

From Evidence To Action:

Building a Health Policy Feedback Mechanism in Indonesia

Learning Brief



Advancing
**Realistic Health System
Design & Planning**
for PHC

Key messages

Addressing the policy-implementation gap remains a persistent challenge in many contexts. Especially in large, decentralized countries, closing the gap between national health policy and local implementation requires structured channels for subnational actors to feed implementation experience back into policy refinement. Indonesia's Health Development Policy Agency (BKPK) under the Ministry of Health (MoH), in collaboration with Results for Development (R4D) and the University of Gadjah Mada (UGM), is developing an adaptive policy feedback mechanism to strengthen evidence-informed policymaking.

Five early learnings

from designing this feedback mechanism in three provinces:



These early lessons suggest that policy feedback mechanisms require trust and relationship-building, clear roles, regular opportunities for joint reflection, and institutional arrangements that enable implementation evidence to influence policy decisions. Ultimately, the goal should be to embed two-way feedback and learning as a routine governance practice that connects policy design with implementation and enables adaptation to local realities.

1.1 Introduction

Realistic health system design and planning is defined as a dynamic process that allocates available resources (human, infrastructure, and financial) based on prioritized population needs to achieve incremental progress toward a longer-term vision through policy change and implementation. Effectively managing decentralized governance is one factor that enables realistic system design and planning. When national planners support subnational actors to improve their planning capacity and enhance their coordination with decentralized authorities, this can improve alignment of decentralized actions with national strategies. This brief shares key lessons from developing a policy feedback mechanism in Indonesia to strengthen national-subnational alignment and support adaptive implementation of national strategies.

1.2 Rationale for establishing a policy feedback mechanism

Translating national policies into effective subnational implementation remains a longstanding challenge in Indonesia's decentralized health system, where local contexts vary widely and structured channels for subnational actors to feed implementation experience back into policy decisions are scarce. Although participatory planning mechanisms such as the *musrenbang* exist, input from subnational actors and monitoring and evaluation of policy implementation remain limited.¹ A policy feedback mechanism—enabling district health offices (DHOs), provincial health offices (PHOs), and local health policy and systems research institutions (HPSRIs) to share evidence, implementation challenges, and best practices with national policymakers, and for the MoH to respond with policy adjustments, resource reallocation, or clearer technical guidance communicated back to subnational actors—offers a promising way to close this gap.

Indonesia's health information systems mainly track quantitative

outputs, such as service coverage and disease prevalence, rather than qualitative insights on how policies are implemented, what challenges arise, or why results differ across regions. When implementation evidence is available, it is often fragmented and not systematically used in decision-making. Subnational governments may have limited capacity to analyze and apply evidence, while local HPSRIs are not consistently engaged in translating implementation evidence for policymakers. At the same time, information on output indicators largely flows from subnational to national levels, with limited feedback to local governments.²

A more regular and structured two-way feedback mechanism can help bridge these gaps by enabling national and subnational actors to learn from implementation experience, identify and address challenges more promptly, adapt policies to local realities, and strengthen accountability and health system performance.

1.3 Why a policy feedback mechanism is pivotal for Indonesia now

Following the COVID-19 pandemic, Indonesia launched an ambitious health system transformation agenda to strengthen core health system elements, with primary health care as a central pillar. This reform was accompanied by a major organizational restructuring within the Ministry of Health (MoH). A key change was the transformation of the former Health Research and Development Agency (*Balitbangkes*) into the Health

Development Policy Agency (BKPK), marking a shift from a research-oriented institution to one focused on evidence-based decision-making and policy development.

