AUSAID HEALTH KNOWLEDGE HUBS

ANNUAL WORKPLAN FORUM

Tuesday 30 November 2010

Report of Forum Discussions

PURPOSE OF THE DAY

To determine how the outputs of the Hubs over the next 12 months can be used to maximise their utilisation and policy impact within the development community, including Aus AID priority countries.

OBJECTIVES

The specific objectives for the Forum were to:

- enhance the contribution of Hubs to address relevant development-related health policy issues for countries, regions and globally;
- explore how the Hubs can enhance the value of their analytic, convening and capacity development work;
- consider how the Hubs can work individually and collectively to improve the dissemination of their products to provide enhanced benefits to countries, regions and globally;
- explore how the Hubs and development partners can work together to maximise what can be achieved over the coming 12 month period in relation to the policy relevance of Hub work, to their convening and capacity building work and to the dissemination of their work; and
- explore and share lessons learnt including from the Independent Progress Report of the Knowledge Hubs Initiative.

The Agenda for the workshop is provided in Attachment One.

EXECUTIVE SUMMARY OF KEY THEMES

The following themes shaped the morning session:

- Defining the roles of research and reviews
- Defining the partnership roles of the Hubs and AusAID
- Understanding the implications of equity for Hub work
- Sharpening the Hub's questions for the 2011 work plans, including:
  - focusing on the audience and end-users
  - acknowledging many possible end-users: research has maximum impact when only delivered to one or two potential user groups
  - incorporating more rigor into questions
  - reframing questions from research to policy perspectives
- Understanding the issues surrounding limited partner institutions and numerous aid organisations
  - coordination and cooperation
- Educating end-users on how to use, review and critique research and information
- Moving away from a focus on products to a focus on benefits
- Harmonising aid and Hubs efforts overseas
- Taking care not to fall in the trap of 'Here's my tool, can I borrow your country'

The forum recommended the referral of the following points to the Steering Committee for deliberation on 1 December 2010:

- Clarifying the role and purpose of work-plans
- Clarifying the implications of the review recommendations
- Clarifying and communicating the core business of Hubs
- Developing dissemination relationships
- Clarifying the role of a partnership approach between the Hubs and AusAID
- Communication mechanisms on AusAID activities
- Inter-Hub communication mechanisms
- Standardisation of products
- Development of coordinated training investments in regional institutions

SESSION PRESENTATIONS AND DISCUSSION

Session One: Meeting Objectives

Alan Lopez opened the meeting and explained why a different format was being used from previous Hub fora. Essentially, this forum was to provide more opportunity for discourse and discussion, rather than using the more traditional approach of Hub reporting and peer comment. Alan outlined the aim of meeting and noted the opportunity for Hubs to discuss cross-Hub issues, challenges and achievements.

'The focus for the workshop was on the following 12 months and an important task identified was to distinguish between short-term and long-term objectives. A collective Hub approach over next 12 months can be targeted at maximising aid effectiveness. The main areas that AusAID identified for discussion included:

- *Influencing policy dialogue*
- *Dissemination*
- *Convening*
- *Capacity building*

The key questions for Hubs were:

- *Are we really achieving the objectives that we have set out?*
- *Is this the most appropriate way to achieve our goals?'*

Session Two: AusAID Perspectives

Presentation

Beth Slatyer updated participants on developments and emerging agendas at AusAID. Slides from Beth's presentation are provided in Attachment Two.

Beth highlighted the recent announcement of the Independent Review of Aid Effectiveness and encouraged Hubs to make submissions during the consultation period (www.aidreview.gov.au).

'The context in which AusAID is operating includes a considerable expansion of the aid budget which the Agency is approximately half way through, a review of the current program and evaluation policy and development of AusAID

The Agency's health program is a coherent program with activities at the global, regional and country levels, and investment aimed at improving health outcomes. The Millennium Development Goals 4 and 5 are lagging behind in the Asia-Pacific region and consequently AusAID is focussing on maternal and child health in the Pacific with non-communicable diseases an emerging agenda. However, it is more than just a disease-specific response. Improving maternal health, for example, also includes health system strengthening – location of infrastructure, facilities, workforce. A Health systems response vital

Investment mechanisms within the global health architecture can lead to fragmented approaches to health development, and the use of global resources and capabilities could be improved significantly. At present the evidence base around effectiveness of many interventions is weak. A challenge for AusAID and development partners is scaling up investments in health effectively while minimising fragmentation.

Operating effectively is less about what development partners decide to do and more about what partner countries decide to do with the resources available. Although there is an emphasis on the correct use of donor resources, it is also important to focus on the priorities of partner governments, who remain the primary investors in the development of health systems within their countries.

Understanding the cost of service delivery is a relatively neglected area. There is a need for greater confidence that national health plans/implementation plans are designed to improve health outcomes, and that investments in health will contribute to the outcomes sought.'

Question and Answer Session

Beth's presentation was followed by a Q&A session and this discussion is captured below.

Q: Strength of evidence – are we saying that the evidence for mechanics or processes of applying interventions is weak; or that the current evidence shows the interventions themselves are weak?

A: The former. Evidence is weak when it comes to knowing when and how to use certain approaches/interventions. We need evidence on how to do things better.

Q: Coherent whole – unsure of coherence: how do you (AusAID) see the health program coming together?

A: Ensuring coherence of the health program is a challenge. Recently, much effort from Aus AID has gone into the development of the new 'country strategy architecture'. This provides a country-level framework for situational analysis, identification of development goals, prioritisation of sectoral investments, program development and understanding of how these components link together as an integrated program. This country-level focus creates challenges for thematic groups in AusAID. Nevertheless, the Health Program reports on the whole-of-Agency health program on an annual basis (see the Annual Thematic Program Report for Health online), including analysis of how the different aspects of the program are brought together. An ongoing area for improvement is developing a health cohort within the Agency While the development of the health program is a work in progress, a major emphasis within AusAID is developing coherence.

Q: MDGs – A major criticism of the MDG's has been the lack of attention on equity issues with overarching focus on national averages rather than achievement of MDGs at various population quintiles, with focus on the poor. Has there been a conscious shift in emphasis?

A: Beth agreed that these are key challenges and noted that the review of aid effectiveness will be helpful here.

Q: Doubling of overall aid budget – how will this play out? What will the share of funds look like? How is health seen within the agency?

