2011

AusAID Health Knowledge Hubs Annual Forum

Knowledge Creation to Policy and Practice: Our Results

A strategic partnerships initiative funded by the Australian Agency for International Development

On Tuesday 6th December 2011, representatives from the four AusAID Health Knowledge Hubs, AusAID, and from the initiative's Steering Committee met at the Burnet Institute in Melbourne, for the AusAID Health Knowledge Hubs Annual Forum. Thirty-seven participants attended the Forum (see Annex 1 for the participant list). On this occasion the meeting was supported by an external facilitator, Dr. Cathy Vaughan from the Centre for Women's Health, Gender and Society, at the University of Melbourne.

The overarching theme of the 2011 Forum was ***"Knowledge Creation to Policy and Practice – Our Results"***. The four Hubs were asked to present on a specific knowledge theme, drawing upon lessons learned in relation to that theme from across all of the Hubs' work. Themes were identified collaboratively as having relevance to each Hub's area of expertise.

Objectives

The objectives of the day were to:

1. **Review the Hubs' contribution to building the evidence base**. Hubs were asked to describe and discuss:
    - The current global and regional context for each of the identified themes;
    - Their results so far – what has been learnt (including a focus on their work's relevance and solutions); and
    - What needs to happen next (over the 18 month extension period and beyond)

2. **Explore the pathway from evidence to policy and practice**. Using examples from their own work, Hubs were asked to describe and discuss:
    - What made a difference in the uptake and use of their results in policy and practice;
    - What does this mean for the next 18 months?

3. **Peer review the Hubs' proposed 18 month work plans, in line with the Goals and Objectives of the Knowledge Hubs initiative**, in relation to the:
    - Relevance and 'value add' of the proposed work;
    - Appropriateness and effectiveness of proposed approaches to targeted dissemination, and communication of results between Hubs, AusAID, key stakeholders and common countries/institutions;
    - Appropriateness and effectiveness of work related to convening powers and capacity building.

Summary of key themes arising

Key themes of the day were identified as being that over the next eighteen months the Hubs need to:

- focus on identifying results
- increase the focus on dissemination
- consolidate, or build upon the investment to date.

Forum participants from AusAID emphasized that over the 18-month extension period it will be critical to show that investment in evidence and policy advice is important. Therefore the Hubs will need to document and disseminate how the *evidence* that their work generates has an impact upon *policy and practice outcomes* in the region – these are the kind of *results* that the initiative needs to demonstrate to senior management within AusAID.

Other issues recurring in discussions during the day were about the need to prioritise capacity building at the "middle" level of health systems (for example, building capacity of district level personnel to manage health systems, analyse information and contextualize it, and use information to make decisions).

Overview of sessions

Introduction and welcome

Sessions were conducted over a full day on the 6th December (please see Annex 2 for the Forum Agenda). Participants were welcomed to the Forum, and to the Burnet Institute, by Dr. Wendy Holmes (Hub Principal) on behalf of Compass: the Women's and Children's Health Knowledge Hub (see Wendy's welcome speech, attached as Annex 3). Joanne Greenfield (AusAID MCH Health Adviser) also welcomed participants on behalf of AusAID. Joanne emphasized the importance of the theme of the Forum. She spoke of the need for Hubs to be able to draw out the results of their work and communicate these effectively to a range of stakeholders, including AusAID. Clear communication of results would support advocates for the initiative in defending the Hubs' achievements in an environment competitive for aid program resources.

Presentation 1: Getting neglected issues on the agenda – experience in identifying and raising neglected issues in maternal and child health

Prof Kim Mulholland, Compass: the Women's and Children's Health Knowledge Hub

In this presentation Kim drew upon his extensive experience, and that of colleagues from within the Compass Hub, to reflect upon the challenges associated with getting neglected issues on to the agenda in maternal and child health. He outlined three main types of neglected issues – those that have failed to gain significant traction at all (district hospital care of children, oxygen therapy, prevention of child TB in high-risk families, maternal nutrition, mid-level health worker training institutions, and long term health needs of low birth weight infants); those that have gained some international attention but where efforts are still seriously lacking (adolescent health, and the greater involvement of expectant fathers in maternal health); and those that have experienced a massive but unbalanced increase in funds and activity (childhood pneumonia, with particular reference to pneumococcal vaccination).

