Working paper:

How are national health policy analysis institutions in low- and middle-income countries growing? And what are they growing into?

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List of abbreviations

DFID	Department for International Development (UK)
HPSR	Health Policy and Systems Research
IDRC	International Development Research Centre
LMICs	Low- and Middle-Income Countries
NGO	Non-Governmental Organisation
NHOs	National Health Observatories
OECD	Organisation for Economic Co-operation and Development
OPM	Oxford Policy Management
TWG	Technical Working Group

Executive summary

How do national policy analysis institutions shape the research agenda?

National health policy analysis institutions can be a critical part of the process of moving from evidence to policy and implementation. They can provide an in-depth understanding of local contexts, connect various actors in a given field, and carry out analysis and knowledge brokerage activities.

This report presents the results from interviews with representatives of 16 national health policy analysis institutions: eight in Uganda and eight in Tanzania. The interview questions focused on two dimensions of institutional capacity: networks and resources. We wanted to understand how such institutions are growing, and what they are growing into.

Networks

National health policy analysis institutions proactively pursue a wide range of strategies to develop their networks with policy stakeholders, other national non-governmental organisations (NGOs), and international organisations. The most popular is to join technical working groups (TWGs) and steering committees. Many institutions join these to raise awareness of their institution, get to know other organisations in the field, and contribute to government policies.

Collaborative work is also a strategy that was commonly mentioned by the interviewees. Local institutions work together where they can complement each other's technical skills, and they pair with international organisations to provide local insights and gain knowledge about the international health sector and funding opportunities.

Resources

While public health policy analysis institutions generally receive some funding from governments, the majority of the social policy and implementation analysis field appears to be funded through donor projects. Institutions implement various short (up to one year) or long (up to five years) projects and receive costs plus an overhead fee. If projects go well they are commonly extended or scaled up and can last for 15 years or more. This leads to the creation of medium- to long-term projects that become *de facto* institutions in the field.

Respondents were acutely aware of risks associated with this funding model – such as the inability to invest in new institutional skills and capacities, staff retention, and shifting donor priorities – and many were looking for mitigation strategies, such as finding alternative sources of income through social enterprise.

We met with institutions ranging in size from small (up to 10 employees) to large (more than 600 employees). A significant proportion of employees were on short fixed-term contracts associated with project lifespans. This is reported to be linked to the project-based funding model, and makes it difficult for institutions to retain people between projects.

Setting the research agenda

The industry's structure may be impacting on the research agenda. Many interviewees suggested that the need to rely on short-term donor funding means that the research agenda is dominated by donors, is sensitive to rapidly shifting global priorities, and does not account for local needs. Even if these institutions provide solid evidence to influence policy and implementation reforms, it is not clear how appealing this is to local governments, who are rarely the ones defining the questions.

Background

The processes through which evidence informs policy and implementation have become a field of research in themselves. For researchers, decision makers, funders, and beneficiaries who want to see evidence-informed decision making in policy design and implementation, it is not just important for research to be of good quality: research has to ask the right questions, be presented to the right people, at the right time, in the right format, and by the right people. Achieving all this is a complicated task.

One strategy for achieving this is to cultivate national policy analysis institutions. For the purposes of this report, these can be internal or external to government, with various degrees of autonomy. For example, they can range from an economic policy and research units within a government ministry, to a school of public health within a university, to an independent think tank. The common characteristics, however, are a long-term country-based presence and an interest in the analysis of national policy design and implementation. Their staff generally interpret evidence and offer advice to policy and implementation stakeholders, such as ministers, politicians, and civil servants.

This report presents findings from interviews with people working in health-specific national policy analysis institutions in Tanzania and Uganda. Our focus is on the dimensions of institutional capacity. Our objective is to understand how national health policy analysis institutions are growing, and what they are growing into.

While we have focused on the health sectors in two low-income countries, the findings may have relevance for evidence-to-policy processes and policy analysis institutions more generally, outside of this sector and in higher income countries.

Recent push to build national 'evidence-to-policy' capacity in low- (and middle-) income countries (LMICs)

The World Development Report 1998/9 proposed that development should be looked at from the perspective of knowledge: that a lack of knowledge about technologies (i.e. health interventions) and attributes (i.e. individual health status or quality of goods) were key bottlenecks to growth (WB, 1999). To mitigate this, the report suggested that governments foster the creation of domestic knowledge as well as the capacity to adapt international knowledge. A similar call was later made by the UN Millennium Project, which argued that science, technology, and innovation should be at the heart of the development agenda. The project proposed the strengthening of scientific and technical academies, as well as of governments to be able to engage with their outputs (Juma & Yee-Cheong, 2005). In 2008 the UK's Department for International Development (DFID) committed to spending up to £1 billion over five years on development research (DFID, 2008). DFID aimed to strike a new balance between creating knowledge and getting knowledge into use. A focus was placed on joining up national, regional, and international research efforts to make them more relevant to developing countries; and on increased efforts to strengthen developing countries' capacity to carry out and use research.