A: Health is a key driver of the future. There is strong recognition that health outcomes are crucial for broader development outcomes. Equity, workforce development, productivity are all reliant on effective service delivery but the challenge is how we articulate what we can achieve. If we focus on health, we lose the audience. If we focus on costs, etc – help Governments and agencies see what is happening (i.e. that money isn't making it down to the service delivery level), we are more likely to have success. It is harder to demonstrate worth in health and a challenge on how to tell our story and knowing how to speak in the 'right language'

Session Three: Independent Progress Report of the Knowledge Hubs Initiative

Presentation

Sue Elliot presented this session and her slides are provided in Attachment Two.

Sue highlighted that knowledge management and capacity building are new foci within AusAID's health program. Sue stressed that the Independent Progress Report produced by McPake et al in October 2010 is genuinely independent and does not reflect AusAID's views in a number of instances. Sue then outlined the process through which a decision will be made about the future of the Hubs initiative, including review of the report's recommendations, and the need for an internal consultation process. She made the following comments:

'In relation to Recommendation One (supporting Hubs for a further round), no decision on funding or future models for the Hubs has been reached, and it is unlikely that such a decision will be reached before lst April 2011, particularly given that the findings from the Independent Review of Aid Effectiveness may inform the decision about the Hubs' future. The final decision will be made by the Director General and he will base this on a range of considerations including the response to the Aid Effectiveness Review. Considerations could also include the topics for Hubs.

AusAID recognises that it is not possible to achieve all recommendations over next 12 months as Hubs didn't all start at the same place. Recommendations from the Independent Progress Report may need to be customised for each Hub depending on current context, progress made and challenges outstanding.

The aim of 2011 work plans is to maximise the use and utilisation of Hubs by our program areas. 2011 should be a year for consolidation and sharpening of the plans and how best that Hubs can add value. Beyond 2011 is the time to address some of the review recommendations. This year and at this workshop we can learn from each other what is working well – don't start a whole lot of new activities.

*The **dissemination** of Hub knowledge and products is a priority but there are no explicit mechanisms for dissemination and promoting use of knowledge and AusAID is missing a systematic approach. It is complex, with the following questions needing to be answered:*

- 🌐 *What do we mean by dissemination?*
- 🌐 *What are the roles? What are people expecting?*
- 🌐 *Who are the audiences?*

Although AusAID is an important audience, other development stakeholders are important too. For engagement with Government partners and the use of particular products (e.g. working paper, policy brief, etc), more work on what each means/looks like is needed – perhaps "product packaging" is one answer.'

Sue noted that there are constraints placed on Hubs who can be seen as 'takers' not 'givers' from countries: missed opportunities for in-country decisions/activities

Sue considered that the review authors had a different definition of **convening** than one she had in her mind which then begged the question: What do we mean by convening? Obviously it is not an end in itself. The review noted the comparative advantage of Hubs being from academic institutions was their perceived neutrality.

'Post-2011, there are a range of opportunities to explore such as transaction costs, Hub topics, partnerships and shared resources, involvement of other development partners within the space as well as research and research gaps.'

Comments

An open forum discussion followed Sue's presentation with Hub comment, question and feedback on the review. These are as listed below.

Maternal and Child Health Hub

- Research: we acknowledge that the strength of evidence is weak; there is no need for more reviews to tell us that
- We need to start including research in our products, to build the knowledge base
    - o Original notion of knowledge synthesis – based on the premise that a lot of knowledge is out there that hasn't been synthesised or explored; and that there are other avenues for research
    - o Review showed that both assumptions are part right
    - o Challenge for Hubs in terms of using other sources of exiting knowledge that haven't been explored in the Pacific context
- Research is a continuum
    - o Wouldn't use the same research in a Hub product, that you would apply for a NHMRC grant
    - o 2011 is about consolidation – not generating new research products
- Global trend/fashion – hundreds of reviews, all looking at the same issues doesn't generate new knowledge
    - o Review should identify the gaps – globally and regionally
- Much knowledge on Asia/Pacific is taken from examples in Africa
    - o It must be recognised that there are gaps in field and also in the region (Asia Pacific is an under-researched region) For example we have no idea of child mortality in this region
- Relative use of review/new research – what question is being asked, who is asking the question, what for
    - o Context of the research is important
    - o Social science/development – not much on 'what can I do about x'
    - o High demand in developing countries and internationally for systematic reviews
    - o Over 300 primary research projects within Aus AID
    - o Targeted reviews for decision makers on how to use research in policy/planning
- Lots of research/studies – not so sure what worked well
- 'Oral culture' within AusAID – opinion based versus evidence based is an issue

Health Policy and Finance Hub

Q: Idea of Hubs as partnerships – particularly in the past year there has been a lack of a key person to liaise with in AusAID, and the idea of partnerships has lapsed – are we still looking at this as a partnership? What does this mean in terms of how do we move forward?

A: Partnerships were not mentioned in report, but the reviewers discussed this with Aus AID. AusAID still considers this as a partnership. We are educating AusAID in terms of the resources required to maintain and continue effective partnerships and internally we need to work out how to resource this most effectively.

Other Comments

- Following this discussion about the need for more research, one participant issued a note of caution in dichotomising research and non-research. *'A lot of activities are evaluation, situation analysis, information gathering and analysis. It is not neatly packaged.'*
- Mechanisms on how we (the Hubs) can help you (AusAID) to further/improve partnerships are worthy of further discussion
- The Hubs are a young initiative and an enormous amount of work has been done in a short time frame. It is important to be aware of this.
- Numerous organisations are providing work and contributing to the Global Observatory. We must remember to compare 'apples with apples'
- Some expressed concern about the reviews statements regarding low productivity within Hubs – '*What does productivity mean? It is more than the number of papers we produce.'*
  - o The products and reputation that Hubs have reflect the 'newness' of the initiative
- Two points within the report that AusAID needs to consider:
  - o Tendering process: An open tender approach recommended by the review is the best way to go
  - o Public accountability

Session Four: Supporting Policy Dialogue

Setting the Scene

This session was prefaced by opening remarks from Beth Slatyer (as captured in her slides presentation in Attachment Two). Beth posed a number of questions as a lead into the group discussions on Policy Dialogue regarding maximising the development impact of Hubs. She noted that the Review was useful for illuminating certain issues around policy dialogue.

