Stakeholders in the Development of the National Unified Health Research Agenda of the Philippines

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ABSTRACT

Objectives. Stakeholders and stakeholder engagement in agenda setting are not well documented despite its increased recognition. This paper aimed to describe stakeholder engagement in the agenda setting. Specifically, it aimed to (1) describe the process of stakeholder engagement in the development of the NUHRA 2017-2022; (2) describe characteristics of stakeholders involved; and (3) identify lessons learned during the engagement.

Methods. Documents pertinent to the agenda setting process, which included profile of participants and feedback on the consultation process were reviewed and analyzed. Key informant interviews were also conducted among selected PCHRD officials and members of the Philippine National Health Research System - Research Agenda Committee. Stakeholder mapping was conducted prior to the engagement to identify potential stakeholders. Consultations were conducted in each region involving different stakeholders. Stakeholders in the consultation process were national government agencies, local government units, academe, public and private health facilities, and non-government organizations (NGOs).

Results. The stakeholder with the highest representation was the national government (n=110), while the lowest were public and private health facilities (n=14 each). Interactive discussion of stakeholders with diverse background, is the top item that went well during the consultation and should be retained in the future, and; brainstorming session and presentation were identified item that needs improvement.

Conclusion. A diverse and well-represented set of stakeholders is important in an agenda setting to appropriately identify priorities and to improve uptake of the agenda. Stakeholder engagement, however, should not be limited to agenda setting, collaborative work must be sustained in all aspects of the research cycle.

Key Words: National Unified Health Research Agenda, health research agenda, stakeholders, stakeholder engagement

INTRODUCTION

Multi-stakeholder engagement is referred to both group of stakeholders and the process by which such a group of stakeholders' functions. Stakeholder engagement plays an important role in research, policy, and management processes — from identifying relevant research topics and priorities, to designing and conducting research, applying evidence, and developing policies and programmes.[1,2] As research is an investment of the limited resources of the government, ensuring that these are aligned with the interests, needs, and values of the community is essential.[3] Seeking and understanding key stakeholder perspectives is recognized as an important component in developing an agenda and building effective relationships for its

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adoption.[4,5,6] It is, therefore, crucial to engage stakeholders in health research agenda setting to determine the most relevant and significant issues for prioritization purposes.

The Philippine National Health Research System (PNHRS) ensures health research in the country are aligned with current needs and opportunities to respond to developments and reforms in the health sector. Predating the formalization of the PNHRS in 2013, the Philippine Council for Health Research and Development (PCHRD) had facilitated two earlier versions of the NUHRA: (1) NUHRA 1 (2006- 2010) which employed a bottom-up approach, thus, involving a wide set of stakeholders from the regions; and (2) NUHRA 2 (2011-2016) which employed a top-down approach and involved mainly the four core agencies of the PNHRS: PCHRD, Department of Health, Commission on Higher Education, and National Institutes of Health-University of the Philippines Manila. In the development of the NUHRA 2 there is little to no representative from local government units and private organizations. In NUHRA 3, these stakeholders highlighted important concerns in terms of the relevance of the priorities in the localities. Hence, the use of the combined bottom-up and top-down approach in the development of the NUHRA 3 provides an avenue to saturate data needed in producing national health research priorities. Despite increased recognition of the value of stakeholders in agenda setting, stakeholder engagement in health research agenda setting is not well- documented.[5,7] This paper aimed to describe stakeholder engagement in the agenda setting. Specifically, it aimed to (1) describe the process of stakeholder engagement in the development of the NUHRA 2017-2022; (2) describe characteristics of stakeholders involved; and (3) identify lessons learned during the engagement.

MATERIALS AND METHODS

Data collection

This study retrieved and analyzed data from various sources. These included documents pertinent to the agenda setting process, which included profile of the participants and their feedback on the consultation process. The participants were asked to evaluate the consultation process by identifying (1) what went well during the consultation, (2) what should be retained for future consultations, and (3) what should be improved for future consultations. Key informant interviews using a semi-structured interview tool with open-ended questions were also conducted among selected PCHRD officials and members of the Philippine National Health Research System - Research Agenda Committee to better understand the process of stakeholder engagement.

Data processing and analysis

Data from consultations were compiled and hand-coded using Microsoft Excel 2013. Interviews were recorded and transcribed. Descriptive statistical analysis was done to describe profile of stakeholders based on the type of organization represented. Results of the consultation process evaluation were analyzed using descriptive qualitative approach. Results of key informant interviews were analyzed by identifying common themes.

