertaken by the Institution with these agencies are joint publications (few), workshops, conferences, fellowship program (few), data collection, data analysis, and training.
- The institution's communication with DOH is formal since it is based on the organizational structure. Channels of communication include meetings, orders and staff/cluster program.
- As the research arm of DOH, RITM is allotted with a regular budget for short-term technical assistance and long-term research. Dr. Olveda mentioned that if there is a special assistance/research requested from them, they receive a sub-allotment from DOH.
- The Institution's sources of funds for research include grants from national government, international sources (e.g., CDC,US-NIH, IDRC), local sources, own earnings, and donations. The respondent noted that the funds that RITM receives from the national government are mainly used for maintenance and operating expenses. He also noted that the funds the institution have are mostly from competitive grants and commissioned grants for special research.
- Per inquiry of the composition of the total funds available of the Institution for 2012 (roughly USD500,000), the respondent explained that it depends greatly on the specifics of the project.
- The respondent rated the ability of RITM to identify and obtain research funding as very good. He explained that the Company is very good compared to other institutions although there is always room for improvement.
- The respondent rated the ability of the Institution to sustain efforts to identify and obtain research funding as very good. He explained that they were able to survive without DOH research funds. He did not give the highest rating available since the institution's researches are highly dependent of the research funds provided by outside resources.
- High quality research outputs are ensured through good clinical/laboratory processes. Aside from the usual peer-reviews made, the respondent mentioned that RITM has an Institutional Review Board that is recognized internationally.
- Per inquiry, the constraints the institution faces to ensure that research outputs are high quality includes: limited funding, diseases are often neglected, and competitive environment for sources of fund.
- The Institution has 460 personnel although there have many contractual employees. They have six persons forming the management while the rest is composed of roughly 50 percent technical staff and 50 percent non-technical staff. All those in management position have specialized and advance

degrees. Although some have advanced degrees, the technical staff are not required to have advanced degrees since the nature of the position are focus on the specialization of the different areas.

- The respondent supposes that only few of staff have been engaged in policy research.
- The respondent considers the staff of the School as multidisciplinary. The disciplines vary from Epidemiology to Statistics to Medicine.
- Per inquiry, the salaries of the staff are government-rate.

III. Capacity Building

- RITM always has plans for capacity building which is discussed yearly as part of its strategic planning. The capacity building in 2012 includes the following activities:
 1. Short-term training
 2. Scholarship for advanced degrees in a local university
 3. Scholarship for advanced degrees in a university abroad
 4. Peer-to-peer knowledge sharing
 5. Exchange programs/Fellowships
- The size of the budget allocated to each activity depends on projects.

IV. Dissemination of Findings

- The publication format for the Institution's research output includes:
 1. Reports (Annual)
 2. Discussion papers/Manuscripts
 3. Policy Notes/Recommendations
 4. Presentation Slides (Most prevalent format)
 5. Peer reviewed articles
 6. Books
 7. Pamphlets and Brochures
 8. Videos
 9. Policy issuances
 10. Abstracts
- The Institution doesn't have a specific policy for dissemination of research findings. However, it is a standard operating procedure to hold a presentation, forum, and symposium and/or publish manuscript since this is for their ISO certification.
- RITM undertakes research dissemination activities with the DOH and other National Government Agencies which includes publications, conferences, workshops, policy forums, briefings, and press conferences (especially during outbreaks).
- The Institution is expected to share its research findings with the DOH through publications, conferences, workshops, policy forums, briefings, and press conference. It is noted, however, that meetings with Executive Committee are just done if budget is needed.
- RITM supports participation in conferences, both local and international, although maximum amount of support cannot be determined since this is highly based on the project. As an application requirement, a person wishing to attend a conference must submit an abstract or a paper. He may also be allowed if he is invited to the conference as a speaker.

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission. On the other hand, the institution characterizes their level of engagement with the national government as high only.
- The respondent shared that the institution's track record positively contributed to their current level of engagement.
- When asked if he is satisfied with the current level of contribution to the policymaking process, the respondent explained that they could have more engagement.
- The biggest constraints pointed out by the respondent that they face in achieving their desired level of contribution to the policymaking process are: limited budget/fund, need for expansion of space/ laboratory structure, and low salaries of scientists.