The questions posed by Beth were:

- *What have we learnt about the space the Hubs need to work in?*
- *What work is needed?*
- *What is it that the particular question is intended to influence?*
- *Are there types of questions that haven't been asked yet?*
- *Focus on health – do we need to focus more on the development side? What would this look like?*
- *Social sciences and public health – where do the two meet?*

🔵 *Understanding the users – who are they? Are they the audience? What are their information needs?*

Beth noted that a key part of understanding policy dialogue is when and how information is used by In-country decision makers:

- 🔵 using information to come to a view on something
- 🔵 setting national policies and targets
- 🔵 bidding for resources – (what do we understand about the information needs at that point?)
- 🔵 understanding how to achieve its objectives
- 🔵 addressing the reality of managing a health system
- 🔵 using Technical frameworks (annual reviews, monitoring and evaluation)

Beth spoke to how the health information is being used to illuminate issues and the evidence base on what works and what doesn't. She noted the importance of government and development partners working together, the opportunities that arise for consultation (e.g. on specific events), the potential to use information brokers and the timing of information needs. Beth spoke about framing the analytic agenda, providing the right technical assistance and the potential to inform AusAID and other development partners' policies and work at a global level.

'At the user end of information spectrum, there are different users with different needs.

Questions are always being asked by policy makers and in strengthening your work for this coming year it is helpful to ask: What are we doing (as part of our work-plan) to answer/address these questions?'

Group Deliberations and Feedback

Groups were asked to take a case study approach to look at how the analytic work being undertaken in a particular work plan could be sharpened to be more relevant to policy makers **and** more strategic in nature for the audience. Their feedback on the specific product chosen and the audience identified are set out in Attachment Three.

Plenary Discussion

The discussion ranged across a number of key issues, including the multiplicity of audiences, the way that the results of Hub work is conceptualised and presented; the assumptions that are being made about the rationality of the decision making process; the role of development partners, and the extent to which changes can be made in this coming year. Some key points were:

- 🔵 In regard to the broad range of multiple audiences, it is worth remembering that the biggest long-term predictor of the impact of research is that there are no more than TWO potential audiences
- 🔵 Sharpening is being more precise about the expected benefit. We need to consider benefits rather than products when we review our work, particularly for the future role of Hubs and thinking about the end user in the broadest context. The reasons include:

- o There is limited follow-through on what will happen once people have the products
  - o A focus on big public health questions moves us away from small-scale products
  - o Some questions can be answered through a single product – others cannot
  - o How could this question be taken in its broadest context?
- We must not assume that Countries function as single block of rational thought. There are many factors at play that impact on policy in a development context (e.g. Bilateral partnerships, donor harmonisation, political economy)
- Decision makers have to consider investment needs and cost implications, the rationale for dosing something, and if so what and how to sort through a lot of conflicting advice. Hubs have to think about their needs and the right sequencing of information and the right pathways for information giving
- In addressing the question as to how our analytic work could be sharpened to be of more use to policy makers are we broadening our current Terms of Reference or actually changing these?

Following the plenary discussion, Professor Lopez and Beth Slatyer synthesised the key discussion outcomes:

Comments: Alan Lopez

Professor Lopez noted the diverse investments and intentions in the Hub workplans. The challenges raised include:

- Issues related to multiple sources of information on what works
  - o What are the ways in which the plethora of information affects decision making and how do we build capacity for people to read through all this information?
  - o What is our responsibility to educate end-users on how to critically appraise/refuse some information (e.g. Sifting through; Building confidence; Fighting back – advocating with more confidence/capacity)?
- Being more aware of who the end users may be. This hasn't been thought about much (as noted in the critiques) and the link between products and users could be made more explicit in our work plans
- The limited number of institutions in the region has extensive implications for management
- Being clear on who is asking the question as there are many players (international Agencies, governments) and we may need to invest more effort in drilling down as to who is the target audience and structuring the product in the light of this analysis.
- The issue of equity is hidden in many of the products and could be more explicit

Comments: Beth Slatyer

- It was a useful tool to consider who the end users are and the process that the groups went through provided insights into haw to sharpen the questions asked
- Who needs to make what decisions, based on what information
  - o Many end-users, but who needs to make what decisions – what information will they need this

- What do we understand about the nature of decisions that need to be made
- Utility of frameworks for decisions
- Nature of understanding of different tools
- Scope for more analysis of types of decisions
- Mediation – what is the nature of the decision, what information will help the decision maker
- Make best use of what is on offer
- More than just education – elucidating the process; understanding the decision; incentives behind different actions/organisations
- Peer-review process or rigour around posing questions
  - Is this a policy question?
  - What is the nature of the question?
  - What would lead to more rigour in the posing of these questions?

Session Five: Convening and Capacity Building

Group Activity

Groups were asked to consider the approaches they were taking to capacity building and to convening and to report back on key lessons and issues. Their comments are documented in full in Attachment Four. Most groups discussed in depth their understanding of convening and agreed that it was an important discussion to clarify assumptions and ensure that there was a shared understanding of the term. The group discussion on capacity building was more diverse, with different groups focussing on different aspects of what they were doing.

In plenary the following key themes emerged:

Convening

It was generally agreed that convening should have a clear purpose and not be undertaken as an end in itself. Convening activities should be efficient and the default position should be to use existing fora rather than the Hubs themselves convening meetings or conferences.

Capacity building

It was noted that at a broader international level there was a massive need for capacity development (a capacity building "river of need")and a potential risk that Hubs could spend all their time on this activity. There are a significant number of challenges and for the Australian workforce more Hub sharing on successes and challenges would be useful. Hubs need to make wise choices, provide long-term support and be strategic in capacity building as part of health systems strengthening.

Session Six: Dissemination

Presentation

Sue Elliott provided an AusAID perspective on dissemination and provided a brief overview of an analysis of the Hubs work plans based on a cycle of activities, outputs, dissemination, communication, uptake and use. Her presentation slides are reproduced in Attachment Two.

*'The raw statistics show us that 50% of the **outputs** from the Hubs are in the form of reports or papers, less than 30% are policy briefs and approximately 25% are operational guidance, tools, manuals, training materials. Twenty five percent of **dissemination mechanisms** are peer reviewed journals; 22% conferences and presentations; 20% seminars; 16% meetings and face to face presentations ; 11% publication on internet & linking to other sites and 10% Training / technical workshops*

A review of the work plans showed there were:

- 🌐 *significant emphasis on activities, then outputs, but little articulation of dissemination mechanisms;*
- 🌐 *good identification of partners/collaborators but less identification of target audiences;*
- 🌐 *excellent alignment of activities with outputs, less alignment to dissemination, audiences and timeframes; but*
- 🌐 *almost no discussion of 'joined up dissemination approaches' between Hubs or with development partners (including AusAID).*

Sue also noted that AusAID's approach to dissemination was not systematic and a bit '*hit and miss*' and this was being addressed with an analysis of knowledge needs of AusAID's workforce. She also noted that the Agency and the Hubs needed to have a better shared understanding of what dissemination meant and how the needs of different audiences could be best met.