Drawing on experiences in these areas, Kim concluded that in an environment where priority setting is dominated by the opinions of influential individuals, public sector groups like Johns Hopkins University and the Lancet, and heavily funded global advocacy campaigns, that the role of groups like the AusAID Health Knowledge Hubs is as a counterbalance promoting evidence based priority setting (slides attached in Annex 4a).

Presentation 2: MDGs 4 and 5 – addressing system constraints

Prof Maxine Whittaker, Health Information Systems Knowledge Hub

Maxine presented an in-depth overview of what system constraints the four Knowledge Hubs have identified, and drew on the four Hubs' work on what can be done about these constraints. Using the WHO Health System Framework, Maxine collated a multitude of outputs produced by the Hubs (please see slides attached as Annex 4b) to show the many Hub results in relation to the 6 Health System Building Blocks. In doing so, Maxine demonstrated how Hub initiatives have:

- **synthesized lessons learnt** across a range of country and governance contexts to identify challenges and strategies to address these
- used **applied research** to develop **tools, guidance, interventions** to address gaps or scale up evidence-based strategies
- **disseminated** through forums to influence countries (decision makers and/or practitioners) and development agencies; researchers to focus research questions on areas of critical need; and technical advisers to programs as evidence base for their advice

The number and breadth of Hub-produced documents reference in this presentation was a striking demonstration of the productivity of the four Knowledge Hubs.

Plenary discussion (chair Joanne Greenfield)

Discussion initially focused on the need for Hubs to raise the profile of neglected health issues through research, and through the translation of the knowledge that is generated into investment and action. Participants discussed the impact of a major PR company on the scale up of pneumococcal vaccination, noting the lesson that communication skills and strategies were an important part of research translation.

Participants also noted that internationally there is a general shift away from investment in the 'hard slog' (work like health systems strengthening), towards interventions that can be described in concrete terms (such as 'X dollars will buy Y lives saved'). Therefore, Hubs were going to have to work particularly hard at providing convincing evidence for investment in the gritty work needed (such as strengthening district and community care), and find creative ways of engaging with partners with international policy influence, such as WHO. It was also noted that with the increasing size of the Australian aid program, there was a need for clear and convincing communication with decision makers to ensure that they draw on available evidence (including evidence generated by the Hubs) to make sensible decisions about the allocation of this expanded pool of resources. It was emphasized that clear and convincing communication is not the same as 'simple' – that complexity essentially defines the problem of health in the region, and that 'simple' solutions can lead to an unbalanced allocation of resources.

There was considerable discussion about what good health governance might look like, and how development assistance can best support this. Participants felt that

identifying strategies to strengthen capacity of local managers at different levels was a research priority. It was noted that evidence generated by the Hubs enters a crowded space dominated by the global players and groups like those that produce the Lancet series' (though it was also noted that the Hubs bring an Asia-Pacific perspective to international discussions that may be lacking amongst the global players). Therefore there was a need for the Hubs to do more effective work at the 'missing middle' level where others were less active (eg. District hospitals and middle level management). All the Hubs are working at that level, but the question remains of how to most effectively disseminate the results of this work and clearly communicate the implications of these 'neglected issues' for the region to donor partners (with Hubs needing to identify ways to support each other in these communication and dissemination efforts).

Participants were reminded to not just look at obstacles and bottlenecks but at solutions, noting that often evidence is available but that what is lacking is investment and imagination in implementing solutions at a level commensurate with their importance. How can the Hubs shift this situation? It was noted that "we might know the evidence around a particular health issue, but what we often don't know is why or why not evidence is being used". The discussion concluded by returning to the issue of dissemination and communication of research results. The Hubs have produced a range of knowledge and ideas, but if they want to translate this to national and subnational policy making, it will be important not to have four different Hubs approaching overloaded managers with a smattering of ideas. How can the Hubs most effectively use intermediaries (such as WHO WPRO) to do so and provide managers with synthesized information? In summing up, there was recognition from AusAID that they have had some difficulty in articulating how they want the Hubs to go about 'influencing', but that the Hubs should remember that they are in the 'evidence space' not the 'lobbying space'.