Ethical considerations

The study protocol was reviewed and approved by St. Cabrini Medical Center – Asian Eye Institute Ethics Review Committee. Individual informed consent was obtained from each interviewee prior to the interviews. Privacy and confidentiality were also ensured through selection of appropriate venue.

RESULTS AND DISCUSSION

Process of stakeholder engagement

Stakeholder mapping and invitation

The country was divided into four clusters, namely (1) North Luzon, (2) South Luzon, (3) Visayas, and (4) Mindanao. A research assistant was assigned in each cluster to map potential stakeholders in the regions covered by the respective clusters. The objective of stakeholder mapping was to ensure that all relevant stakeholders from a wide range of sectors were identified prior to the sending of invitations for the regional consultation. The building of the stakeholder map was coordinated closely with the regional consortium, who holds a directory of stakeholders they frequently engage and collaborate with. Based on the stakeholder map and inputs from the consortium and regional coordinator, the consortium was tasked to send invitations to all identified stakeholders. Figure 1 shows the number of mapped stakeholders for each sector. Most number of identified and targeted organizations were from private academe (n=92), while the least were from public health facility (n=16). Table 1, on the other hand, shows the breakdown of mapped stakeholders per region. Data shows that Region VI and NCR had the greatest number of mapped organizations (n=41), while Region XIII had the least (n=8).

Regional consultation and stakeholder participation

The regional consultation was designed so that all its outputs would be generated from the inputs of the participants. Similar with the development of the NUHRA 2006-2010 which employed a bottom-up approach and involved stakeholders with diverse background, the workload of the conveners, region-based experts, and participants influenced the scheduling of the consultations.

Each regional consultation was conducted over a two-day period. For the first half of Day 1, participants were given an overview of the NUHRA, current national and international trends and policy or program directions, and a situational analysis of the health and research environment
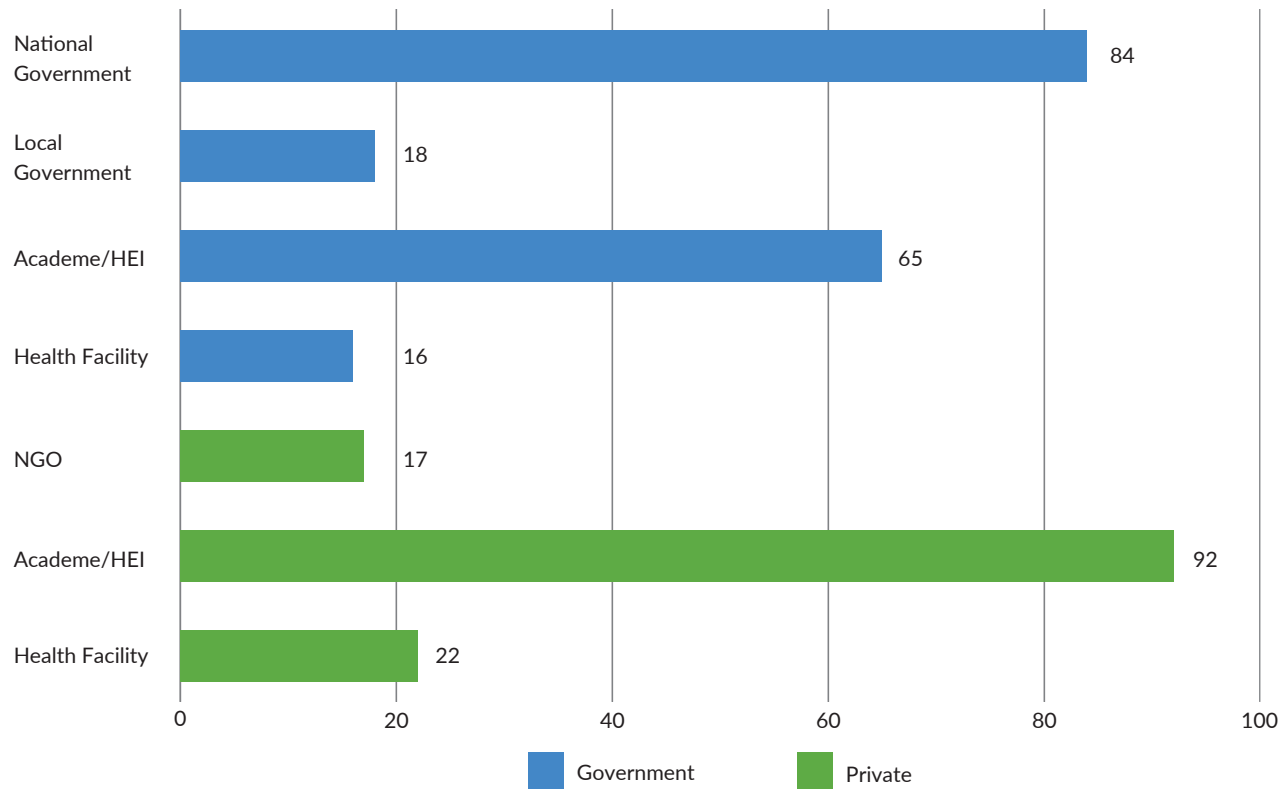
Figure 1. Number of mapped organizations according to type of sector.