VI. Health Research Policy in the Philippines

- The biggest constraints identified by the respondent are as follows:
 1. Poor communication between the researchers and policymakers (He pointed out that researchers should offer new ideas depending on the needs of the policymakers; and that the policymakers should pinpoint what their needs are)
 2. Low funding in the research policy development
 3. Low support (encompasses salaries) to scientists

UNIVERSITY OF THE PHILIPPINES COLLEGE OF MEDICINE

I. Institutional Background

- The UP College of Medicine is a public, non-profit, academic institution established in 1906 to oversee and ensure quality medical education. Their strategy includes the UP programs of return service agreements, community programs (immersion) and regionalization.
- Their primary mandate is teaching with research.

II. Policy Research: Nature and Collaboration with the Government

- The college's research agenda is determined through the mandate of UP Manila (as in NUHRA).
- The respondent defined health policy research as a "system of producing evidence that will rationalize and make efficient the policies in pursuit of equity in health care, and this should conform with the national development plan."
- The college is highly involved in health policy research for over 25 years through the NIH (they have overlapping personnel). The areas studied by the college are:
 1. Demand for health care
 2. Health care financing (insurance and managed care)
 3. Hospital organization, financing, management and reform
 4. Service delivery patterns
 5. Health technology assessment
 6. Cost effectiveness analysis
 7. Burden of disease and disability-adjusted life years, health metrics
 8. Regulatory reform in health care
 9. Impact evaluation
 10. Health needs analyses (epidemiological and demographic projections)
 11. Operations research
 12. Medical informatics
 13. Household and health survey design and implementation
- Joint research activities with the DOH include joint publications, workshops, and conferences (such as tobacco regulation, newborn screening, sin tax bill and the RH bill). They communicate with the DOH through the NIH (along with the funds and commissioned researches).
- A large bulk of funds comes from the UP system, and pharmaceuticals, along with other national government agencies. This year PHP250,000 was allocated for project proposals. Note that there is no institutionally placed funding for the college, and research grants usually go through the NIH and the Research Grant Administrative Office and the Ethics research board
- The respondent characterized their ability to identify, obtain and sustain research funding as very good. High quality is ensured through their FURCAP recognition (ethical and international standards). Constraints pointed out are the inconsistencies of funding sources and lack of computerized records.
- The college has 650 faculty members, all with advanced degrees. Researchers are hired, but are sometimes paid through their personal money. Most of their members were characterized as overworked, underpaid and without tenure. Almost all have external linkages.

III. Capacity Building

- The college has plans for capacity building through short term training and exchange programs or fellowships. But most of the capacity building activities are done using own money or through external donors.
- Formats of research outputs are articles, reports, and discussion papers. Some publications are funded by RIDO and UPM and some are published in *Acta Medica Filipina*. Publication is highly encouraged and those published are considered as university scientists.

IV. Dissemination of Findings

- Research dissemination activities are sometimes done with the DOH and other national government agencies. These include publications, workshops and policy forums. They have presented findings with the secretary but pointed to time availability as a constraint.
- Support for conferences come from RIDO and in the form of travel tax exemptions. A requirement is that the attendee must be a presenter or must have a paper.

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission, while characterizing their level of engagement as very high. They are satisfied with this level due to the fact that it reinforces the wide recognition of their contribution to Philippine health.
- The college, nevertheless, must take steps to computerize records, as well as put a systematic hiring of researches for faculty members to ease their load.

VI. Health Research Policy in the Philippines

- The respondent specifies the lack of an updated real time information system (from cradle to grave) as a big constraint to HPR in the country. Also, lack of government to government courtesy is major problem that must be resolved (red tape).

UNIVERSITY OF THE PHILIPPINES COLLEGE OF PUBLIC HEALTH

I. Institutional Background

- Dean Nina Gloriani and Dra. Ma. Susan Yanga-Mabunga represented the UP College of Public Health in the interview conducted on November 19, 2012 in the University of the Philippines Manila.
- The UP College of Public Health is a public, non-profit and academic institution established in 1927 (known as the School of Hygiene before). The mission revolves around teaching, research and extension and their strategy includes development of a sound curriculum, development of faculty, innovation and “transformative education”.