Hub Review of Dissemination Strategies

Due to time constraints, Hubs were asked to consider their pre-prepared presentations on their own dissemination strategies and if they felt they would be modifying any of these as a result of the discussion. Hubs were also offered the option of briefly presenting their strategies back in plenary, or speaking on the outcomes of their discussion.

Plenary Discussion

One Hub (M & CH) indicated that it would not be making changes and made their formal presentation that had been prepared prior to the Forum. This presentation described three very different pieces of work undertaken by the Hub and how in each instance the target audience and their needs had been defined and addressed. The presentation highlighted the importance of understanding the audience for whom the information is intended.

Other Hubs decided not to deliver on their strategies but instead to talk to the points raised in their group session. A wide range of issues were covered through this process including comment on the statistics presented by Sue, some reflections on the research on communication strategies, potential

for better branding and similar approach to the format and look of briefs, and the importance of using multiple channels to disseminate products.

Participants noted with surprise the number of operational tools and guidance and queried whether this was appropriate or whether more short sharp policy briefs might be more relevant, and if so what would be the best format of these. In achieving a balance between dissemination strategies and communication, it is a challenge to know who are audience is/was and what we are trying to change.

The question of volume versus impact was discussed and participants cautioned using products (or volume)as proxy measures of impact.

All agreed that multiple dissemination channels are important for all products, such as teaching, conference presentations and tailoring mechanisms to the audience. It is difficult to know what will be taken up by intended policy makers. One group noted that while it is frustrating, there needs to be strong evidence before championing for change and that it takes more than one paper before policy makers would accept there was sufficient evidence of a policy change. (e.g. The WHO is normative and conservative by nature and considers very carefully before changing policy). The appropriateness of Hubs having a normative role was raised and the researcher push – user pull was noted

On a practical level, using the Health networks to disseminate knowledge, and undertaking more collective work (e.g. key meetings for engaging with external development partners/policy makers done together) were canvassed. Standardising products was also proposed through branding, similar visual identify and the same formats for policy briefs. This latter idea was directed more to AusAID than to individual Hubs.

In discussing the most effective strategies, one Hub raised the knowledge transfer work being done in Canada and the research discipline emerging around this.

Options for future roles of the Hubs in terms of knowledge dissemination included:

- Use of Health networks
- Options for an external system to replace the internal AusAID research database (back to 2005/2006)
- Consider what research groups might generally do; how they might approach issues (after all the primary concern of researchers is to do research)

However, it was acknowledged that it is a challenge for Hubs to provide something 'different' from other research groups and what this might be is still not certain.

Finally, the question of how policy assurance being done is was raised, from the processes for basic outputs (working paper)undergoing internal and external independent review, to peer reviewed journal for next step (publication) to quality assuring prime documents to derive policy recommendations from a research perspective.

Session Seven: What does this mean for the Hubs?

Hub Huddle

Hubs went into a "Hub Huddle" to explore what if any changes they would make to their existing work plans to sharpen the focus for 2011, based on the day's deliberations Their reports back on their reflections are below.

Women's and Children's Hub

This Hub reported that to date they have taken a classic approach to knowledge dissemination (i.e. generating knowledge by research or review; publishing as well as you can and hoping that someone will take notice). They have been using a generic solution which has been to *'go for the most prestigious publications; present as much as you can and hope for the best.'* The need for a targeted solution which avoids the dissemination fallacy, defines the target audience, uses multiple approaches and identifies the key stakeholders who are responsible will be important during 2011. *'Asking how the knowledge will be used must be central to what we do'.*

All research must have a translation plan but to date this has not always included a dissemination plan. Hubs should be included in any dissemination plans from AusAID.

Health Information Systems Knowledge Hub

This Hub highlighted the training of Australian workers and that the traditional academic pathway might not be the best option. In 2011 they will consider better coordination of training investments with other Hubs and development institutions (i.e. Fiji School of Medicine) and sharing of models. There is concern over the implications for regional institutions (i.e. overburdening). The representatives considered that the Hub initiative will be different post-2011. During 2011 the Hub proposes to develop a better understanding of the end users, assessing what their needs are, how useful the products are to them and how to test this and monitor behaviour change. More targeted dissemination will be done using best practice principles of dissemination, with more rigor around the model and more evidence of use. Understanding the best decision point for having the greatest influence will be part of this approach as will be more thinking about who carries the information to the Policy maker given that most Policy makers in the Pacific often sit outside of the Ministry for Health.

The Hub representatives also noted that there is a need for conversations on what the core business of the Hub is and support for dissemination approaches.

Health Financing Hub

As with other Hubs, the Health Financing Hub will refine their dissemination strategies, defining target users; identifying the expected changes; focussing on one or two target audiences (even though there might be more); documenting case-studies of successful/unsuccessful dissemination and the varieties of ways it occurs; to build a larger picture of *'how do you do this'.* The Hub will also undertake more work to sharpen research and policy questions and look for more opportunities to collaborate on capacity building.

In regards to the process from here the representatives asked the following questions of AusAID:

- Work-plans
    - What is the process on work-plan revision?
    - What is the purpose? What level of detail is required?
    - Outline of area of work the Hub is going to do
    - Research questions and Terms of Reference include more detailed approach (including dissemination plan)
    - Role of work-plan
    - Content: more interest in NCD work that initially thought
- Clarification on what recommendations need to be taken into consideration into work-plan
    - When is revision due
    - When will approval for go-ahead be granted
- Bigger picture recommendations
    - Annex E – mainly communication-related recommendations
    - When comments are due by – what you would like us to comment on; what level of comment
- How are we working in partnership? How do we rebuild the momentum?

These were to be discussed with the Steering Committee on the following day.

Human Resources for Health

This Hub similarly will give more thought to the intended audience for products from the work plan and will consider the existing networks for regional and global engagement. The Hub representatives endorsed many of the comments made by their peers and indicated that they had a relaxed attitude to more country involvement.

This Hub also raised a number of points for further consideration by AusAID:

- How the Hubs might be kept aware and up-to-date of AusAID activities
- Communication mechanisms
- Platform for inter-Hub communication and activities
- Standardisation of structure of products (particularly for policy briefs)

Session Eight: Wrap Up and Summary

The general consensus was that there was some room for sharpening of work plans for 2011, and for better coordination of inter hub communication and training activities. AusAID was asked to continue to engage with the Hubs to take forward these actions and to help develop communication pathways to assist the Hubs to promote what they have done.