Simultaneously, a collaboration of donors launched the Think Tank Initiative. This offered national institutions in LMICs a combination of core funding and technical assistance for capacity building. An emphasis was placed on how a locally led

research agenda can shape local policy decisions (IDRC, 2010). Work by the Organisation for Economic Co-operation and Development (OECD) tied the drive to build national policy analysis capacity back to the Paris Declaration on Aid Effectiveness. The OECD highlighted that donors committed to promoting local ownership, primarily by harmonising their aid around government budgets. However, ownership also implies that strategies and policies be intellectually led, and the lack of endogenous economic expertise acts as an obstacle to further appropriation (OECD, 2008).

In more recent years there has been a steady stream of donor-funded programmes focusing on improving the evidence-to-policy process in LMICs. Some international examples (by no means exhaustive) include Development Research Uptake in Sub-Saharan Africa (2011–2016),[1] Building Capacity to use Research Evidence (2013–2017),[2] Strengthening Research and Knowledge Systems (2013–2018),[3] and the Global Open Knowledge Hub (2013–date).[4] These are added to by an even larger multitude of programmes arranged between country-specific donor offices and the respective governments and complemented by international networks of national institutions, such as the International Association of National Public Health Institutes[5] (now boasting 108 members from 93 countries), the INDEPTH Network[6] (with 45 partner institutions) and the Pasteur Institute[7] (with 33 partner institutions).

Going forward, there is no indication that this international development agenda is going to slow down. The Hewlett Foundation, for example, recently released its Evidence-Informed Policy Making Strategy. It plans to offer flexible and sustained support for local organisations to be responsive to the policy contexts in which they operate, creating a bridge between research and governance and prioritising the voice of local scholars, evaluators, and generators of data in national, regional, and global policy dialogues (Hewlett Foundation, 2018). DFID's 2016 Research Review pledges 3% of its budget (around $390 million) a year to research until 2020 (DFID, 2016). The World Bank is currently implementing its African Higher Education Centres of Excellence Project, which focuses on supporting post-graduate training, with an emphasis on accredited masters and PhD programmes.[8] DAAD runs its Academic Collaboration with the Countries of sub-Saharan Africa Programme,[9] and the African Development Bank is currently implementing its East Africa's Centres of Excellence for Skills and Tertiary Education in Biomedical Sciences Programme.[10] Although with the latter three of these examples, there may be more crossover with industry practice than policy analysis.

[1] www.acu.ac.uk/focus-areas/research-management-uptake/drussa
[2] https://bcureglobal.wordpress.com/
[3] www.inasp.info/project/strengthening-research-and-knowledge-systems-srks
[4] www.ids.ac.uk/project/global-open-knowledge-hub
[5] www.ianphi.org/
[6] www.indepth-network.org/
[7] www.pasteur.fr/en
[8] http://projects.worldbank.org/P126974/strengthening-tertiary-education-africa-through-africa-centers-excellence?lang=en&tab=overview
[9] www.daad.de/medien/der-daad/unsere-mission/strategie/daad_strategy_paper_africa.pdf
[10] http://projectsportal.afdb.org/dataportal/VProject/show/P-Z1-IB0-025

Research into the growth of national health policy analysis institutions in LMICs

Complementing the increase in international funding and effort put into building national policy analysis institutions in LMICs has been a corresponding body of work analysing the progress. The 2008 OECD work suggested that challenges exist not only in the funding, but in the ways that funding is provided. Payments are often irregular and project specific, decreasing capacity for long-term research or organisational independence (OECD, 2008). Osman and El Molla suggested that the low prevalence of think tanks in developing countries was the result of corruption, poor accountability, restricted freedom of speech, low and/or short-term funding, and difficulties attracting competent staff (Osman & El Molla, 2009).

The Alliance for Health Policy and Systems Research (a World Health Organization-hosted partnership promoting health policy and systems research) has published numerous pieces on the field's development, particularly the growth of local institutions and their capacity. It has attempted to map all health policy analysis institutions in LMICs and to populate a database with basic information about them. The Alliance suggests that key factors of success (for health policy analysis institutions getting evidence into policy) include the timeliness of relevant findings, credibility and trustworthiness, close personal contact, and summaries of findings with actionable recommendations. Rotation of staff between health policy analysis institutions and government is useful both for strengthening links across organisations and for maintaining policy orientation. The Alliance highlights that successfully building a health policy analysis institution is a 20–30-year venture. However, it also suggests that it may be the capacity of the overall network of institutions involved in the policy process that influences evidence uptake, rather than any individual institution (Bennett & Corluka, 2010). On the constraints, the Alliance has argued that the field is currently hindered by, among other things, a lack of financial and human resources, an over-reliance on international funding, and a small a role for local players in determining the nature of the research conducted (Bennett, *et al*., 2011).