II. Policy Research: Nature and Collaboration with the Government

- Their research agenda is determined by public demand, DOH commissioned works and initiative. The respondents define health policy research as those with “policy implications” and said that HPR was actually coined as a term in the 1990s.
- Note that they have a Department of Health Policy and Administration.
- Three types of researches within the college : Commissioned (through UP), agency to agency (DOH to CPH) and faculty initiative
- The college has been involved in health policy research for over 25 years and it has five to ten projects at the moment. Areas of health policy research that they are involved in include:
 1. Demand for health care
 2. Health care financing (insurance and managed care)
 3. Hospital organization, financing, management and reform
 4. Service delivery patterns
 5. Cost effectiveness analysis
 6. Burden of disease and disability-adjusted life years, health metrics
 7. Regulatory reform in health care
 8. Health needs analyses (epidemiological and demographic projections)

9. Actuarial studies
10. Operations research
11. Medical informatics

- They communicate with the DOH through formal and informal channels and their joint research activities include workshops, conferences and training. The frequency depends on the faculty member involved.
- Hesitancy to get involved with the DOH springs from unclear and political biddings, as well as lack of technical soundness of some commissioned works. Also, training partnerships turn out to be with “piracy” motives, hence absorbing people from the college to the DOH (lack of courtesy)
- Short-term technical assistance asked by the DOH and other national government agencies include data collection, data analyses and technical writing. Long-term research grants are awarded when faculty members wins a bid. Usually, research grants have a ceiling of PHP2 million for CoA considerations.
- Large bulks of CPH funds come from local sources (DOST and DOH), and international sources (UNICEF, Japan institutions, WHO) while UP provides research funds to starting faculty members. Total funds available for research depends on the projects commissioned.
- The respondent characterized their ability to identify, obtain and sustain research funding as very good due to their specialization and commitment.
- High quality is ensured through requirements, caliber of the members (their advocacy); while low salaries, lack of benefits (13th month pay) and lateness of pay as the constraints.
- Note that they prefer foundations, instead of funds going through the UP system due to the layers of processes and delays of payments.
- Faculty members have PhDs, and they have a choice to hire RAs during consultancy works; the college has 30 administrative staff. They are composed of nurses, chemical engineers, architects and statisticians among many others. They are underpaid (based on the job that they fulfill).

III. Capacity Building

- They have plans for capacity building. They are planning to continue with short-term training, scholarships, exchange programs, fellowships and peer-to-peer knowledge sharing.

IV. Dissemination of Findings

- Publication formats include discussion papers and policy notes along with technical terminal papers but some never find time to write. Hence, a current mechanism requires those in their Masteral levels to produce studies in publishable form, while those in Phd levels to be actually published.
- Outputs are disseminated through their linkages and is highly encourages through financial support and other incentives. They usually hold policy forums with the DOH, while sometimes, providing feedback are just through individual initiatives.
- They often forward their findings to the DOH but catching their attention is a continuous challenge.
- Participation in conferences is often funded by outside sources (ex. JICA) and participation depends on the field of expertise.

V. Level of Engagement in policymaking

- Note that DOH goes to the UP College of Public Health often, before RITM was established. Now they have to compete for funds, and are unsettled by the claims of RITM as the reference center despite a higher specialization in the college.
- The institution characterizes the engagement to the national government as very important to their mission, while charactering their level of engagement as very high. This is due the top caliber of their faculty members, along with constant interaction and programs directly catering to their needs.
-

However, they are not satisfied in the area of policy researches.

VI. Health Research Policy in the Philippines

- The biggest constraint is the lack of translators (findings to policies), alongside the lack Health Information Systems. What the DOH needs are technical heads and better prioritizing

- Most of those in the department have “no grasp of the academe.”
- Also, it is hard to get appointments with the high-ranking officials (ex. Sent 3 letters of an important matter, no response).

UNIVERSITY OF THE PHILIPPINES ECONOMICS FOUNDATION (THROUGH HPDP)

I. Institutional Background

- HPDP is a private, non-profit, NGO established in 2006 as a USAID project supporting the DOH-led policy formulation process. Its mission is to deliver policy products with a primary mandate of health policy research.
- Its strategy towards achieving its mission largely depends on the availability and quality of data.