Key themes that emerged during the day were summarised as:

- Defining the roles of research and reviews
- Defining the partnership roles of the Hubs and AusAID
- Understanding the implications of equity for Hub work

- Sharpening the Hub's questions for the 2011 work plans, including:
    o focusing on the audience and end-users
    o acknowledging many possible end-users: research has maximum impact when only delivered to one or two potential user groups
    o incorporating more rigor into questions
    o reframing questions from research to policy perspectives
- Understanding the issues surrounding limited partner institutions and numerous aid organisations and considering how there could be improved coordination and cooperation
- Educating end-users on how to use, review and critique research and information
- Moving away from a focus on products to a focus on benefits
- Harmonising aid and Hubs efforts overseas
- Taking care not to fall in the trap of 'Here's my tool, can I borrow your country'

The forum recommended the referral of the following points to the Steering Committee for deliberation on 1 December 2010:

- Clarification on the role and purpose of work-plans (what level of detail should be in there)
- Clarification on the implications of the review recommendations
- Clarification and communication on the core business of Hubs (there seems to be a shift from the initial intent)
- Development of dissemination relationships
- Clarification on the role of a partnership approach between the Hubs and AusAID
- Communication mechanisms on AusAID activities
- Inter-Hub communication mechanisms
- Standardisation of products
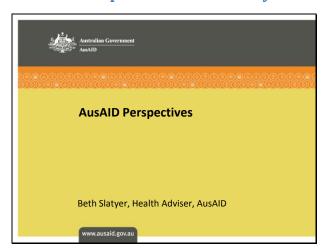- Development of coordinated training investments in regional institutions

Professor Lopez and Sue Elliott thanked the participants on behalf of the University of Queensland and AusAID (as joint hosts of the day).

ATTACHMENT ONE: AGENDA

Time	Topic Detail	Lead(s)
8.30 am	*Arrival*	
9.00	**Session One:** Welcome, Introductions & Objectives Forum Agenda and process	**Alan Lopez Professor of Global Health, UQ Facilitator**
9.20	**Session Two:** AusAID Perspectives	**Beth Slatyer,** **Senior Health Adviser, AusAID**
9.40	**Session Three:** Independent Progress Report of the Knowledge Hubs Initiative	**Sue Elliott, Director, Health Knowledge and Capacity, AusAID**
10.30	*Morning tea*	
10.45	**Session Four:** Supporting policy dialogue	**Beth Slatyer** **Group work and plenary discussion**
12.30	*Lunch*	
1.30	**Session Five:** Convening and capacity building	**Group work and plenary session**
2.45	**Session Six:** Dissemination of information	**Sue Elliott** **Plenary session**
3.30	*Afternoon Tea*	
3.45	**Session Seven:** What does this mean for Hubs?	**Hub huddle and Plenary Hub presentations (including presentations on dissemination strategies)**
5.15	**Session Eight:** Summary	**Professor Alan Lopez**
5.30	**Close**	

ATTACHMENT TWO: PRESENTATION SLIDES

AusAID Perspectives – Beth Slatyer

AusAID Perspectives

Beth Slatyer, Health Adviser, AusAID

www.ausaid.gov.au

Overview of Presentation

> Current developments in AusAID
  − Aid Effectiveness Review
  − Scale-Up
> AusAID's health program
> Challenges in health and development
> Information for decision making

Independent Review of Aid Effectiveness

> Announced by Minister Rudd on 16 November 2010
  - To be completed by April 2011
> Objective is:
  "To examine the effectiveness and efficiency of the Australian aid program and make recommendations to improve its structure and delivery".
> Review recommendations will guide aid program as we scale up to 0.5% of GNI by 2015-2016

Aid Effectiveness Review – Scope

> Review will focus on:
  − Structure of the program, including geographic and sectoral focus, and costs and benefits of different forms of aid
  − Performance and lessons learned
  − Approach to efficiency and effectiveness
  − Appropriate future organisational structure
  − Appropriateness of review and evaluation, risk and fraud arrangements

---

Aid Effectiveness Review – Team

> Sandy Holloway (Chair), former senior public servant
> Stephen Howes, Director, International and Development Economics, Crawford School, ANU
> Margaret Reid, Former Chair, ACFID Executive Committee
> Bill Farmer, former diplomat
> John Denton, CEO Corrs Chambers Westgarth
> Full CVs at
  http://www.ausaid.gov.au/hottopics/pdf/effectiveness-panel.rtf

---

Aid Effectiveness Review – Approach

> Review will consult extensively with
  − Australian Government,
  − NGOs
  − other key stakeholders in Australian community
> Will also consult with selective bilateral and multilateral partners
> Submissions from 2 December to 2 February (www.aidreview.gov.au)

AusAID Health Program (est 09/10 investment - $488m) – a coherent whole

> Bilateral and regional – moving to sector programs, improving technical support and regional governance
> Global programs and engagement
  − Global funding mechanisms – GFATM, GAVI ($56.4m)
  − Multilateral partners and governance
    • WHO, UNFPA, UNICEF, UNAIDS, IPPF
    • WB, ADB and others also work in health
> Knowledge generation – ADRA, Hubs, Asia Pacific Observatory
> Other country level health activities: ANCP, PSLP

Where are we up to?

> Three tranches of health scale-up already
  − Delivering Better Health – 2007 Budget
  − Multilateral Scale-up – 2008 Budget
  − 2010 Budget
    • $85m for Pacific
    • GFATM and GAVI replenishment
    • Africa, Burma
  − Future budgets – further investments
> AusAID performance framework – ATPR, ARDE

What health outcomes do we want to achieve?