Bennett *et al*. went on to look in detail at six health policy analysis institutions: three in Africa and three in Asia, focusing on factors influencing their sustainable development and what external support for capacity development had been provided. While three of the institutions had received substantial start-up grants, two of these had since collapsed. All but one relied on short-term donor funding, and all but one found staff retention problematic. Bennett *et al.* found that governance structures varied, with boards playing important roles for continuity, fund raising, and independence, and that well developed networks (both nationally with government and internationally with other research institutes) helped to promote policy influence and develop capacity (Bennett, Corluka, Doherty, & Tangcharoensathien, 2012). A separate publication on the same set of case studies looked at what contributions they had made and what factors had supported this. Some of the institutions had made major contributions to policy development in their respective countries, such as influencing the development of a national strategy on preventive medicine (Vietnam), monitoring the impact of user fees in facilities (South Africa), and bringing attention to cause of death statistics (India). Several factors were considered critical in supporting effective policy engagement, including a supportive policy environment, some degree of independence in governance and financing, and strong links to policymakers that facilitate trust and influence (Bennett, *et al*., 2012). Previous work exploring the contribution of research to health policy had started with the hypothesis that quality, quantity, and relevance were the key determinants (Koon, Rao, Tran, & Ghaffar, 2013). Through a review of

literature documenting instances of evidence-to-policy crossover, these authors revised their hypothesis, and they now suggest it is largely determined by the 'embeddedness' of the producing organisation, which is in turn determined by the quality and quantity of their connections, as well as their reputation and capacity.

Le *et al*. (2014) have developed and tested a framework for assessing the capacity of universities to carry out health policy and systems research in sub-Saharan Africa. They found that (as their literature review had already suggested) it was important to address three levels: the individual working in an organisation, the organisation itself, and the wider system in which the organisation operates. This resonates with the abovementioned findings that the wider network of institutions is of crucial importance to the effectiveness evidence-to-policy processes. Le *et al*. also highlighted the need to assess both assets and needs, and to adopt a semi-standardised, phased, incremental, and collaboratively designed approach (Le, *et al*., 2014). One of their findings was that capacity assessment can itself be a mechanism for capacity development. Bates *et al*. attempted to design and test an evidence-informed, systematised approach to actually building the capacity of health research centres in Africa. Like Le *et al*., they conclude that early collaboration is crucial, as is a broad focus on the individual, organisation, and wider system (Bates, Boyd, Smith, & Cole, 2014).

The abovementioned Think Tank Initiative was an initiative specifically targeted at building institutional capacity. It is now coming to an end. Mid-term evaluations suggested that the impact on think tanks appeared positive, but that implementation had been slower than planned, with more emphasis on research than policy engagement (Young, Hauck, & Engel, 2013).

Ayah *et al*. coordinated a self-assessment of the knowledge brokerage capacity at seven African schools of public health. They found generally low self-reported capacity to communicate health systems research findings to diverse audiences (such as the media and general public), but higher confidence with regard to policy leaders. Only one out of the seven had a formal knowledge brokerage strategy (Ayah, Jessani, & Mafuta, 2014). Schroff *et al*. attempted to bring together two sides of the knowledge brokerage process: separate surveys were sent to research institutions and ministries of health. The research institutions identified the absence of core funding, the lack of definitional clarity, and the lack of academic incentive structures for health policy and systems research as significant constraints. On the user side, the ministries of health identified a lack of locally relevant evidence, poor presentation of research findings, and low institutional prioritisation of evidence use as significant constraints to evidence uptake. Ministries of health reported that health management information systems and ministry internal reports were the most important sources of evidence for decision-making, rather than those of external health policy analysis institutions (Shroff, Javadi, Gilson, Kang, & Ghaffar, 2017).

One of the key questions underlying the international push to develop national policy analysis institutions in LMICs has been 'is this sustainable?' This is one part of what Bennett *et al*. questioned when they assessed the dimensions of institutional capacity of six health policy analysis institutions (Bennett, Corluka, Doherty, & Tangcharoensathien, 2012). In the work by Bates *et al*. various definitions of sustainability were observed, including the incorporation of activities into the structures of an original organisation or integration into another institution, that a programme itself becomes an autonomous institution, or, most commonly, achieving financial and local decision-making independence (Bates, Boyd, Smith, & Cole, 2014). Schalock *et al*.

define sustainability as the capacity to adapt successfully to change and provide a range of valued service delivery opportunities and practices in an effective and efficient manner (Schalock, Verdugo, & Lee, 2016).

This report takes its approach to sustainability from Brinkerhoff and Goldsmith (1992), which feeds into the abovementioned interpretations. Sustainability is understood as 'the ability of an organization to produce outputs of sufficient value so that it acquires enough inputs to continue production at a steady or growing rate' (Brinkerhoff and Goldsmith, 2016, p. 371). This definition emphasises the dynamic nature of sustainability: it is not a static state, but an ongoing and shifting equilibrium between inputs and outputs.