II. Policy Research: Nature and Collaboration with the Government

- Its research agenda is determined through the requirements of USAID (Non-negotiable set of deliverables)
- The respondent defined HPR as a “heavily applied research” and states that the it has been involved in HPR for more than a couple of decades.
- The areas of HPR with HPDP involvement are:
 1. Demand for health care
 2. Health care financing (insurance and managed care)
 3. Service delivery patterns
 4. Cost effectiveness analysis
 5. Burden of disease and disability-adjusted life years, health metrics
 6. Regulatory reform in health care
 7. Impact evaluation
 8. Health needs analyses (epidemiological and demographic projections)
 9. Actuarial studies
 10. Operations research
 11. Medical informatics
 12. Household and health survey design and implementation
- Joint research activities with the DOH include workshops, conferences and fellowship programs. While short-term technical assistance sought by the DOH range from training, data collection and analysis, impact evaluation to technical writing. Long term research grants are just through the USAID.
- High quality of output is ensured through internal review, and the time frame (24-48 hours) is identified as a constraint.
- Funds available for research PHP15 million (2012 -2017) while the respondent characterized their ability to identify, obtain and sustain research funding as very good due to their original ideas (from strong data analysis) and their independence to give even negative advisories.

III. Capacity Building

- 90 percent of HPDP are the technical staff. Eight to ten are at the management level (all have advanced degrees and external linkages). Some of the non-technical staff are in the process of acquiring their advanced degrees.
- The composition of the staff range from physicians, economists, lawyers, pub ad, MBAs; and their salaries are competitive.
- The work itself is a form of capacity building and the management encourages development.
- Amount of support for conferences is sufficient

IV. Dissemination of Findings

- HPDP has no active publications but outputs are in the format of Technical Advisories, Compendiums and inputs to AOs.
- Process of dissemination: Delivered to client and client disseminates but is “bound by USAID guidelines.” This policy is strict.

- Research dissemination activities undertaken by the institution, often with DOH participation, include publications, conferences, workshops, and policy forums. Meetings with the SOH are discretionary.

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission, while characterizing their level of engagement as very high.
- They are satisfied with the current level of engagement: accomplished goals. Hence they must maintain or even rationalize their level of engagement.

VI. Health Research Policy in the Philippines

- Relevance was pointed to as the biggest constraint in HPR in the country - getting the attention of the DOH (from the relevance of the content up to the planners and implementers level).

UNIVERSITY OF THE PHILIPPINES POPULATION INSTITUTE

I. Institutional Background

- The UP Population Institute is a public, non-profit, academic institution established in 1964 with a mission to engage in population research in the country. Its primary mandate includes teaching, research and extension.

II. Policy Research: Nature and Collaboration with the Government

- Its research agenda is determined by its mandate and the current social calls. This is also somehow dictated by client requests (DOH included). They communicate with the DOH thru formal and informal channels and have joint activities with them such as conferences and fora.
- DOH sought short term technical assistance in the forms of data collection, data analysis, and impact evaluation; while funds are largely sourced from the UP system, the national government (DOH, DepEd, DSWD, DOH) and international sources.
- The respondent characterized their ability to identify, obtain and sustain research funding as good, with a weakness centralizing on the time of those involved (with both teaching and research as primary tasks of its members).
- High quality outputs are ensured through internal reviews. Currently, they institute has two research assistants (both with advanced degrees) and three non-technical staff. The staff is characterized as multidisciplinary: areas of statistics, math, political science, biology, geology and psychology. Their salaries are UP rates, but are relatively better now due to the Salary Standardization Law.

III. Capacity Building

- The institute has plans for capacity building, including short-term training and involving themselves in lectures on new techniques when there are foreign visitors.

IV. Dissemination of Findings

- Output formats include fora, reports and papers. If DOH is their client, or if it highly concerns their agency, the research findings are forwarded to them.
- Conferences are sponsored by the institute and external donors (grants from organizers).

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission, while characterizing their level of engagement as very high though it could be better in terms of their relationship with the Department of Health, currently limited to forwarding of results if DOH is client. Sometimes, forwarded findings are not being utilized for policy.

VI. Health Research Policy in the Philippines

- The respondent stated that budget and the cost of gathering and accessing primary data are the primary constraints in the area of health policy research in the country.