> Mix depends on individual country disease profile and circumstances
> MDG outcomes remain the focus
  − Investing in service delivery for the poor
    • Improved health outcomes for mothers and children
    • Reduce communicable diseases (HIV, malaria)
> Address high burden diseases (NCDs in the Pacific) and reduce impact of EIDs

Addressing constraints and problems
Disease-specific *vs* broader 'system' approaches

Example	Disease-specific policy response	→ HSS policy response
Poor physical access to health services	Outreach and/or financial incentives linked to specific diseases	Longer term dialogue around location of infrastructure, facilities and services
Clinical staff lack skills in HIV medicine	HIV-specific workshops, set up specialised clinics	Review and revise medical and nursing curricula on SRH
Staff reluctant to work in outer islands or inland rural areas	Financial incentives linked to delivery of priority services	Broader package of incentives (including career advancement)
Weak planning and management skills	Workshops on how to deliver vertical programs (e.g. TB, EPI)	Career path in management, performance reviews, ongoing mentoring

Source: Rob Condon, 2010

Fragmentation or coherence

> Challenges in health and development
> DAC Tracer Study, WB IEG Evaluation of SWAPs, WHR on Financing, GFATM and GAVI evaluations
> better use of bilateral, multilateral and global resources and capabilities (quality of evidence)
  − In country dialogue – DP coordination (weak)
  − Co-financing – modalities and instruments, PBA (growing)
  − Technical support and capacity building (growing)
  − Coherence and VFM from non-state organisations (weak)

Scaling Up effectively – and without fragmentation

> Supporting countries to deliver services at scale – working in partnership with focus on dialogue, analysis and performance – supporting policy makers and implementers
> Working effectively by putting funding through government systems – best use of government and donor resources
  − Ongoing process to review and improve those
> Understanding the costs of service delivery = critical
> Confidence in each country's priorities and interventions chosen (NHP, implementation) – being pro-poor
> Much more focus on budgets and performance

Independent Progress Report of the Hub Initiative – Sue Elliott

Independent Progress Report of the Knowledge Hubs Initiative

Sue Elliott, Director Knowledge Management & Capacity Building, Health Thematic Group

Independent Review

Objectives:

Assessing <u>appropriateness</u> of the model for achieving its objectives

Assessing <u>progress</u> of the Hubs Initiative towards its objectives

Recommending to <u>changes</u> to the initiative going forward.

Pathways to Development

Overall Findings

Support learning on all sides

Findings

- young, products starting to become available, in-principle useful

Two dominant questions:
- how to ensure useful outputs produced and used

- country identified needs play greater role

Pathways to Develop

R1 Supporting Hubs for a further round

AusAID can't provide a decision on funding for 2012 onwards now

Consultation
- Review distributed to all Hub Principals
- opportunity to comment now and/or in writing
- Steering committee consideration tomorrow
- internal AusAID consultations
- consideration of additional inputs e.g. 2010 reports

AusAID to consider report and comments received
- prepare a concept document on future including implementation & peer review
- recommendations to D G AusAID (first quarter 2011)

Advice to Hubs and Steering Committee.

Pathways to De

Preliminary AusAID views – realities & constraints

Time & resources - 1 year

Neither Hubs nor AusAID can do everything at once

Not all hubs had same starting point so some responses may need to be customised

Thinking about response in two parts:
- 2011
- post 2011

Pathways to Develop

2011

The Focus
"maximising utilisation and… impact"

Priorities:
Dissemination for both AusAID and Hubs

Sharpen and consolidate Hubs work on engagement in country; capacity building, role of TAG, Cross Hub collaboration, convening and exploring the role of Steering Group.

Pathways to Develop

Dissemination

R 2. AusAID to develop explicit mechanism to embed knowledge hubs outputs.

R 3. Hubs to develop to focus on encouraging use of products.

Pathways to Development

Thoughts on Dissemination

AusAID has a number of mechanisms but what's missing is the systematic (and tested) approach
- AusAID has inputs from a range of resources
- AusAID needs a system regardless – needs to explore options (internal/external)

Hubs too need to be more systematic and focussed in their approach
- need to explore more fully what does dissemination encompass

Both need to compliment each other/tease out our respective roles/dissemination strategy vary with audience (e.g. engaging with Government partners)

AusAID is an important "audience" but not the only one – many development stakeholders

Together need to explore more the "specifics of the Product packaging e.g. working papers, policy paper etc

Pathways to Development

Sharpen and Consolidate

R.4 & 5 Relaxing existing constraints regarding travel to countries, capacity building activities

Thoughts
- hear concerns – "Can Relax" but "not open flood gates"
- Read plans – happening already to varying degrees – lets consolidate those – not start a whole new lot of activities
- Still need to be justified in context of product "why"
- Lets not misunderstand country needs are not necessarily country specific needs -policy issues being tackled
- Need to learn how you do this with "light transaction costs" - like the longer term idea of "in country partners"
- AusAID already has examples of "high transaction models"

Pathways to D

Sharpen and consolidate continued

Convening – no explicit recommendation

Thoughts
Wonder about definition:
- Bringing more minds to bear on issue

Agree it is not an end in itself

Agree to explore the notion of comparative advantage as useful lens

Pathways to Development

Sharpen and consolidate continued

R 9 Greater degree of cross hubs work/incentives

Thoughts
Sympathetic to reasoning (health systems approach)
Unrealistic to expect a lot of change (no ear marking funds)
Consolidate – perhaps explore "dissemination" through this lens

Pathways to Development

Sharpen and consolidate continued

Steering committee - Not specific recommendation for 2011
- value in exploring role for 2011
- transition
- dissemination

R. 11 Review TAGs
- support focus on technical
& increased engagement
- QUALITY

Pathways to Development

Post 2011

R. 6 Future rounds partnering with institutions in Asia pacific countries/share resources

Thoughts

Interested – some Hubs doing already
- benefits of partner in country/influence
- impact on transaction costs
- impact on capacity building in country
- learn further from DFID

Pathways to Development

Post 2011

R 8. AusAID consensus building process to decide on hub topics in future

Thoughts

Not 100% clear on recommendation

- Hubs?
- Topics within hubs?

Collaborative approach supported of development stakeholders including AusAID

Pathways to Development

Post 2011

R.7 Research – balance funding for synthesis and knowledge generation (primary research)

Thoughts

Again – this is happening to some extent already

Sympathetic – need to heed research review outcomes

Many gaps to be plugged – are they the right ones e.g. MCH not interventions but how to "scale up"

Limited discussion on content

Pathways to Development

Post 2011

R.9 Cross Hub collaboration and earmarking

- Supportive

R.10 Revise Tors of Steering Group

- Supportive

Pathways to Development

Opportunity

Independent review

Consulting/listening/reflecting/not defending every word

Today – opportunity to discuss what this means for 2011
    - what we can practically do?

Tomorrow – can talk about beyond 2011.

Pathways to Development

Objectives:

Assessing appropriateness of the model for achieving its objectives

Assessing progress of the Hubs Initiative towards its objectives

Recommending to changes to the initiative going forward.