Brinkerhoff and Goldsmith highlight the importance of both internal capabilities and external environments, and that it is necessary to look both inwards and outwards to understand sustainability. The approach also highlights that, in a changing world, institutions must be able to adapt if they are to be sustainable. If they do not, their demise is likely. They discuss the importance of the environment to sustainability within the context of the 'Third World'. For many development organisations (such as a policy analysis institution), demand is limited, the goods provided are largely public, and beneficiary stakeholders are generally resource poor. Brinkerhoff and Goldsmith suggest that, in such an environment, a high rate of organisational decay is unsurprising. For sustainability to occur, the institution must find a fit between what it can produce and what its stakeholders are willing to exchange for it (Brinkerhoff and Goldsmith, 1992).

Gustafson used Brinkerhoff and Goldsmith's approach to examine the sustainability 24 completed agricultural extension development projects (1994). Two of his more striking general observations were that there was no single 'correct' solution for achieving sustainability, and that the institutional sustainability of the services appeared to be directly related to the overall capabilities of the public services of which they were a part. Applied to health policy analysis institutions, this may suggest that achieving sustainability could look different in different places, but also that, as has been recognised again since, the wider environment in which the institution operates will be key.

Methods

Semi-structured stakeholder interviews were conducted with key individuals in senior positions at national organisations which claim to, in some way, offer evidence-based advice on health policy and implementation to the government in either Uganda or Tanzania. A broad interpretation of national health policy analysis institution was adopted, covering anything that is nationally based, carries out evidence-based analysis of health policy and/or implementation, and offers advice to government. National health policy analysis institutions can take any form. Examples could include a unit within government, a school or department within a university, an independent think tank, or a consultancy firm.

The work was carried out as part of a larger project to understand how lessons about health system design and implementation spread between countries, and what external funding agencies can do to help facilitate this. Uganda and Tanzania were selected because of ongoing work between their respective ministries of health and the World Health Organization African Regional Office to build National Health Observatories (NHOs). The wider project was also keen to understand the progress of the NHOs, and so the objectives were merged.

Interviews were carried out over two one-week periods in May 2018 by the lead and second author in Uganda, and the lead and third author in Tanzania. In addition to their analytical contributions, the second and third authors fulfilled the role of informant/insider, as described by Fontana and Frey (1994) – they were able to act as a guide through the local health systems, set up the interviews, bring extensive background understanding, and establish trust with those being interviewed.

A first draft list of health policy analysis institutions was created through an attempt to map such institutions. It was then added to through snowballing and insider knowledge (provided by the second and third authors, as well as other respondents). The initial mapping was an earlier part of the wider project, and added to that previously done by the Alliance for Health Policy and Systems Research. The second and third authors were given lists of organisations and the necessary paperwork to arrange meetings. In some cases there was no response or it was not possible to arrange a meeting during the scheduled week. In other cases either the author or a respondent identified additional organisations that should be interviewed as well, but that were not already on the list. In this way a schedule of meetings was set up in each country.

A semi-structured topic guide was developed and used for all interviews. This was based on the work by Bennett *et al*. analysing the dimensions of organisational capacity (2012). Questions focused on networks and resources. Resources was further split between financial resources and staff. Respondents were also asked to provide some general background information about their organisation, their views about the main opportunities and threats going forward, and what an external funding agency could do to help.

Each interview lasted approximately one hour and was conducted face to face. The interviews were not audio recorded, but notes were taken by both authors present and compared afterwards. In total, representatives (or groups of representatives) from 16 institutions (eight in Uganda and eight in Tanzania) were interviewed. The Ugandan institutions included one school within a public university, two membership networks, one independent think tank, one implementing partner, and three project/programmes.

Two of the Tanzanian institutions had been established by an act of parliament, three were private, and three were established in partnership with international organisations. One had been established in almost every decade since the 1950s. Across both countries, core functions of the institutions range from regulation, research, implementation, teaching, community service, coordination, capacity building, monitoring and evaluation, knowledge management, administration, and oversight – but all offer evidence-based advice to government on health policy and implementation through direct communication with their respective ministries of health.