Table 1. Breakdown of mapped stakeholders per region

Region	Public				Private			Total
	National Government	Local Government	Academe	Health facility	NGO	Academe	Health Facility	
1	-	-	-	-	-	-	-	0
2	-	-	-	-	-	-	-	0
3	4	-	6	2	-	7	1	20
CAR	8	4	5	1	1	6	-	25
4A	3	1	2	1	-	10	1	18
4B	7	1	6	2	-	2	-	18
5	3	-	2	1	-	7	2	15
NCR	6	4	6	1	2	17	5	41
6	7	4	6	4	1	12	7	41
7	-	-	-	-	-	-	-	0
8	9	-	10	1	6	5	2	33
9	11	1	6	1	3	4	-	26
10	3	1	3	-	1	5	2	15
11	5	1	3	-	3	6	2	20
12	3	-	6	1	-	7	-	17
ARMM	10	-	4	-	-	3	-	17
13	5	1	-	1	-	1	-	8
Total	84	18	65	16	17	92	22	314

in the region. Participants were free to give comments or validate the content of each presentation. For the second half of Day 1, participants were grouped for small focus group discussions, the objective of which was to come up with a list of health research priorities per group. Each group presented their outputs in a plenary session. The initial list of heath research priorities for each group were compiled and synthesized by the cluster team after Day 1.

The morning of Day 2 was dedicated to consolidating and building consensus regarding the initial list of health research priorities. The initial list based on the Day 1 output was presented to the participants. Participants were given the freedom to decide on adding, removing, or combining research priorities and their subtopics through an open forum. A final list of health research priorities to be ranked was the output for this activity.

With a final list of health research priorities, participants were then asked for criteria in which the prioritization would be based on. This was done either as a plenary or as small focus group discussions. Consensus building on the criteria was also done through an open forum. Once the criteria were finalized, scoring weight for each criterion was decided as a plenary. For the prioritization exercise, each participant scored research priorities based on criteria and weights assigned during the previous activity. The results were collected and combined by the cluster team and the final list was presented to the plenary. The final activity of the consultation was for the participants to provide inputs on monitoring & evaluation plan and advocacy strategies. These inputs were collected through an open forum. Such processes allow sharing and networking among health authorities and representatives, and bridging interests of different groups.[3] The consultations in each region provided a platform for planning, communication, and learning. The situationers and technical papers provided by the facilitators guided the participants and facilitated a more objective approach of priority setting. The process employed in the consultations, particularly the discussions and scoring, allowed the production of a comprehensive and relevant set of priority topics. Providing an environment where researchers, decision-makers, and other stakeholders can interact, debate, and collaboratively generate a set of research direction is a positive step towards a more efficient and sustainable health research system.[3]

RESULTS

Profile of stakeholders in the development of NUHRA 3

Representatives from national government agencies, local government units, academe, public and private health facilities, and NGOs were included in the consultation process. Figure 2 shows the types of stakeholders involved in the development of NUHRA 3. Data shows that sector with highest representation was the national government (n=110), while the lowest were the public health facilities and private health facilities (n=14 each). Table 2, on the other hand, shows the breakdown of stakeholders per region. Data shows that CAR had the most number of organizations involved in the NUHRA development (n=29), while Regions VI, X, and ARMM had the least (n=13).

The involvement of different stakeholders in the regions in the development of the NUHRA ensured relevance of priorities in the respective localities and explored all possible issues that should be taken into consideration in the priority setting. Similar with the previous experience with the development of the NUHRA 1, having multisectoral and multidisciplinary participation from government and non-government agencies provided more comprehensive discussions of health issues and concerns and a more extensive research agenda.[8]

While the NUHRA consultations generally had a diverse set of stakeholders, variations in terms of representation were observed at the regional level, with some regions having as much as 29 different stakeholders and some regions having only 13 stakeholders during the consultation. Ensuring multi-sectoral participation needed a lot of coordination between and among agencies.[9] Albeit a stakeholder mapping was conducted prior to the engagement, not all stakeholders identified were included during the actual consultation due to challenges and limitations experienced by the team, such as lack of response from some of the invited organizations and unavailability on the scheduled date of the consultation in their region.