UNIVERSITY OF THE PHILIPPINES SCHOOL OF ECONOMICS (UPSE)

I. Institutional Background

- UPSE, a public and academic institution, was established on 1965. Its primary mandate is teaching and research.
- UPSE provides instructions for baccalaureate degrees (Economics, Business Economics) and graduate studies program (MA in Economics, Master in Development Economics).
- The three pillars of the school are as follows:
 1. Department of Economics – academic degree programs
 2. Economics Research Center – school's research projects
 3. Public Affairs Office – various extension, training and public service activities

II. Policy Research: Nature and Collaboration with the Government

- The Economic Research Center (ERC) of UPSE oversees the School's research projects. It seeks to maintain a balance between the academic interests of the school faculty and its concerns with policy matters.
- ERC's major activities are:
 1. Visiting Research Associateships
 2. Research Seminars
 3. Publications
- The research agenda of UPSE (through ERC) covers diverse areas. This includes economic theory and econometrics, international trade and finance, fiscal management, human resources, population, poverty and income distribution, regional and rural development, resource and environmental economics, and growth and development. It is noted, however, that the topics mentioned are not encompassing since the scope is continuously expanding to accommodate emerging issues of interest, the growth of the faculty, and the needs of government for planning and policymaking.
- The School (through ERC) has undertaken various research projects with international and local research institutions. Sample partner institutions are as follows: World Bank, World Health Organization, Food and Agricultural Organization, Institute of Developing Economies of Japan, Asian Development Bank, National Economic Development Authority, Department of Agriculture, Department of Trade and Industry and Philippine Institute for Development Studies.
- In managing their research portfolio, the members of the School strive to balance technical consultancy and research. They acknowledge that as an academic institution, they need and are therefore engaged in both activities since each has its own advantages and disadvantages.
- The School is engaged in health policy research since late 80s. Currently, they have various health research projects and papers, which is hard to quantify due to its nature (one project produces various papers and some others produce spin-offs).
- One of the most recent health research projects of the School is the Health Economics Program (HEP). HEP has seven members although only 4 are considered to be the core (engaged continuously). This program aims to:
 1. Train skilled professionals who can undertake economic analysis of health and development issues
 2. Undertake academic as well as policy-oriented research on health issues
 3. Disseminate research-generated information and knowledge relevant to health and development policy to wide audience of policy makes, stakeholders and the academe.
- The aims of HEP are achieved through the following:
 1. Regular course offerings in health economics at the undergraduate and graduate level
 2. Support to thesis and dissertation writers dealing with economic analysis of health issues
 3. Participation in the design and conduct of training curricula in health economics and policy analysis
- The areas of health policy research the School ever engaged in are as follows:
 1. Demand for health care

2. Health care financing
 3. Service delivery patterns
 4. Cost effectiveness analysis
 5. Burden of disease and disability
 6. Regulatory reform and health care
 7. Impact evaluation
 8. Health needs analyses
 9. Operations research
 10. Household and health survey design and implementation
- The School has been engaged in joint research activities with DOH. The types of the joint research activities are as follows:
 1. Joint publications
 2. Workshops
 3. Fellowship programs
 4. Data collection (Most prevalent)
 5. Data analysis
 - UPSE faculty members (not the institution) have been tapped various times by DOH for short-term technical assistance. The assistance they provided includes: training, data collection, data analysis, impact evaluation and technical writing.
 - As of date, they have not yet received long-term research grants from DOH.
 - The School's health policy researches are mainly funded by PCED and UP Economics Foundation projects like HPDP. As part of an international consortium, they are also funded by several international institutions that include the following: USAID, World Bank, ADB, UN Agencies, US-NIH, EU, and OSAID.
 - Although the total amount of funds cannot be estimated, it is noted that the School is well funded.
 - The respondent rated the ability and sustainability of UPSE to identify and research funds as excellent mainly because they are part of an international consortium. Furthermore, they noted that the more they produce research outputs, the more they get research funds.
 - To ensure that they produce high quality outputs, the School employs peer-reviews, conferences, seminars, internal reviews, and public presentations.
 - Identified constraints in producing high quality outputs are lack of people, limited time of the faculty members, and heavy competition for limited funds.
 - The School has 26 faculty members which all have an advanced degree, doctors of philosophy. Among these faculty members, 4 are engaged in health policy researches.
 - The staff of UPSE is considered to be multidisciplinary (all in economics but in different fields/ specialization). They also have extensive external linkages.
 - The salaries of the faculty members are considered to be at standard rate. These are augmented by the earnings (limited practice) they receive from research contracts granted to them by PCED.