Presentation 3: Leadership and management in devolved and decentralized health systems

Dr Augustine Asante, Human Resources for Health Knowledge Hub

The HRH Hub reviewed the state of health leadership and management in several Asian and Pacific countries, finding similar challenges of weak national and local leadership often being worsened by complex socio-cultural arrangements; poor local level management skills; and inadequate staff supervision and management support systems. Using the case study of decentralization in Indonesia, Augustine highlighted key leadership and management challenges as being workforce planning and supply of staff; personnel administration; district health leadership; and performance management. He emphasized the complexity of the impacts of decentralization measures in many countries in the region, noting that many elements of HRH remain under central control (and under the control of ministries other than health). Key issues requiring further analysis included the issue of efficiency (eg. where is the line between local autonomy and fiscal accountability

drawn?) and equity (eg. is equity in distribution of staff across districts possible with differences in fiscal capacity and autonomy for decentralized units to hire temporary staff?). Augustine emphasized the differences in what decentralization measures (if any) were appropriate in large countries such as Indonesia, in contrast to small Pacific island states. Please see slides attached in Annex 4c.

Presentation 4: Models of engaging with stakeholders, development partners and in-country governments

Dr Kris Hort, Health Policy and Health Finance Knowledge Hub

Having outlined what was meant by 'engagement', Kris drew upon examples of country level engagement from across the Hubs (which included engagement with stakeholders as study partners, civil society advocates, and in the piloting of tools and systems). He noted that engagement was substantially affected by contextual differences (such as the level of aid dependency in the Pacific compared with Asia), the development of key relationships, stakeholders' practical knowledge needs and preferences in relation to communication and dissemination. Kris also gave examples of regional and global level engagement from across the four Hubs, and of engagement with development partners such as AusAID. In drawing on the Hubs' collective experience, Kris highlighted the importance of context for engagement at all levels; suggested that M&E needs to document context but that it is currently unclear how to do this; that knowledge production and the communication and dissemination of this knowledge are linked through engagement; and that engagement with development partners remains challenging, particularly in relation to 'engaging in context'. Please see slides attached as Annex 4d.

Plenary discussion (chair Dr David Hipgrave)

Participants noted that across the four presentations thus far, building management capacity at the district level was a recurring theme and that strategies to do so required long term investment (the example of Ghana was noted, where the now recognized achievements in the development of district management capacity took 20 years, and the achievements of Milne Bay Province in PNG, where achievements were also the result of long term investment). Participants noted that an important role of the Hubs over the next 18 months would be to synthesize lessons about building district level capacity (including the monitoring of inequity between districts), perhaps around the organizing theme of MCH.

The point was raised that engagement, leadership and management needed to be about improving service delivery at the local level, getting services to people (and not just about engaging with donors, managers, getting research published etc). The additional challenge of ensuring that communication and dissemination wasn't a

top-down process of telling people what to do, but rather that it included processes to build capacity for informed decision making, was also highlighted by participants.

Hub case studies exploring pathways from evidence to policy to practice (chair Dr Clement Malau)

Trevor Duke *(Compass: the Women's and Children's Health Knowledge Hub): Steps to the introduction of zinc, and,* ***Maxine Whittaker*** *(Health Information Systems Hub): Improving the Vital Statistics Capabilities in LMIC*

Key points discussed by participants after these two presentations (please see Annexes 4e and 4f for slides) included:

- that efficacy trials, randomized controlled trials, and other heavily controlled research approaches often don't answer population level or public health questions, and that there is a need to get away from RCTs as the prioritized form of 'evidence'
- that the development of strategies (such as the Pacific Regional Strategy for Child Survival) is very good, but that it needs to be made part of national health plans to protect against donors losing interest in it
- that networks work when all the partners that are there have something to offer, which means that networks created are able to add great value than the sum of their parts (need local partners including local research institutes and professional associations)

Amanda Benson *(Health Policy and Health Financing Hub): the Flagship Course on Health Sector Reform in the Pacific, and,* ***Graham Roberts*** *(Human Resources for Health Hub): Reflections on achieving translation into policy and practice*

Key points discussed by participants after these two presentations (see Annex 4g for Amanda's slides) included:

- there is a role in education, rather than training in a particular tool, in getting uptake of ideas locally. Training vehicles are an opportunity for policy dialogue in an of themselves (safe space for debating difficult issues)
- WHO are commencing training on processes associated with policy dialogue (in Asia), and it would be good for Hubs to work with the WHO Observatory on this
- health workforce planning also requires implementation of this planning, and reporting on who has been trained and where they have ended up
- Clem concluded by emphasizing the need to support national health planning processes to ensure that plans are built on evidence. This sort of planning work also provides the basis for engagement at the local level, and strengthens understanding of the local political imperatives, systems and structures as well

Work Plan Peer Review

Participants were all emailed the four Hub Work Plans in advance of the Forum, and were asked to read them with a view to providing structured feedback on the day. During this session, participants were divided into four groups and had the opportunity to provide peer feedback on three of the four Hubs' Work Plans (for half an hour each plan – at 30 minute intervals the groups rotated to be able to give feedback on a different Work Plan). Participants gave feedback with the following questions in mind:

- Does the work plan contain sufficient detail to assess whether planned outputs are practical and achievable in the 18 months extension period? (Does the work plan represent a consolidation, rather than a dramatic expansion of work?)

- Are the topics identified going to expand health knowledge and capacity in Asia and the Pacific (including that of donors/development partners)?

- What results should be expected because of this work, and how do they relate to policy and solutions to health problems?

- Is there adequate focus on, and detail about, targeted communication and dissemination of results?

- Are partnership development and capacity building activities included in the work plan adequate and likely to contribute to sustainability of results?

At least two representatives from each of the Hubs listened and responded to their peers' feedback during this session, and took notes to inform their finalization of the Work Plans.

Consolidated Feedback on Work Plans

A representative from each Hub presented the key points that were fed back to them in relation to their work plan. A summary of these key points is included below in Annex 5. Whilst participants acknowledged the challenges in capturing and measuring 'attribution', the need for each of the Hubs to find ways to demonstrate tangible outcomes and results in relation to impact on policy and practice was a common theme in feedback on Hub work plans. Peers also felt that several of the Hubs had 'under sold' their achievements to date in the introductions to their work plans, and that it was important to be explicit about these achievements in order to demonstrate that planned activities built on (and consolidated) past success and experience.

Conclusion

Following the report back from the peer review of the four Hub Work Plans, and in response to a request for feedback and input from AusAID, Sue Elliott responded that she thought there were three key themes that had come out through the day: the need to focus on identifying results; the need to increase the focus on dissemination; and the need to focus on consolidation or building on the investment to date. Joanne added that AusAID personnel need results from the Hubs that they can feed into the agency's high-level results framework. With these kinds of results they will be better able to defend a research agenda, and try to ensure that decision makers use the available evidence when deciding how the increasing development assistance budget is spent.

Feedback to the facilitator and the organisers of the day suggests that the Forum format had worked well this year, and that the small groups for peer review during the afternoon had been particularly successful. Participants were very appreciative of the opportunities for one-to-one interaction and rigorous discussion that the small groups provided. It is recommended that this kind of interactive, facilitated approach continues to be used in future Forums.

Annex 1 Participant list

Nicola Hodge	Health Information Systems Hub
Maxine Whittaker	Health Information Systems Hub
Audrey Aumua	Health Information Systems Hub
Graham Roberts	Human Resources for Health Hub
Richard Taylor	Human Resources for Health Hub
Augustine Asante	Human Resources for Health Hub
Shanti Raman	Human Resources for Health Hub
Kris Hort	Health Policy and Finance Hub
Amanda Benson	Health Policy and Finance Hub
Michelle Kelsey	Health Policy and Finance Hub
Aparna Kanungo	Health Policy and Finance Hub
Chris Morgan	Women's and Children's Health Hub
Elissa Kennedy	Women's and Children's Health Hub
Anna Bauze	Women's and Children's Health Hub
Heather Grieve	Women's and Children's Health Hub
Vijaya Joshi	Women's and Children's Health Hub
Caitlyn Henry	Women's and Children's Health Hub
Mary-Ann Nicholas	Women's and Children's Health Hub
Rebecca Bradley	Women's and Children's Health Hub
Hichem Mortier	Women's and Children's Health Hub
Kim Mulholland	Women's and Children's Health Hub
Wendy Holmes	Women's and Children's Health Hub
Trevor Duke	Women's and Children's Health Hub
Sue Elliot	A/g ADG Health Education Section, AusAID
Joanne Greenfield	MCH Adviser, AusAID
Tony Kiessler	Program Manager, HHTG, AusAID
Madeleine Scott	HHTG, AusAID
Jennie Hood	DOHA
Henk Bekedam	WHO WPRO
Eva Jarawan	World Bank
Aparnaa Somanathan	World Bank
Jackie Mundy	Health Resource Facility
Clement Malau	Consultant
David Hipgrave	Consultant
Mike Toole	Burnet Institute