Adequate representation of different stakeholders is important in achieving balance among priority areas and ensuring that topics identified are not in favor of certain types of stakeholders. Given the amount of work needed and anticipating challenges that come with the inclusion of a wide set of stakeholders in an agenda setting process, adequate planning and preparation must be done. It must be viewed as a management process and not just a technical exercise.[3,10] In ensuring adequate representation of different stakeholders in the regions, communication strategies must be improved; (1) Conveying the importance of the activity and the role of the stakeholder in the process, (2) timely invitation considering bureaucratic processes in different agencies, and (3) regular follow up will help increase participation and improve representation of target stakeholders. Communication through multiple strategies that fit specific stakeholder partners, and adaptation to the needs of stakeholders are also recommended.[7] Multidisciplinary and broader participation even at the planning stages have to be observed to establish partnership among stakeholders for the succeeding phases of the research cycle.[9,11]

Lessons learned

At the end of each consultation, the participants were asked to evaluate the process by identifying what went well, items that should be retained, and items that should be improved in the consultations. Table 3 shows the feedback of the participants on the consultation process. Interactive discussion among the participants was identified as the top item that went well during the consultation, wide set of stakeholders as the top item that should be retained in the future, and time allotment for brainstorming and presentation as the top item that needs improvement.
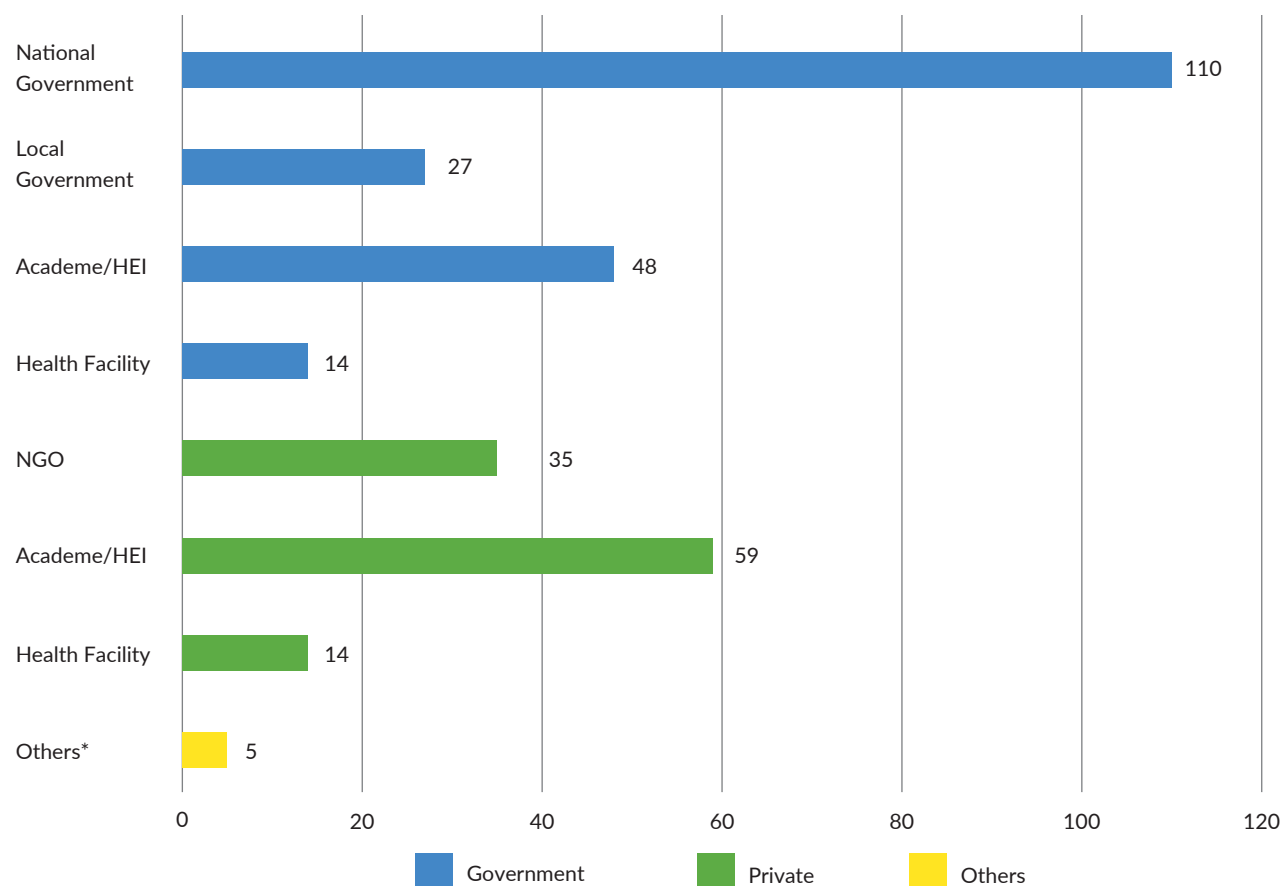
Figure 2. Number of organizations involved in the NUHRA 3 development according to type of sector; *Others: no data on type of organization.