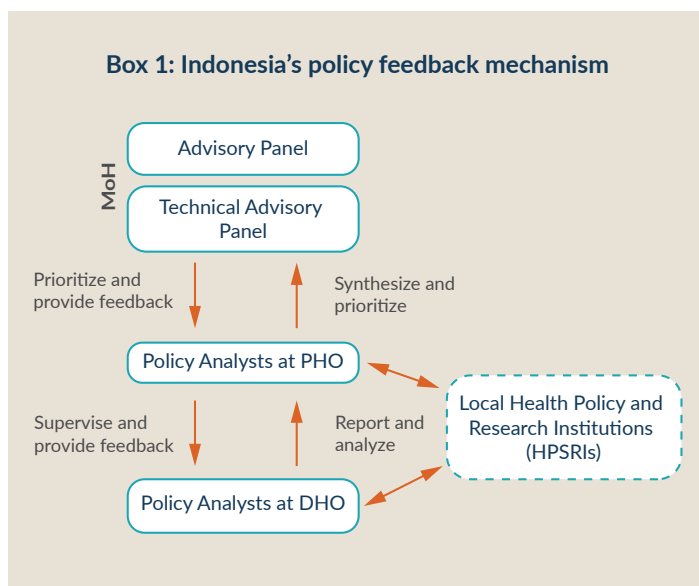
Establishing a policy feedback mechanism is critical to this transition. As BKPK takes on its new role as the government's health policy steward, it needs systematic ways to generate actionable evidence, capture implementation experience, and translate local learning into policy refinement.

A policy feedback mechanism enables subnational actors to share feedback, evidence, implementation challenges, and best practices in a structured manner to inform policy adaptation and decision-making at the national level.

This is particularly important amid growing fiscal constraints at both national and subnational levels; Indonesia's 2023 Health Law rescinded previous mandates for a minimum of 5% of the national budget and 10% of subnational budgets to be allocated to health. A health sector master plan (RIBK) is planned to replace mandatory health spending requirements, with greater emphasis on needs-based planning and better alignment between national and subnational priorities. As resources become more limited, continuous learning and stronger coordination between national and subnational actors are essential to ensure that health policies remain responsive to local needs.

1.4 Designing a policy feedback mechanism

In 2025, BKPK in collaboration with Results for Development (R4D) and the University of Gadjah Mada (UGM) co-designed a model for structured, real-time policy feedback across governance levels. The model was co-created with representatives from three Provincial Health Offices (PHOs), six District Health Offices (DHOs), and several local HPSRIs. Provinces and districts targeted by the MoH for health issues such as stunting and tuberculosis were prioritized.



The MoH proposed two initial policy topics aligned with national priorities – nutrition (stunting, wasting, and newborns' first 1000 days) and integrated primary care (including free screenings and primary-level tuberculosis care). Subnational stakeholders proposed

a governance topic: how to better align organizational structures between MoH, PHOs and DHOs to strengthen coordination of national programs. These topics were chosen as case studies for the 12-month policy feedback pilot. Each feedback cycle is focusing on one policy topic over three to four months.

The mechanism has several connected objectives:

- (i) improving coordination and alignment between national and subnational governments
- (ii) strengthening collaboration between district health offices and local HPSRIs
- (iii) building local capacity for policy evaluation, including stronger provincial oversight of and support for districts
- (iv) reinforcing BKPK's role as a public policy institute, and
- (v) fostering continuous learning across levels of government.

Policy Feedback Mechanism: The mechanism (see Box 1 and Table 1) links national (MoH), provincial, and district levels through a continuous feedback loop. DHOs, coordinated by DHO policy analysts and working with local HPSRIs and other government sectors, collect and compile policy implementation feedback across core domains (see below). Local HPSRIs contribute academic perspectives and evidence to support the process. PHOs synthesize insights cutting across multiple districts and relay them to BKPK.

BKPK in turn has established a Technical Advisory Panel (TAP) consisting of technical directors from the MoH, with support from technical experts across a range of health disciplines. The TAP analyzes and synthesizes the feedback received from the provinces, along with their expert opinion, and translates the evidence into prioritized recommendations for policy adjustment or revision. Finally, the General Directors within the MoH convene as an Advisory Panel to review these recommendations and bring key policy priorities to the attention of MoH leadership. Both the TAP and the senior Advisory Panel roles aim to ensure that subnational recommendations reach and inform national decision-making. Ultimately, the TAP is intended to support the flow of MoH feedback

back to the provinces and districts through the same pathway, although this part of the mechanism is still under development.