Annex 2 Agenda

8.30	Welcome	Wendy Holmes (Compass WCH Hub)
8.45	Introductions and overview of objectives of the Forum	Cathy Vaughan (facilitator)
8.55	Introductory remarks	Joanne Greenfield (AusAID)
9.05	Presentation 1: Getting neglected issues on the agenda – experience in identifying and raising neglected issues in MCH	Kim Mulholland (Compass WCH Hub)
9.25	Presentation 2: MDG 4 and 5 – addressing system constraints	Maxine Whittaker (HIS Hub)
9.45	Plenary discussion on issues raised by presentations 1 and 2 in relation to: • What are our results so far? • What happens next?	Chair: Joanne Greenfield
10.20	TEA BREAK	
10.30	Presentation 3: Leadership and management in devolved and decentralized health systems	Augustine Asante (HRH Hub)
10.50	Presentation 4: Models of engaging with stakeholders, development partners and in-country governments	Kris Hort (HPHF Hub)
11.10	Plenary discussion on issues raised by presentations 3 and 4 in relation to: • What are our results so far? • What happens next?	Chair: David Hipgrave
11.45	Exploring the pathway from evidence to policy and practice – short case studies from each Hub and discussion	Chair: Clement Malau
13.00	LUNCH	
14.00	Work Plan Peer Review (rotating small groups)	Cathy Vaughan (facilitator)
15.30	TEA BREAK	
15.45	Consolidated feedback on work plans	Plenary session
16.45	Sum up and close	Cathy Vaughan (facilitator)

Annex 3 Welcome Speech (Dr Wendy Holmes)

It's my pleasure to welcome you all to Burnet Institute, and, on behalf of Compass, to the Cross-Hubs Forum. This year it's the turn of our Hub, the Women and Children's Hub, or Compass, to host the Forum.

Women's and children's health encompasses many themes: sexual and reproductive health; maternal health; nutrition throughout the life-course; prevention of stillbirths and neonatal deaths; early childhood development; child and adolescent health. Also, those health problems of women that are not linked to reproduction – but are often linked to disadvantage, discrimination and poverty - backache, arthritis, effects of violence, anxiety, depression, fatigue, infectious and chronic diseases.

Women's and children's health has links with most aspects of international health. Improving women's and children's health and well-being is a necessary part of achieving most of the MDGs. And efforts to achieve any of the MDGs will also contribute to women's and children's health.

To improve women's and children's health we need to work both to address the underlying social determinants of ill-health and to strengthen every level of the health system from the community to the referral hospital. The work of each of the Hubs is of huge relevance to improving women's and children's health.

Pregnancy, childbirth, and care of small children bring most women in contact with health services. There is much scope for these events to increase men's contact with health services too – allowing opportunities to provide information and to prevent and treat STIs, other infectious diseases, and chronic non-communicable conditions.

Before we begin the presentations I'd like to share some reflections about the nature of our endeavours. First let me stress that I have always valued evidence based practice – whether in clinical care or public health. But I do want to express some cautions.

There is no question that systematic reviews are useful when examining questions about clinical practice. Many public health interventions also lend themselves to systematic review – for example whether vitamin A supplementation is beneficial, whether providing smokeless stoves reduces indoor air pollution and acute respiratory infections, many others...

But there are other types of questions, just as important, for which the type of systematic literature review that follows specific rules is not appropriate. I can give one example. Elissa Kennedy and I reviewed experiences, ideas and interventions related to the second delay – the delay in reaching emergency obstetric care. At the Women Deliver conference we met and talked with a senior researcher from a maternal health centre that I won't identify here. They were about to undertake a systematic review on the same topic. We gave her a CD with our report.