III. Capacity Building

- UPSE have plans for capacity building. The capacity building includes the following activities:
 1. Short-term training
 2. Scholarship for advanced degrees in a local university
 3. Scholarship for advanced degrees in a university abroad
 4. Teaching fellowship to graduate students

IV. Dissemination of Findings

- The findings of the School's researches are disseminated through the following:
 1. Philippine Review of Economics – A joint publication of UPSE and Philippine Economic Society (PES) that is devoted to the theoretical and empirical work in economic development not only of the Philippines but other developing economics too. It is also considered as a forum for research findings that shows the links of economics with other disciplines.
 2. UPSE Discussion Papers – Preliminary versions of papers that are circulated privately to elicit critical comments.

3. Reports
4. Discussion papers
5. Policy notes
6. Presentation slides
7. Peer reviewed articles
8. Books (includes making of chapters, volumes and editing)
9. Position papers

- It is noted that individual members of the School are encouraged to produce journals by offering incentives (eg: eligibility for awards).
- Research dissemination activities of HEP include the conduct of regular seminars, participation in local and international conferences and publication in international journals.
- The School does not have a formal policy/set of guidelines for the dissemination of research findings but they encourage submission of research findings to the School's discussion paper series.
- UPSE often shares their research findings to DOH in the form of publications, conferences, workshops, policy forums, briefings, and press conferences. Also, they are able to share directly their findings to the Secretary of Health.
- The School provides support for participation in international conferences. They provide maximum amount of USD1,000 for Asia conferences and USD1,500 for U.S. and European conferences. This fund is augmented by the support provided by the conference. Aside from the usual bureaucratic requirements in applying, one important consideration is that the applicant must present a paper during the conference. Furthermore, the School also participates in local conference when invited.

V. Level of Engagement in Policymaking

- The School's characterizes their engagement with the national government as very important to their mission. Similarly, they characterize their level of engagement as very high.
- Their very high level of engagement with the government can be attributed to the direct ties they have established with DOH and other government agencies. They are also often approached by various government agencies for direct work and technical inputs. There are also times when the government agencies make use of their research outputs funded by international organizations.

VI. Health Research Policy in the Philippines

- The biggest constraints identified by the respondent are the lack of people and lack of time. As an academe institution, the professors have limited time to engage in various researches. However, the respondent noted that engaging solely in one of these activity is not the best solution for this constraint since being a professor and researcher brings many advantages (eg: built-in push from colleagues to produce quality output). Also, it is noted that funds are currently not a problem in but the lack of competent and available people who will make use of these funds is.

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

I. Institutional Background

- The USAID is a public, non-profit entity established in 1954 with the mission of providing assistance (financially, technically) towards national development, but is veered away from actual service and does not parallel the activities of the government.
- The institution's strategy in achieving this mission is anchored on their five year health strategy, agreed between the U.S. government and the Department of Health.
- Its primary mandate includes all the areas of research, training and procurement. It is a part of the Global health bureau established by the U.S. Congress which has recently earmarked TB, family planning, and maternal and child health funds as their priorities in the country.

II. Policy Research: Nature and Collaboration with the Government

- USAID's research agenda is determined by the recently earmarked funds and the government research agenda.

- The respondent defined health policy research as an “evidence-based pursuit and has to respond to a current need with a forward looking issuance of policy and implementation.”
- The institution has been involved in health policy research for over 25 years and currently has 3 regional projects in Luzon, Visayas and Mindanao. They are involved in the following areas:
 1. Demand for health care
 2. Health care financing (insurance and managed care)
 3. Service delivery patterns
 4. Health technology assessment
 5. Cost effectiveness analysis
 6. Regulatory reform in health care
 7. Impact evaluation
 8. Health needs analyses (epidemiological and demographic projections)
 9. Actuarial studies
 10. Operations research
 11. Household and health survey design and implementation
- They are involved in joint research activities with the DOH through the projects (not USAID per se). These include workshops, conferences, fellowship programs, data collection and data analyses.
- Also, the DOH has sought short term technical assistance (training, data collection and analysis, impact evaluation, and technical writing) through their projects.
- Their only source of fund is the U.S. Congress and they allocate two percent of their annual budget for research, and according to the respondent, this percentage is enough to cover the researches and the evaluations.
- High quality outputs are ensured thru required quarterly reports, along with a clearance mechanism before publications and monitoring.
- The Health arm has six people in the management level, seven are technical, two are non-technical. All have advanced degrees. Having external linkages is a part of the job requirement and the staff is characterized as multidisciplinary (physicians, demographers, communications major, economists, nutritionists).
- Their salaries are competitive compared to other government agencies, but is relatively low compared to other international institutions.