Table 2. Breakdown of stakeholders per region

Region	Public				Private				
	National Government	Local Government	Academe	Health facility	NGO	Academe	Health facility	Others	TOTAL
1	7	0	1	0	1	5	2	0	16
2	6	0	5	0	2	4	2	1	20
3	7	1	3	1	2	4	1	1	20
CAR	5	6	5	1	8	4	0	0	29
4A	3	1	2	1	1	7	1	0	16
4B	8	3	5	4	0	2	0	0	22
5	6	2	3	0	0	4	1	0	16
NCR	6	2	4	1	2	9	4	0	28
6	5	1	1	1	0	3	2	0	13
7	8	3	0	0	2	3	0	0	16
8	6	2	2	1	3	1	0	2	17
9	11	1	3	1	3	2	0	0	21
10	6	0	3	0	1	2	1	0	13
11	7	2	2	1	2	2	0	0	16
12	4	3	4	0	1	4	0	1	17
ARMM	5	0	3	2	2	1	0	0	13
13	10	0	2	0	5	2	0	0	19
Total	110	27	48	14	35	59	14	5	312

Table 3. Evaluation results of the regional consultations

What went well	What should be retained	What should be improved in the future
• Interactive discussion • Research agenda formulation and identification of priority areas for future researches • Use of situationer and technical papers	• Wide set of stakeholders • In-depth discussion of priority topics • Participatory and interactive discussion and brainstorming	• Time allotment for brainstorming sessions and presentations • Updated data on regional situationers • Inclusion of more stakeholders

Effective engagement depends upon a shared understanding of issues.[8] Priority setting must be interactive, transparent, and must provide avenue for exchange of ideas.[9,12] Interactive and in-depth discussion among participants during the consultation process facilitated production of a comprehensive list of topics in each region. Effective engagement is a critical process in ensuring quality, relevance, and inclusiveness of generated agenda. It enables each group to better understand interests of each other, and evolve the process of priority setting.[3,5] Interaction between researchers and policy-makers is one of the most effective ways to ensure adoption of ideas.[3,13-15] Therefore, interaction does not stop with the agenda setting but is sustained throughout the entire research cycle.[3,15,16] Collaborative work among the different stakeholders must be ensured even after the generation of the agenda.

Effective priority setting, and resource allocation are often impeded by a lack of appropriate and reliable data.[3,9] While the use of situationer and technical papers were seen to have helped the consultation process. Although the situationers were developed by the project team along with a local consultant, use of outdated data may have been due to limited access to the updated data, a limitation that has been already noted in the NUHRA 1. Improved data collection at the local level and access to data collected are therefore crucial in providing evidence to appropriately guide the priority setting.

To address challenges such as lack of time for brainstorming sessions and presentations, improvements in facilitation, particularly time management must be done in future consultations. Intensive planning and strict observation of the program must be ensured. Warranting necessary resources are available during the consultation process is also important to maximize the time allotted for the engagement.

CONCLUSION AND RECOMMENDATIONS

Involving a diverse well-represented set of stakeholders is important in an agenda setting to appropriately identify priorities as well as to improve uptake following generation of the agenda. The consultations involving different stakeholders from their respective regions allowed the researchers to identify a comprehensive range of issues, while taking into consideration different groups, interests, and capabilities. Likewise, the consultations provided a platform for sharing of ideas and experiences. Ensuring adequate representation of each stakeholders is recommended in future consultations to facilitate a balanced set of priority topics. Adequate preparation prior to the engagement, which includes selection, invitation, coordination, is as crucial as the actual engagement itself. Priority setting largely relies on effective engagement, that is clearly stating objectives at the beginning of the engagement, maintaining a good atmosphere and conducive environment, and providing necessary resources to facilitate achievement of desired output. Lastly, stakeholder engagement is suggested should not be limited to priority setting, collaborative work must be sustained and observed in all aspects of the research cycle - from setting the agenda, to implementation, dissemination, and translation into policy or commercialization. With this, multi-stakeholder engagement is an avenue for partnerships, transparency and accountability towards grounds and balance integration of ideals and aspirations.

Statement of Authorship

All authors approved the final version submitted.

Author Disclosure

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