She later wrote to me that for their review they then screened over 16,000 'hits' and ended up with 128 eligible articles, of which only 12 made the "Cochrane" type criteria – and all except one was a complex intervention.

We had taken quite a different approach, exploring literature from different sectors, looking at a wide range of different ways to address the second delay in a wide range of different contexts – lessons learned from ideas and experiences to do with communication, with transport, with community preparedness, financing through different mechanisms - not with a view to recommending the most cost-effective intervention, but to look at principles that need to be considered. For example, the lack of privacy for a woman in labour when travelling in an adapted bicycle ambulance making them reluctant to be referred.

But I think there is a danger that public health researchers now feel that they must follow 'the rules' – that it is no longer permissible to synthesise what is currently known about an issue and to collect ideas and experiences relevant to a particular topic. Many public health journals now require the use of one of the standardised tools before they will consider publishing a review article.

There has been a prolific growth of standardised checklists in the past few years. This is a good thing – but they should be used as tools – and we should use the right tool for the right job – otherwise they can be restrictive.

Checklists for Reporting Research

- CHERRIES (Checklist for Reporting Results of Internet E-Surveys)
- CONSORT (Consolidated Standards for Reporting Trials)
- MOOSE (Meta-Analysis of Observational Studies in Epidemiology)
- QUOROM (Quality of Reporting of Meta-Analyses)
- TREND (Transparent Reporting of Evaluations with Nonrandomized Designs)
- STARD (Standards for Reporting of Diagnostic Accuracy)
- STARLITE (Sampling strategy, Type of study, Approaches, Range of years, Limits, inclusion and exclusions, Terms used, Electronic sources)
- STRICTA (STandards for Reporting Interventions in Controlled Trials of Acupuncture)
- STROBE (STrengthening the Reporting of OBservational studies in Epidemiology)
- SORT (Strength of Recommendation Taxonomy)
- AMSTAR (Assessment of Multiple Systematic Reviews)
- ASSERT (A Standard for the Scientific and Ethical Review of Trials)
- CHEC (Consensus on Health Economic Criteria)
- OQAQ (Overview Quality Assessment Questionnaire)
- QUADAS (Quality Assessment Instrument for Diagnostic Studies)

They are promoted to avoid bias – the potential for a researcher, otherwise, to pick and choose between the studies they include in a review. This is a worthy and justified aim. But we mustn't be fooled that we are eliminating bias by using such systematic standardised procedures. There is already well-recognised bias

in which studies are submitted for publication and which are not, and in which studies are accepted for publication. There is further bias in which published studies meet the criteria for inclusion in the review. And there is bias in which interventions, approaches and strategies lend themselves readily to outcome evaluation – and thereby to systematic review. This is not say that such checklists are not useful, just that we should be aware that bias remains – and that many studies and projects that could provide useful lessons are thrown away with the bathwater.

Also, in formulating specific questions for systematic review we must be careful not to neglect the inter-relationships between interventions – that there are synergies – and that interventions often have wider benefits and we should be cautious about judging them against a single outcome of interest. For example, in a low HIV prevalence setting there are a number of interventions that will contribute to reducing HIV infection in children. One is the introduction of antenatal HIV screening and providing antiretroviral prophylaxis to mothers that test positive. Another is to promote optimal and exclusive breastfeeding to all mothers and babies. This will reduce transmission risk to the babies whose mothers have HIV but don't know it. But unlike the HIV testing and prophylaxis intervention, this intervention will also make a substantial contribution to reducing all cause child mortality and morbidity.

In our workplans for the next 18 months we have been encouraged, appropriately, to concentrate on disseminating and encouraging uptake of the findings of our work to date. Of course policy and practice should be influenced by evidence of what works. But we're all aware that there are many other factors that influence policy priorities.