Supporting Policy Dialogue – Beth Slatyer

Australian Government
AusAID

Supporting Policy Dialogue

Beth Slatyer, Health Adviser, AusAID

www.ausaid.gov.au

Maximising the development impact of the Hubs

> What have we learnt about the knowledge gap and disciplinary space?
> What work is needed?
  − what information, to which users, in what form, to influence what...
> What questions have not yet been posed (less "health" and more "development"?)
> Who are the "policy makers" and what are their information needs?
> What are the systems and processes for information use?

Decision points for country policy makers

> Setting national policies and targets
  − National plans and strategies
  − Sector Performance Framework
> Bidding for resources
  − Budget proposals, GFATM/GAVI applications
> Implementation - ongoing management and improvement
  − Annual reviews, plans and budgets
  − Ongoing analysis of costs and impact
  − mid course adjustment and response to issues

Governments and DPs working together – and advisers

Decision points for donors

> Policy dialogue at country level
  − Consultations on NHP, sector strategies
  − Annual dialogue on resource allocation and performance
  − Framing the analytical agenda and choosing the right technical assistance
> Setting agency policies and targets
  − AusAID health policy and strategies
  − WHO Country Cooperation Strategies
> Influencing global policy and targets
  − UN Summits and high level meetings
  − Board meetings – WHO, WB, GFATM, GAVI

New approaches to problem identification

> Problem definition and problem solving
  − what is the endeavour, what are the policy and implementation challenges – in health and beyond
> How can problems be framed, what information, options, action and refinement help policy makers and managers improve system performance
  − continuous improvement cycle
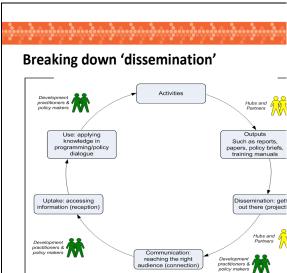> These are the standard challenges of public policy and public administration

---

Framing policy questions

> How much is demand for health services likely to increase as a result of demand side financing and social protection programs?
> How can countries assess whether existing health services are at capacity and what point expansion is needed to meet demand?
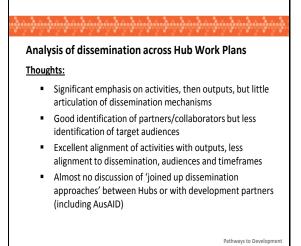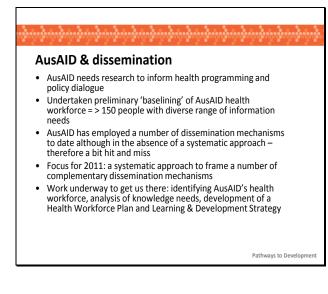> When should health surveys be used?

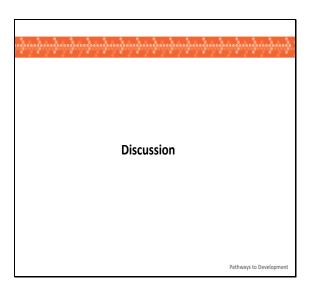## Dissemination: An AusAID Perspective – Sue Elliott

Analysis of dissemination across Hub Work Plans

Outputs

- > 50% in the form of reports or papers
- > 30% policy briefs
- Approx 25% operational guidance, tools, manuals, training materials

Dissemination mechanisms

- 25% peer reviewed journals
- 22% conferences and presentations
- 20% seminars
- 16% meetings and face to face presentations
- 11% publication on internet & linking to other sites
- 10% Training / technical workshops

Pathways to Development

Analysis of dissemination across Hub Work Plans

Thoughts:

- Significant emphasis on activities, then outputs, but little articulation of dissemination mechanisms
- Good identification of partners/collaborators but less identification of target audiences
- Excellent alignment of activities with outputs, less alignment to dissemination, audiences and timeframes
- Almost no discussion of 'joined up dissemination approaches' between Hubs or with development partners (including AusAID)

Pathways to Development

AusAID & dissemination

- AusAID needs research to inform health programming and policy dialogue
- Undertaken preliminary 'baselining' of AusAID health workforce = > 150 people with diverse range of information needs
- AusAID has employed a number of dissemination mechanisms to date although in the absence of a systematic approach – therefore a bit hit and miss
- Focus for 2011: a systematic approach to frame a number of complementary dissemination mechanisms
- Work underway to get us there: identifying AusAID's health workforce, analysis of knowledge needs, development of a Health Workforce Plan and Learning & Development Strategy

Pathways to Development

Discussion

Pathways to Development

ATTACHMENT THREE: POLICY CASE STUDY GROUP FEEDBACK

Group One: Women's and Children's Hub

- Interventions on nutrition – limited evidence for selecting
- What actually works?
- Selection Tool
- Who are the end users? Head of Nutrition? Secretary of Health? Finance?
- Funders
- Useful in a general way
- Tool that lists the main problems in their country; what they are going to do about it
- Evidence base that will help individuals decide how they will prioritise one intervention above another
- Multiple audiences

Group Three: Human Resources for Health

- Positive deviance approach for assessing the requirements of good health management/leadership
- Choosing well performing districts – what are the characteristics of good health leaders?
- Model for promoting good health management
- Development partners – WHO, AusAID, SPC, MoH, World Bank, bi-lateral agencies
- Audience also includes networks of groups
- Health advisors
- Different groups all trying to influence the same people
- Policy dialogue
- Critical question – whose behaviour are we trying to change? Key people within MoH? Donor agency?
- In-country research partners: many more partners than capacity within the countries
    o Coordination issues
- Complexity of policy dialogue trying to insert new knowledge into
- Who was asking this question that generated the product in the beginning?
- What scale of impact was imagined/planned?
- Balance: short and detailed work-plans

Group Four: Health Policy Health Finance

- Developing a health systems approach to NCD in the Asia Pacific
- Users: MoH in two countries (Fiji and Cambodia); 'other' partners
- Planners within MoH would be able to present strategies on future investment in NCD control
    o Package of strategies of appropriate investments
- Regional development partners – how to manage regional programs
    o Better understand options for NCD control relevant to context of country
- Equity impact
    o Burden of disease and/or payment for treatment

- Asia: issue of NCD less on the agenda – need to raise awareness, adopt a broader inter-sectoral approach
- Clarity on who might be the potential users
- Rather than sharpening the work – tended to broaden its scope (i.e. equity aspects)
  - May need to reconsider in terms of limited times and what can be achieved