Table 1: Institutions/organisations met with in Uganda

Name	Institutional entity	Core functions
African Centre for Global Health and Social Transformation	Independent think tank/ consultancy company	Research, consulting, advocacy
AMREF	Implementing partner	Implementation, research, capacity building, coordination
Knowledge Transfer Network (no longer active)	Project/programme	Capacity building, coordination
Makerere School of Public Health	School within a public university	Teaching, research, community services
Monitoring and Evaluation Technical Support	Project/programme	Capacity building, coordination
Partners in Population and Development	Membership network	Coordination, advocacy
Strategic Information Technical Support	Project/programme	Capacity building, coordination
Uganda Healthcare Federation	Membership network	Coordination, advocacy, capacity building

Table 2: Institutions/organisations met with in Tanzania

Name	Institutional entity	Core functions
AMREF	Implementing partner	Implementation, research, capacity building, coordination
Health Links Initiative	Independent think tank/ consultancy company	Consulting
Ifakara Health Institute	Semi-public research institution	Research, consulting
Kariuki University	Private medical university	Medical training, research, consulting
Mkapa Foundation	Implementing partner	Implementation, research, capacity building, coordination
National Institute for Medical Research	Public entity	Research oversite, research
Praxis	Independent think tank/ consultancy company	Consulting
Tanzania Commission for Science and Technology	Public entity	Research oversight, research

To encourage openness, but also to protect the respondents, we have applied the Chatham House Rule.[11] While usually used for meetings, this approach is in line with normal research principles of balancing confidentiality with transparency. The analysis presents a thematic account of what was said (structured according to networks and resources). However, information is not attributed to specific individuals or organisations. The wider project within which this research sits was approved by the Ethical Committee of the lead UK institution. In addition, each respondent signed a personal consent form, confirming that they were happy for the information in the interview to be used in an anonymised form and to be combined with the information from the other interviews.

[11] When a meeting, or part thereof, is held under the **Chatham House Rule**, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.

Results

Networks

Respondents described a wide range of strategies that they actively employed to develop their networks with policy stakeholders, other national NGOs, and international organisations. The most popular is the TWG structure, linked to a steering committee – this is perceived as a useful (although imperfect mechanism) for building networks with government and non-government institutions. Many organisations partake in TWG activity unpaid, both as a means of contributing to government policy and as a means of getting to know the other active organisations. Annual review processes and steering committees are also popular for the same reason. Other strategies are more innovative and targeted – such as purposely inviting key government appointees to sit within institution's own decision-making structures (i.e. governance boards or project steering committees). Public entities are officially placed within the government's decision-making structures, giving them clear lines of communication with policymakers. One institution had invested in a series of offices in Europe and North America as a means of maintaining strong networks close to its funding sources.

Collaborative work was another commonly mentioned strategy. Many of the institutions had built close and trusting relations with other institutions simply through delivering projects together. This applies to both national and international organisations. Local institutions work together where they feel they complement each other's technical skills. Where there is an international partnership, some national institutions see themselves as offering a 'landing point' for international organisations. The international institutions bring proposal writing skills, international knowledge, and an understanding of where to seek funding. As national institutions, the respondents' institutions bring the practical capacity to get the work done.

Many respondents disaggregated between formal and informal networks: a formal network is codified by a memorandum of understanding. It is more common to have a formal relationship with an international organisation, and an informal relationship with another local organisation.

Overall, respondents appeared pleased with their national and international networks and the processes through which they had been able to build them. However, there is a potential selection bias. If we were more likely to speak to established and successful institutions then we will have missed those that are still struggling to break through.

Reported methods for building networks:

- Organisation sits within, or is linked with, core government decision-making structures – such as a ministry management team, or reporting to a government accreditation board.
- Placing key government staff within an institution's own decision-making structure (committees, project steering committees).
- Sitting on TWGs and steering committees, annual review meetings (dialogue). Achieving a presence at all levels to ensure messages do not get lost.
- Performing services for government. Being ready to help when asked.
- Institution's individuals are former senior people within the health sector – nationally and internationally (discussed below).
- Joining/leading established national and regional networks.
- Working with other local organisations.
- Community networks, webinars, breakfast meetings, seminars, policy briefs, joint meetings.
- Working with international organisations, organisational twinning.
- Being a 'landing point' for international organisations.
- Having offices in 'the North' as well as in Africa.
- Working as an implementing partner – working with/reporting to government on service delivery.
- Working with other local organisations to complement skills nationally.
- Working with international organisations as the local implementing partner.
- Working with a wide range of government institutions: vice president, president's office regional administration and local government, multiple ministries.

Resources – financial

Publicly owned policy analysis institutions in both countries receive funding from their government for core staff and buildings. However, they also do research funded by development partners, often through project-based structures. For these public institutions, the proportion of their budgets that is donor funded ranges from from 25% to 75%.

Non-publicly owned institutions, on the other hand, receive most to all of their funding through development partner projects. Some respondents highlighted that historically there has been some core funding available, but that this is much rarer today. The general financial model when carrying out work paid for by an international donor, for both public and non-public institutions, is to receive project costs plus an overhead cost ratio, which may range from 0% to 20%. A number of the respondents stated that the Global Fund had issued a new rule that national institutions cannot charge an overhead fee, whereas international organisations working in-country can. This has not been verified, but that it was repeated in a series of separate interviews suggests that it is at least not an uncommon perception.