Reich proposed a useful framework for analysing the reasons for the prominence of child health on the international health policy agenda.[1] He described five streams of influence:

- Symbolic politics
- Organisational politics
- Scientific politics
- Economic politics
- Political politics

There are other such frameworks… I think it's useful for us to analyse the influences on policy in relation to the topics we've been exploring. And yesterday I discovered that Reich has developed some policy analysis software. "This easy-to-use tool can help you analyze, understand, and create effective strategies to promote your point of view on any policy question or political issue."[2] Ah, the modern world…

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[1] *Reich M. The Politics of agenda setting in international health: child health versus adult health in developing countries. J Int Development 1995; 7(3):489-502*

[2] PolicyMaker - a political analysis and policy advocacy tool: http://polimap.books.officelive.com/default.aspx

You know, I heard something at the weekend on a Triple R radio science program about the implications of the proliferation of journals. I thought it was quite relevant to us. This is about the importance of keeping the bigger picture – and context – in mind. A lot of us here are old enough to remember a time when you could read the journals relevant to our field regularly and keep up with the broad advance of knowledge. With the proliferation of journals this is no longer possible – we tend to read what we search for. I think it's important to subscribe to the contents page of at least a few journals – perhaps the Lancet, the BMJ, WHO Bulletin – to know what is being published. But it's also true that mailing lists, such as Afro-nets, PMNCH, or Engenderhealth, are helpful in alerting us to new work.

Now, of course, there is a whole new literature on how to get research into policy and practice. As we disseminate and prepare policy briefs I want to show you an email that arrived in my inbox this week from 3IE – the organisation that supports impact evaluations and systematic reviews. And this is a cautionary tale about quality control, about checking that when we, or perhaps someone else, distils the spirit of what we have learned into a sentence or two – that those sentences say what we intend them to say. Because if it is all that a policy maker reads it needs to be right. I'll pick out two sentences. The first is just silly:

"It addresses the fundamental question of whether there is sufficient evidence to show that increased household income and a better diet can improve children's nutritional status."

The second is misleading:

"Many development agencies believe that fortifying foods with vitamins and minerals is a cost- and time-effective way to tackle malnutrition, but more studies showing positive impact are needed for justifying further investment in such programmes."

The review is not about food fortification, for which there is convincing evidence, but about bio-fortification, using modified plants which have greater concentrations of certain micro-nutrients, for which there does remain a need for further studies.

And finally, I want to say – as we occupy ourselves increasingly with dissemination, engagement and uptake – let us include, and emphasise, district level planning.

I'd like to thank everyone that has helped to organise today, including those at AusAID, and especially Mary-Ann, the wonderful Coordinator of Compass, with great help from Vijaya at Menzies.

I'm looking forward to our discussions.

Thank you.

Annex 4 Slides

Kim’s slides 4a
Maxine’s slides 4b
Augustine’s slides 4c
Kris’s slides 4d
Trevor’s slides 4e
Maxines’s slides 4f
Amanda’s slides 4g

Annex 5 Consolidated feedback on Work Plans

1. Feedback on the Health Information Systems Hub Work Plan

- Need to better tell the story of the Hub's experience and how this has lead to current work plan. Have undersold their achievements by not being sufficiently specific
- Would be useful to provide a matrix or table to outline the people who the Hub are engaging with
- Need the M&E framework to contain more specific detail, ie. Being explicit about what the outcomes are going to be and how to measure this
- Would be good to include outcomes in the executive summary, and make sure that there is translation of tangible outcomes. Link tables to 'real' outcomes, rather than being just a summary of ideas
- Would be useful to be more explicit about the work with PHIN (and be careful about not using too many acronyms as not everyone speaks HIS)
- Need to think specifically about some of the audiences at the awareness level
- As there is turnover of people, Hubs are ensuring that there are enduring products/resources that will remain useful
- Need to be explicit about the roles of 'competencies', explaining why they are doing competency mapping and how this will make a difference
- Would also be useful to explain why they are not doing certain things (find ways to communicate what others are doing)
- Given all the current international statements about vital statistics, could afford to be bold about how the work of the Hub is contributing to birth, death data in country
- Need to better link with Compass on neonatal mortality data and about the use of audits as health info tools
- Workplan could be more explicit about investments in communication and dissemination, and clearer about how the workplan interacts with the work of other Hubs and other partners