Group Five: Human Resources for Health

- Innovative strategies for the management of healthcare workforce migration
- Push and pull factors
- Systematic approach to manage the flow of workers in the Pacific
- Must understand what is happening – mapping/research exercise
- Policy implications significant – whose eyes this was looked through
- Strategies for management
- Several development partners – WHO, Fiji School of Medicine
- End users – policy makers in the Pacific (MoH, training institutions)
- Significant but different implications for response
- Very little data from the Pacific
- Dynamic issue
- Cost implications for governments in the Pacific
- Training institutions
- External countries (i.e. Cuban doctors)
- Focus should be on what is required from MoH within the Pacific
  - Only implication for the Australian Government should be how they can support the Pacific

Group Six: Health Information Systems Hub

- Vital statistics and cause of death data – resource kit
- Why has the Hub put this product in their work-plan?
  - HMN – lessons learnt from their resource kit (too long)
  - Building on previous work
  - Clear knowledge gap – need for information on cause of death data and vital statistics
- Users: Department of Health, National Statistics, Civil Registration
- Needs of countries differ depending on context
- Flexible and accessible tool
  - Multi-level systems tool for multi-level users
- Use of tools/kits in policy processes
  - Policy development process
- Context of the country
- Partners to help pilot more broadly
- Is this the best way to transfer information?
- Advocacy: increase in the understanding of good data
- Need to understand what the investment needs are to better engage with development partners

- High-level advocacy: senior decision makers
- Equity issues important
- Translation into local languages
- Education for end-users

ATTACHMENT FOUR: GROUP DELIBERATIONS ON CONVENING AND CAPACITY BUILDING

Group Six

- Convening – what does it mean? What has it meant for us? What might AusAID see as convening? What might the reviewers have seen as convening?
    - How have Hubs interpreted convening?
    - Stakeholder engagement and relationships
    - More than just getting together and sharing information
    - Ownership, communication, action
- Capacity building
    - National focus
    - Building the Australian capacity to become involved in the aid programme
    - Moved to a more development dialogue
    - Examples at the individual level – exchanges, training opportunities, short courses
    - Institutional – building relationships externally and internally
    - Research dialogue
    - Piloting of tools as a capacity building activity
    - Sharing tools with policy makers
    - Global exercises
    - Key issues
    - Raising awareness on aid nationally
    - Dissemination – stronger way to engage in capacity building
    - Cross-hub work – stronger opportunities
    - Part of policy making processes
- As policy development evolves – need to be smarter about convening and capacity building
- Should be part of what we do everyday

Group Five

- What convening looks like
    - Two faces of convening – Australian and in-country
    - Continuum and levels – strategic, operational
    - Who is responsible for convening
    - Depends on purpose
    - Relationship between being convening and seeking relationships where you can be part of networks
    - Deliberate approach
    - Facilitate others to develop own capacity
    - Must question when appropriate
    - Not appropriate when it is an end to itself
    - Link into other structures
    - Distracts from overall work products – not good use of time
    - Demand driven – doesn't work well enough

- o Sometimes driven by Hubs themselves, driven by those convening rather than those being convened
  - o Need to be ethical about approach
  - o Investment – time and resource intensive
  - o Need to assess importance
  - o Stable group that meets regularly
- Capacity building
  - o Individual and institutional
  - o How to be explicit about building into ongoing processes
  - o Priorities and scope – mixed agendas for various partners
  - o Need to support the development of capacity among in-country partners
  - o Investment – models (i.e. one PhD or many undergraduate students)
  - o Value for money
  - o Collaboration
  - o One-to-one quite strong
  - o What about when there are lots of institutions working with one organisation (i.e. Fiji School of Medicine – how do we bring it all together)
  - o Need be good in own expert areas and in capacity building itself

Group Four

- Struggled with meaning of convening
  - o Simplest form – having meetings
  - o There is a role for that – should not be the end in itself
  - o Appropriateness assessed
  - o Broader context – ways of sharing information
  - o Networking
  - o Websites that provide information
  - o Other dimensions: accessible knowledge
  - o Extent to which we should be drawing in other groups
  - o Shifting the bar – what was seen as convening; what was allowed; what changed
- Capacity building mostly limited to within Hubs – not so good at drawing in from outside
  - o Priority-setting
  - o Not been done particularly well by many of the Hubs
  - o Activities
  - o Research priorities that are relevant to the work of the Hubs – not necessarily done by the Hubs
  - o Within Australia vs. Internationally
  - o Notion has changed as we have teased this idea out
  - o Country-level capacity building: Minister of Health, senior officers, managers, researchers
  - o Need for capacity building in all these areas – becoming more of a focus among work of Hubs than originally
  - o Regional and multi-lateral organisations
  - o Provide technical capacity to major organisations that often lack it

- o Research capacity – and also capacity on how to interpret and understand research
- Translation of research into public health policy not always clear

Group Three

- Convening
  - o Development and understanding of convening over time
  - o Three features/purposes: increase the number of minds thinking about a topic; increase the regional visibility; influencing policy and practise
  - o Not an end in itself
  - o Be clear of purpose of convening activity
  - o Be aware of excessive meetings – cost-effectiveness
  - o Limit duplication and increase coordination
  - o Creative means of convening (i.e. Twitter, Facebook)
  - o Leverage networks to achieve own objectives
- Capacity building
  - o How it has changed over the course of the Hubs lives
  - o Ad-hoc basis through particular products
  - o Long-term sustainable partnerships with key organisations
  - o Institutional basis (rather than individual researchers)
- Why are you capacity building?
  - o Strategic thinking about point of capacity building
  - o Where to intervene
  - o Be clear about purpose
  - o Notion of capacity building within Aus workforce
  - o Engagement in international health
  - o Recruitment of Masters students
  - o Fellowships – employ more junior people, early engagement
  - o Collaboration
  - o Courses run by Hubs
  - o Overload/inefficiencies in partner countries – create synergies

Group One

- Convening
  - o Means to defined end
  - o Can happen in various points of product cycle
  - o Problem definition – have we done this?
  - o Developing and delivering products/projects
  - o Dissemination
  - o Use established channels or networks
  - o Cost for participants – financial and non-financial
- Capacity building
  - o Training is not capacity building
  - o Capacity building is about partnering and collaborating
  - o Means to an end

- o Should come as part of the process of knowledge generation
  - o Rather than at the end (after the knowledge has been generated)
  - o Integral to knowledge generation
- Evidence-policy interface
- Knowledge brokering
  - o Researchers generate knowledge
  - o Policy makers know what knowledge they need
  - o Limited conversations between them
  - o Formal brokers who sit between the two groups
  - o Missing third party?
  - o Research communication and uptake
  - o London workshop (AusAID representative present: background paper available)
- Capacity building in context
  - o Long-term
  - o Individuals in the international arena – with ongoing support