Policy Feedback Tool: At the center of the mechanism is a structured [policy feedback tool](#) that districts and cities complete to assess how a specific health policy is being implemented locally. It covers

four dimensions – translation of a national policy into local regulation, implementation, policy maturity, and communication – with each score supported by evidence such as regulations, budget documents, or performance data. The tool was adapted from the Policy Quality Indicator tool, developed by Indonesia's National Institute of Public Administration to assess the quality of government policies using an evidence-informed self-assessment approach.³

Levels	Passes upward	Receives downward
District- Province	- Scored instrument assessing policy translation, implementation, evaluation and communication - Policy memo on prioritized challenges and recommendations	- Feedback on policy adjustments, resource allocations, and technical guidance from MOH and PHO contextualized for local application - Technical guidance - Cross-district good practices
Province- MoH (BKPK)	Policy memo on comparative analysis across districts, prioritized issues, recurring constraints, and recommendations	- Feedback on policy adjustments, resource allocations, and technical guidance from MOH on issues raised; - Technical guidance
Technical Advisory Panel- Advisory Panel in the MoH	- Policy-actionable proposals and agenda setting - Analytical briefs and recommendations for the Advisory Panel/MoH leadership	- Policy decisions - Endorsed adjustments

Table 1. Flow of Policy Feedback Across Levels



Figure 1. Collaborative Learning Workshops in West Nusa Tenggara and West Java

Provincial Health Offices	West Java	West Nusa Tenggara	South Sulawesi
District Health Offices	Bandung and Sukabumi	Mataram and West Lombok	Makassar and Takalar
Universities and HPSRIs	Parahyangan University, Universitas Pendidikan Indonesia, Poltekkes Bandung	Poltekkes Mataram, Mataram University	Hasanudin University, Poltekkes Makassar, Universitas Negeri Makassar, Universitas Muhammadiyah Makassar

Table 2. Institutions included in the policy feedback mechanism pilot

In April 2026, researchers from BKPK, R4D and UGM began testing the policy feedback mechanism in three provinces – West Java, West Nusa Tenggara, and South Sulawesi – covering six districts and cities (Table 2). The mechanism and tool are being used to assess the implementation of nutrition policies. During the four-month pilot, the research team has provided support through co-creation sessions, gap identification, tools and materials development, and facilitation of virtual workshops.

1.5 Early lessons from designing and testing the policy feedback mechanism in Indonesia

During subnational workshops in the first pilot phase, local governments and HPSRIs showed genuine enthusiasm, openness, engagement and a growing recognition of why a policy feedback mechanism is relevant to the Indonesian context. Early experience in designing and testing the mechanism points to five lessons on establishing a policy feedback mechanism across district, provincial, and national levels.

1.5.1 Collaborative reflection helps contextualize policy implementation issues and challenges

Early experience suggests that facilitated discussions among DHOs, PHOs and local HPSRIs can generate rich implementation insights. For instance, DHOs in West Java brought together health and non-health actors,

such as the Local Planning Board (Bapperida) and the Population and Civil Registration Agency (DPPKB), to jointly reflect on nutrition policy implementation created space for different perspectives, encouraged open discussion, and helped surface gaps that may not have emerged from individual assessments. Although representatives from various sectors shared the common goal to reduce stunting and were coordinated under an acceleration team for stunting reduction, they often worked independently and prioritized sector-specific targets.⁴ Joint reflection helped surface these disconnects and provided a more contextualized understanding of implementation challenges, including gaps in data and coordination across sectors.

1.5.2 Local HPSRIs can strengthen the capacity of district and provincial health offices to generate and use implementation evidence.

Local HPSRIs, including universities, can help bridge implementation experience and policy feedback by supporting government health offices to analyze implementation challenges, interpret evidence, and translate local experience into actionable insights. In South Sulawesi, a DHO used university research findings on ANC coverage to define a specific policy problem. In West Java, technical expertise from a local university helped health offices identify implementation gaps and consider ways to address them. These experiences suggest that HPSRIs can play an important intermediary role within the feedback mechanism, beyond providing research input alone.