2. Feedback on the Women's and Children's Health Knowledge Hub Work Plan

- A key theme in the feedback was that the workplan was missing clarity in its presentation of key results to date, that the Hub was underselling itself. What has been done to date needs to be captured better and brought out in the executive summary
- The dissemination activities could focus more on evidence to policy and on tracking these routes more systematically
- Would be good to clarify what are the continuing activities from previous workplans, and what are new activities that have emerged out (and are building on) the 'old' work
- Need to look at the feasibility of the planned outputs for the 18 month extension period. It was suggested that a good method to measure whether

plans are feasible or not would be to document outputs over the last 12 months (strike rate of achieved outputs compared to those planned) and use this as a tool to assess plans for the next 18 months
- The detail of the workplan is excellent, but perhaps it needs to be briefer
- Lots of positive feedback about the implementation schedule
- Point raised that there is lots of discussion about high quality data in the workplan, but how do you demonstrate that what the Hub does is of high quality?
- There were no significant technical issues with content of workplan
- Suggested that when making an assertion about results, that the Hub should use data to back that up within the narrative of the workplan
- Henk raised the issue of the need to raise the profile of activities in relation to unsafe abortion and adolescent pregnancy within the workplan. Discussion about politics of including greater emphasis on unsafe abortion with AusAID – Joanne suggested trying in some way to quantify the impact of increasing access to family planning services on rates of unsafe abortion (getting some metrics around the scale of the problem, and potential impact of existing solutions) as a way to include this important issue without getting into too much difficulty, politically
- Graham Brown also emphasized the value of Maxine's presentation on MDGs 4&5 in the morning, suggesting that maternal and child health was an excellent opportunity for cross-Hub collaboration

3. Feedback on the Human Resources for Health Hub Work Plan

- Augustine felt that there were four main points that came up in the feedback on the HRH workplan
- The first was on how to link the outcomes of the Hub's activities to AusAID's broader aid program. Suggested that, at the beginning of the workplan, there could better/more discussion linking the workplan to other work that is being done or is ongoing within the broader aid program (for example work going on about the strengthening of district systems that Burnet is involved in). This needs to be considered in the discussion of outcomes
- Need for better articulation of the evidence to policy pathway, and there needs to be greater emphasis in the workplan on the dissemination of the products or the outputs
- When looking at decentralization, may be useful to look into common themes across countries that have been through this reform and to look into what has been done to date in relation to what the Hub is doing
- On the issue of the Cuban trained doctors coming to Timor Leste, there was potential for cross hub activity (HRH, HPHF and HIS?). And Burnet is involved in the East Timor health improvement program which has a budget line against these doctors

- Feedback suggested that the Hub are probably placing too much emphasis on the numbers of health workers, and that there was a need to start thinking about the health workers' competencies and productivities

4. Feedback on the Health Policy and Finance Hub Work Plan

- 6 overall points that were key
- Feedback suggested that the workplan needed to be clearer about the knowledge outcomes, especially differentiating between contribution to new knowledge and activities that were confirming knowledge that was already there
- Kris felt that this was particularly relevant to operational work in country, where perhaps the workplan is not very clear about the added value of this work and how it is contributing to knowledge. This was also the case around issues such as health financing, and universal coverage, where it is important to highlight what the Hub are specifically contributing (as many others involved in this area)
- Feedback that there was a need to make more reference to partners in the work that we are doing, particularly in relation to the health financing work. Hub need to be more explicit that they are not working alone in doing these things, but as part of a development partner group
- Suggested that the workplan refer more to previous work, highlighting achievements in the past and how current the workplan builds on previous work and achievements (eg. with the Churches in PNG)
- Need to be clearer about where activities in the workplan represent a consolidation and where they are doing new activities. Haven't described sufficiently where we are up to, so can't see how activities link to previous work
- Some suggested that there were too many things planned in the available time, particularly if some activities were dependent on other activities are being completed before hand. Therefore Kris thought that there was a need for an implementation chart (they will take the lead of the WCH implementation plan), and that this should indicate relationships between activities where appropriate
- Felt that they need more on theme 3 in regard to development assistance. There was concern that this work might overlap with what HRF has been doing for AusAID, and that therefore there was a need to follow up on this in discussions tomorrow. The Pacific health team has proposed a study looking at the role of the Cuban trained doctors, and on PNG/SWAps. How does the work of the Hub that we anticipate contributing to AusAID policy link with the HRF work for AusAID?
- Some participants said that the format was easy to read, some said format difficult and needed to be easier to read – therefore they have probably got it about right!