Project duration ranges from short (half a year to one year) to long (five years). However, most projects are extended or scaled up if they have gone well. It appears to

be in everyone's interest for this to happen. The staff working on the project wish to keep their jobs and continue with work that they have invested in, and the funders wish to maintain their established and trusted mechanisms for carrying out their evidence-to-policy work. To achieve this there is adaptation within projects over time. One respondent, working for a project, reflected: '*An extension is the wish – that you are working so well that you get another one. I remember before this contract, you are working towards what the future will be – community monitoring and evaluation. You start setting yourself ahead of the next five years so that when you come to write your next grant it is real. Where is the future, and what are the next steps? This* [project] *has gone from X to Y to Z.*'[12] Each phase lasted five years – so this project is approaching 15 years and still going strong. Another interviewee, working on a separate project, described the process of adaptation: '*There are deliverables that will be met, but you always keep evolving. You meet the outcomes from 2015, but new outcomes come up. As time passes needs change and the mandates of the programmes involved change*.'

Representatives from both projects and more permanently established entities were acutely aware of risks and constraints related to the project-based funding model, and often raised them as a concern. From their perspective, the model does not enable investment in new institutional skills and capacities (such as upgrading financial systems or infrastructure), makes staff retention difficult (through not facilitating permanent contracts), and exposes them to ever shifting donor priorities.

In response to this, some of the institutions are employing alternative fundraising strategies. Examples include raising funds through events, fund raising offices in 'the North', courting private philanthropists, and corporate sponsorship. One of the perceived advantages of these strategies is that the funding is generally not restricted in the way development partner funding is through projects. Institutions have also started to look to 'non-donation-based' income streams, which they feel may enable more self-reliance. Endowment funds were mentioned in two separate interviews in a tentative or aspirational manner (while the initial setup is a donation, the ongoing stream is an entitlement). One institution has started charging an institutional fee on all project work. This is levied on top of the overhead fee and goes straight into a trust fund, which is then used to invest back in the institution. To persuade donors to accept this, the institution makes the fund's accounts and expenditure plans public. The most common alternative fundraising strategy mentioned was social enterprise. Institutions are considering what services they can sell in the private market and aim to funnel the profit back into their longer-term development plans. One institution was in the process of establishing a separate entity specifically to do this. Other institutions are doing it in-house. Examples include things like renting out a fleet of vehicles that had been accumulated through projects over the years or renting out laboratory space.

Conversely, some organisations had entered the donor project space to achieve financial stability. Two of the organisations interviewed started by charging membership fees, but then expanded into the donor-funded research project market as they were unable to raise significant resources through their membership fees alone. They maintain that their priority commitments are to their members, but that delivering research projects is a fundraising mechanism that enables them to do this.

[12] The names of the project's phases have been replaced with X, Y, and Z to preserve anonymity.

Respondents expressed general concern about the influence of their funding model on the actual research conducted. A common view was, in one form or another, that the combination of shifting global priorities without clear or locally relevant prioritisation with the lack of government funding for research or a nationally driven research agenda is encouraging national health policy analysis institutions to produce output that, overall, does not address the problems that are important in their country. Many respondents highlighted the need for the government to set the research agenda, and for donors to follow this. To some extent this is happening, but the government research agendas are so vague that by the time specific research questions are chosen (by the funders) they are no longer locally relevant. One hypothetical example given started with the international demand for tuberculosis research. A country with a high tuberculosis prevalence will be an attractive place to do some of this research. The national government may have put tuberculosis on the research agenda, but, whereas the international community want to know about early diagnosis, the country in question may be more interested in the drug supply chain. In this way the internationally funded research is aligned with the local research agenda but does not address local problems.

Resources – staff

The institutions we met with range from large (around 600 employees) to small (seven or eight associates). Almost all staff were reported to have first degrees, with many having a master's and some having PhDs. Many staff were also reported to be extremely well experienced, having previously held senior government and international posts. Many of the institutions actively targeted the 'retired but not tired'. These people are considered to have excellent institutional knowledge, as well as national and international networks. Policy analysis appears to be a popular retirement destination.

Public/government policy analysis institutions are the biggest (up to 600 employees). Projects and programmes have around 30–45 staff. Think tank/consultancy organisations have 10–20 staff. Finally, coordination-based institutions (such as membership organisations) have less than 10 staff.

The most noteworthy point often made was that a significant proportion of employees were hired on fixed-term contracts associated with projects. Even some of the larger publicly owned organisations only have a relatively small number of permanent employees. Respondents said that this was a direct response to the project-based funding model. An institution wins a bid for a donor-funded project and hires a team of people on short-term contracts to implement that work. As mentioned above, these projects can last for at least 10 to 15 years. One permanent employee may be assigned as a 'principal' to the project. In this way institutions keep their core small but can quickly expand when they are sure of funding.