III. Capacity Building

- USAID has plans for capacity building, inclusive of professional development training.

IV. Dissemination of Findings

- Publication format includes:
 1. Reports
 2. Discussion papers
 3. Policy Notes
 4. Presentation Slides
 5. Peer Reviewed Articles
 6. Books
 7. Pamphlets and Brochures
 8. Videos
 9. Policy Issuances
- They don't have a specific policy for dissemination but they are highly encouraged to do so. However, recent policy suggests that the members' studies must be published as a requirement. Note also that published materials do not have copyrights (publicly funded, so must be publicly available)
- Research dissemination activities with the DOH include publications, conferences and workshops. But meetings with the SOH are limited to strategy planning.
- Participation in the conference would amount to USD10,000 annually and is pulled from the contract funds (not project funds). Attendees must be in the same field as the topic at hand.

V. Level of Engagement in Policymaking

- The institution characterizes the engagement to the national government as very important to their mission, while characterizing their level of engagement as very high. They are satisfied at this current level.
- The respondent said that no problems exist in the Secretary, Assistant Secretary and Undersecretary levels in the DOH. The biggest constraint pointed out by the respondent is the Bureau of International Health Cooperation due to the fact that it became a command and control rather than a strategic partner, hence, there exists a superficial level of engagement and commitment. This problem is remedied by the USAID thru initiating meetings every other month (but are usually cancelled by the DOH).

VI. Health Research Policy in the Philippines

- The biggest constraint pointed out is the communication within the DOH (not knowing which to prioritize and publicize internationally).

D. Rough Costing Estimates and Assumptions for the KP/UHC Platform, Early Years

Set-up		Assumptions	Estimated Cost (in PHP)
Expanded COS	Recruitment of COS	Seconded from another government agency	0
	Recruitment of staff	Seconded from HPDP	0
	Legal consultant (Review of Magna Carta for Scientists, AOs needed)	60 person-days at USD300 per day	756,000
	Office set-up	Staff size = 12, PHP30,000 each	360,000
Strengthened HPDPB	Planning Workshop	Number of participants = 30, PHP1,500 per head	45,000
	Meetings (5)	PHP5,000 per meeting	125,000
	Database set-up	Fixed-price contract	1,000,000
Consortium of Research Providers	Forum	30 institutions, 4 participants each, PHP1,500 per head	180,000
Long-term institution building	Legal consultant	20 person-days at USD300 per day	252,000
	Other consultants	60 person-days at USD300 per day	756,000
Subtotal			3,474,000.00

Annual Operations		Assumptions	Estimated Cost (in PHP)
Expanded COS	COS salaries and benefits	Undersecretary level (PHP150,000 per month)	1,800,000
	Staff salaries and benefits (6)	PHP80,000 per month per staff	5,760,000
	Consultants	60 person-days at USD300 per day	756,000
Strengthened HPDPB	Trainings (12)	40 participants, 4 days, PHP50,000 per head	4,000,000
	Scholarships (10)	USD40,000 per year	16,800,000
	Conference Participation	USD2,500 per conference, 10 participants	1,050,000
	Research Productivity Incentive	USD5,000 per peer-reviewed article, 5 articles	1,050,000
	Consultants	60 man-days at USD300 per day	756,000
Network of Research Providers	Technical Assistance	From Research Hub funds	100,000,000
	Research grants		100,000,000
	Annual Forum	30 institutions, 4 participants each, PHP1,500 per head	180,000
	Annual Research Conference	200 participants, PHP1,500 per head	300,000
Subtotal			232,452,000.00

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NHRI. *see* National Health Research Institute (Taiwan)

NICE. *see* National Institute for Health and Clinical Excellence (UK)

NIH. *see* National Institutes of Health

NIHR. *see* National Institute of Health Research (UK, Thailand)

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