1.5.3 Co-creation and small-scale implementation can help build trust between subnational governments and HPSRIs.

Early learning suggests that feedback mechanisms depend not only on formal structures and tools, but also on relationships and trust that allow actors to openly communicate about where and how they are struggling. In Indonesia, jointly designing and testing the mechanism strengthened relationships among MoH, DHOs, PHOs, and academic partners, creating opportunities for them to participate meaningfully and contribute on more equal terms. This reduced traditional power dynamics and encouraged more candid exchange. Early government stakeholder perceptions, captured via post-workshop questionnaires, pointed to growing trust, mutual respect, and a positive view of the legitimacy and usefulness of academic partners. In Sukabumi and Takalar, for instance, DHOs had previously worked with only one or two familiar university partners. The forum expanded those relationships to a wider network and helped DHO staff better understand local needs and capacities. This experience also suggests that building trust is a gradual process that requires repeated engagement and collaboration over time.

1.5.4 Feedback mechanisms require practical arrangements for sustained coordination and collaboration.

Although the pilot has created new opportunities for interaction, regular coordination among districts, provinces, and HPSRIs does not happen automatically. Heavy workloads, competing institutional priorities, long travel distances to meeting locations, and entrenched ways of working can make regular engagement through this new feedback mechanism difficult. Some challenges have emerged in each province, including some reluctance by DHOs to engage with HPSRIs without putting a formal MOU in place, inconsistent participation, and the need for more frequent meetings to develop a shared understanding of the mechanism's purpose. Further testing is therefore needed to identify practical processes, roles, and tools that support collaboration and integrate feedback into routine ways of working rather than creating parallel processes that further strain overburdened staff. Literature suggests that learning from policy implementation requires deliberate opportunities,

and the learning process must be enabled through everyday governance routines and reflective spaces on all levels.⁵

1.5.5 Better alignment of national and subnational capacity for policy analysis and evaluation is needed.

Early pilot learnings and capacity building process suggest that, while the BPKP transformation has increasingly embedded policy analysis functions at the subnational level, capacity development for health policy analysts at the subnational level has not progressed evenly.⁶ Given the historically programmatic orientation of health governance, subnational actors have been more accustomed to program reporting and routine data recording than to data and policy analysis. Further attention to strengthening the capacity of DHOs and PHOs to monitor and evaluate policy implementation will be valuable. The pilot provides an important learning opportunity and platform to strengthen these capacities and support more informed policy implementation and adaptation.

1.6 Next steps for enhancing the policy feedback mechanism

The early learnings from this pilot are promising. The mechanism has demonstrated its potential to catalyze collaboration and generate evidence on policy implementation. However, ensuring this mechanism is sustained and fully utilized in the long run will require iterative adjustment and adaptation, backed by sustained investment across the MoH, PHOs, and DHOs. This may include dedicated staff time and formalized leadership commitment that are maintained despite changes in local leadership. Shared accountability, ownership, and resources also remain important to incorporating adaptive feedback into routine governance practice, rather than as a one-off exercise.

The pilot is planned to continue through March 2027. It currently focuses on nutrition, while other health priority issues, such as free health screenings and integrated primary health care (ILP) will be explored during the next cycle. A subsequent brief in this series will examine how the mechanism operates in practice across the pilot provinces, and what its implementation reveals about strengthening the link between policy and practice in Indonesia's health system.

Acknowledgements: The Advancing Realistic Health Systems and Design Planning (HSDP) project supports countries to move from ambitious health system visions to realistic, implementable primary health care reforms by integrating evidence-based planning and strategic use of resources to make progress on universal health coverage goals. The Asia Health Policy and Systems Research (HPSR) Initiative brings together HPSR institutions across South/Southeast Asia, including Indonesia, to strengthen the HPSR ecosystem and bridge the gap between evidence generation and policy uptake. This initiative supports the piloting of Indonesia's policy feedback mechanism. Both projects are funded by the Gates Foundation and implemented by R4D.

This brief was written by Olivia Herlinda and Aditia Nugroho, with inputs from Astara Lubis, Agnes Munyua, Jose Gonzalez, Muhammad Asrullah, and Laurel Hatt. The co-creation process was led by Professor Asnawi Abdullah (Director of BKPK), Etik R Wiyati (Secretary of BKPK), and Syahrul Aminullah (Senior Policy Analyst) with invaluable support from BKPK's working team, the Technical Advisory Panel members, the University of Gadjah Mada team led by Shita Dewi, and subnational key stakeholders from regional health offices and local HPSRs in West Java, West Nusa Tenggara, and South Sulawesi. The authors are grateful for coordination support provided by Ghaida Setiana.

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