Interviewees were generally not satisfied with this structure. For the institution, it is difficult to retain people between projects, and managers fear losing their best staff. Interviewees spoke openly about actively headhunting from other projects, and of their own colleagues in turn being poached. Staff rotation between projects is occurring, but from these interviews it was not possible to comment to what extent. Interviewees also stressed that for the individuals this model is unattractive because it makes it difficult to get a personal loan from the bank, which is not confident of such an applicant's long-term income.

Within this context, institutional brand/ vision/ reputation and flexible opportunities for staff (such as extra consulting on the side, teaching, and further education) are all considered important strategies for keeping staff in one place. Many interviewees referred to the pride their staff feel about being associated with their institution.

While respondents claimed that short-term employment contracts are a response to the wider project-based funding model, it was noticeable that in the few (private sector, not public sector) instances where contracts were not associated with projects they were still short term. Also, in the one instance where projects were not the institution's main source of income, employment contracts were still fixed at one year, reviewed annually. It may be that there are wider economic factors driving the short-term contracts within these labour markets. At this point we should not infer that this is entirely driven by the common project-based funding model, even though that was the common perception of those interviewed.

Many of the smaller institutions proactively leverage human resources from partner organisations, particularly government staff or staff of their members. They said that larger institutions are often happy with this arrangement, perhaps suggesting that there is a certain amount of underutilisation of staff at large institutions. One organisation was purely an association of experienced individuals. They were not on any contracts but, as a network of associates, would be available for short-term consulting projects. This, again, was an active choice, aiming to reduce overheads. These strategies were explicitly described as attempts to limit human resource expansion and keep recurrent and overhead costs down as much as possible.

Key issues for the future

One of the most commonly mentioned issues for the future was 'who sets the research agenda'. As outlined already, many interviewees expressed a concern that the donor community rather than the government were setting the research agenda, and that the output is an uncoordinated mixture of work that does not address local priorities. On the other hand, interviewees in both countries acknowledged that their governments were not doing enough to drive that agenda. While broad government research agendas were being published, they were vague on the specifics. This was considered of central importance in the overall evidence-to-policy process. Government decision makers cannot be expected to take an interest in research that addresses questions that are not clearly relevant to their problems.

Tied into this, the changing landscape of 'aid to trade' and donor fatigue was often mentioned. Interviewees said that these dynamics demand institutional adaptation on their part towards the shifting priorities of those funding them. While they were openly concerned that global priorities might not match local ones, they were also open that they nonetheless need to follow the donors for their own financial sustainability. As a route out of this trap, the third key issue mentioned was the current lack of core funding and the desire to diversify funding streams.

Many interviewees also highlighted that the evidence-to-policy movement in general is missing something that is very important to them – implementation. In both countries there was a sense that they were happy with their policies; the key issue for the future is how to implement them. The most valuable use of research and evidence to them is not in informing policy, but in informing operationalisation. As such, many of the institutions' analysis actually comes from implementation research, and they are themselves involved with this implementation.

On a similar point, interviewees in both countries suggested that they have the data: the issues are with using those data. This suggests a shift in priority from research and knowledge production to knowledge brokerage.

Discussion

Longstanding effort to build research capacity in LMICs may be enabling national policy analysis institutions in Uganda and Tanzania to develop a wide range of networks and to attract staff with first, second, and third degrees, as well as with extensive industry experience. However, there was a commonly expressed concern that the industry's structure leaves the research agenda to be driven by international donors, sensitive to shifting global priorities, a lack of prioritisation, and a lack of a lack of attention to local needs. In this sense, while some aspects of capacity may be improving, the interlinkage of national and international research agendas and the leading role of national governments may not be.

The specific nature of the institutional growth needs critical analysis. It is worrying that many senior employees feel their institutions cannot strengthen themselves from a resources point of view. Under the current business model they are struggling to invest in institutional development (such as upgrading internal financial management systems or making the transition from social science research to clinical research), and to hire staff on longer-term or permanent contracts. This is challenging for the institution, as senior staff feel it cannot grow beyond what it was initially established to do and key staff must leave whenever a project is not extended, making it harder to build a team with institutional memory. This is also challenging for the individuals, who cannot use their contracts to get loans.

Many of these constraints have been observed before, particularly by Bennett (Bennett, *et al.*, 2011). However, these interviews go further and suggest that the identified constraints are all linked and are endemic to the overall business model. The driving role of international donors, the under-representation of national governments, and the struggle to retain adequately skilled human resources all relate back, according to the interviewees, to the incentives created through operating off a donor-funded project-based income of costs plus overhead fees. However, this is not conclusive, and may just be a perception. The few institutions we met with who were less exposed to this model still showed these characteristics.

A second contribution that these interviews add to the existing literature is to highlight the importance of active response to environmental incentives. To date, analysis has not adequately explored how national institutions respond to incentives. Instead, it has focused on static descriptions/assessments of capacity, strength, and effectiveness. Recommendations for how to build capacity (Bates, Boyd, Smith, & Cole, 2014) read more like procedural guidelines for building a house – without acknowledging that the institutions themselves have agency. Something more akin to how to grow a plant may be more appropriate. It is clear from these interviews that national policy analysis institutions are very sensitive to their wider environments, quickly responding to the incentives they are presented with.

A comprehensive analysis of what these incentives are and the likely outcomes is lacking in the literature. Some incentives are mentioned, however. Schoff *et al.* (2017) observe the academic incentive structures that prioritise publication in high-impact journals over policy-relevant research . But this is only the start, and the present report can suggest a few more incentives. There is an incentive to plan expenditure around projects and to look to international donors more than local governments for priorities. The outcomes of this may include an abundance of short-term contracts, projects that are not clearly aligned with national priorities, and institutions that stagnate in terms of

their capacity to perform different tasks. In response to their own growing dissatisfaction with these outcomes, institutions in Uganda and Tanzania are now seeking alternative sources of income, such as through social enterprise, which may be something which grows over the coming decade.

It is also worth noting that, through being open to any form of institution, we observe that a very wide range of institutions are actively providing evidence-based advice to governments regarding health policy and implementation. This includes specific health policy analysis institutions, but it also includes consulting firms, implementing partners, long-term programmes, networks/ associations/ membership bodies, and many more. The conceptual framework presented by Koon *et al.* could be interpreted as also acknowledging this (2013). Anyone doing anything in the health sector has a little operational data, with which they can try to inform policy and implementation through TWGs. With this wide array of institutions involved with the evidence-to-policy pathway, the sources of incentives influencing how this pathway is manifested are also much broader than just academic.

Within this context, Brinkerhoff and Goldsmith's definition of sustainability has clear implications. National policy analysis institutions are adapting to their environments, providing services that donors are willing to pay for. For them to become sustainable without donor funding, they will need to adapt into something else, which provides services that another payer is willing to buy. If this other payer is the local government, it must be acknowledged that the available funding will be lower. '*The only remaining option may be to lower the organisation's sights and retrench, seeking sustainability at a reduced level of activity*' (Brinkerhoff and Goldsmith, 1992, p. 379).

Finally, it is important to highlight a significant limitation to this report. 16 institutions in two countries, interviewed over two weeks, is a small sample, with rapidly collected data. We have not been able to control for various potential sources of bias. For example, we do not know if the institutions we met with are representative of others, either in Uganda and Tanzania or elsewhere in the world. On the one hand, they may have been able to take the time to meet with us only because they were less established and less busy than those we were not able to meet with. On the other hand, they may have been able to meet with us, and we may have been able to identify them, because they were larger and more established than others. We simply do not know, and further interviews with more institutions over a longer period of time would be needed to help to clarify this. For now, the issues discussed in this report should be considered as informed hypotheses, in need of more rigorous testing.

Conclusion

There have been various calls for increased use of endowments in building national policy analysis institutions in LMICs, as a response to many of the issues articulated in this report. Osman *et al*. (2009) highlight that endowment funds have driven the growth of most think tanks in the US, and the OECD has suggested that this could provide the long-term stability and sustained financial certainty needed to carry out ambitious and complex research (2008). The William and Flora Hewlett Foundation and the IDRC have led the provision of long(er) term unrestricted core funding through the Think Tank Initiative (although this was not endowment funds). Bennet *et al*. call for increased use of endowments in their analysis of institutional capacity (Bennett, Corluka, Doherty, & Tangcharoensathien, 2012), and Schroff *et al*. 'emphasise the need for concerted efforts to increase core funding for HPSR, particularly for institutions in LICs and lower-MICs… Without core funding, building national research capacity – a priority for many funding agencies – will continue to stagnate, making sustainability a challenge' (2017, p. 8).

A final note of caution, however. As is clear from these interviews, national policy analysis institutions adapt to their environments. Before assuming that an endowment model will have the same effect in LMICs as it may have had in the US, it will be important to consider other differences in the environments, and potential differences in institutional response. The public/government institutions we met with have annual public funding, which should be similar to an endowment in terms of incentives. And, still, they have decided to expand to deliver donor-funded projects as well. Even with an endowment, if donor-funded projects pay well, institutions may decide to bid for them and expand beyond the sustainable level enabled by the endowment itself. This incentive structure was not present in the US. This is not to say that endowments will not benefit the evidence-to-policy-and-implementation process in LMICs – just that the incentives presented by well-paid donor-funded projects will remain attractive, and institutions will likely continue to respond to them.

Similarly, it is possible that the interviewees mistakenly attributed their challenges to their project-based funding model. Perhaps the actual issue is a lack of confidence in the long term more generally, combined with a lack of access to capital to allow for expenditure smoothing. All organisations must reconcile short-term income with long-term recurrent expenditure commitments – what is different about the 'cost plus overhead' model of national health policy analysis institutions in LMICS?

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