

HEALTH POLICY AND HEALTH FINANCE KNOWLEDGE HUB

WORKPLAN – 2011

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KNOWLEDGE HUBS FOR HEALTH

Strengthening health systems through evidence in Asia and the Pacific

1. Executive Summary

As part of the AusAID-funded Knowledge Hubs for Health Initiative, the Health Policy and Health Finance (HPHF) Knowledge Hub commenced operation in April 2008. The first year represented an establishment phase with extensive consultation with Australian, regional and global level organisations and experts, identifying important areas of research interest. A full academic and management team was recruited and in place by mid 2009.

Since its inception, the HPHF Knowledge Hub has succeeded in producing and disseminating the results of initial analytic work, and strengthened partnerships with regional and country individuals and institutions. This has enabled early engagement with policy makers and some policy uptake, as well as capacity building within the Nossal Institute itself, and through collaborators and networks. As a result the HPHF Knowledge Hub and partners have had credible engagement in regional and global forums and networks, and have contributed to regional and country policy making.

The strategic aims of the HPHF Knowledge Hub work in 2011 are:

1. Identify and communicate the policy implications of our three technical areas;
2. Address key health finance issues that are of concern to country and regional policymakers;
3. Synthesise country-level work and identify regional lessons; and
4. Reflect on and document lessons learnt from the processes of the HPHF Knowledge Hub to date.

The areas of work proposed for 2011 are:

- Product One: Health Finance Strategies to address key policy issues of Universal Coverage, Equity of access, and non-communicable diseases (NCDs):
- Product Two: Role of non-state providers in service delivery and implications for the state; and
- Product Three: Health financing and policy development in the Pacific and PNG.

Product One will focus on issues of universal coverage equity, and policy options to manage the rising burden of illness from NCDs. Studies will examine pathways to achieve universal coverage in Cambodia and Laos; prevention and treatment of NCDs through health systems strengthening in one Asian and one Pacific country; and barriers to access to health services by people with disabilities through a case study in Papua New Guinea.

Product Two will consider the policy implications of studies carried out in 2009-2010 on the non-state sector, and policy options that are available for governments to direct non-state actors towards meeting health sector goals. In Indonesia, policy options will be developed for regulation of the hospital sector and for ensuring non-state and not-for-profit hospitals contribute to broader health sector goals. In Vietnam, policy options will be developed on better engagement of non-state hospitals in addressing specific service gaps. Cross country synthesis work will consider key policy issues and findings from the Indonesia and Vietnam case studies, and identify lessons relevant at regional level.

Product Three will continue to examine the issue of aid effectiveness in the Pacific, particularly in relation to regional mechanisms for governance and national mechanisms for coordination and resource allocation, including sector-wide approaches (SWAs). It will also look at health systems and their resources and how to build capacity in Pacific partners: supporting regional partners to improve national health accounts; analysing the appropriateness of funding allocations; and making best use of World Bank and World Health Organisation (WHO) technical support for health system strengthening. A third area of work will focus on PNG and examine the role of non-state partners (particularly Church based organizations) in providing primary health care.

2. Background and Context

Background

The Health Policy and Health Finance Hub commenced operation in April 2008, and has progressively built internal capacity through recruitment of additional staff (now totaling 5 full time staff and 4 part-time), while continuing to engage with experts and practitioners in Australian and regional organisations, as well as country partners.

The HPHF Knowledge Hub initially commenced work in three areas (products one to three), and expanded to a fourth area (Product Four) in 2010. During 2011, work from products one and four will again be combined under a single product.

The three areas of work proposed for 2011 are:

- Product One: Health Finance Strategies to address key policy issues of universal coverage, equity of access, and non-communicable diseases (NCDs):
- Product Two: Role of non-state providers in service delivery and implications for the state; and
- Product Three: Health financing and policy development in the Pacific and PNG.

Global development context

Relevance to the broader development context is a key issue in prioritising the HPHF Knowledge Hub program of work to ensure that it addresses the policy issues and questions most relevant to policy makers. Our plan begins with a review of key developments in the global and regional context, and identifies the implications for the Hub's workplan.

The achievement of the health-related Millennium Development Goal (MDG) targets remains a priority for the global development community, particularly the health system and health financing constraints to achieving MDGs 4 and 5. Global developments can be viewed through four main policy streams:

(1) Development Assistance in relation to health systems and the MDGs: The UN Summit on the Millennium Development Goals renewed global commitment to the achievement of the goals. Progress on the maternal, newborn and child survival goals was reviewed by the Countdown to 2015 report, which indicated some progress on MDGs 4 and 5, but also highlighted that many countries will not meet the proposed targets. Key constraints identified include those related to health systems (particularly shortages of health workers), financial barriers, and inequities in access. The Millennium Summit resolution included a section on global public health for all, emphasising the importance of primary health care and strengthening the capacity of national health systems to provide accessible and quality services.

Maternal health and MDG 5 received particular attention, and a new Global Strategy for Maternal Health was agreed. Despite new data demonstrating greater progress in reducing MMR than previously believed, most countries are not on track to achieve their targets. The new strategy received \$40 billion in commitments, including \$1.6 billion from the Australian Government. The global strategy focuses on country led plans, an integrated package of interventions, and innovations to improve service delivery, including results based financing and public-private partnerships. The need to improve harmonisation and predictability of development assistance was also emphasised. Several reviews of Global Health Initiatives (GHIs) have been published during the year, furthering debate about the role of GHIs in health system strengthening.¹

(2) Increasing recognition of the importance of equity in achieving MDGs: Initial work using the Marginal Budgeting for Bottlenecks model from UNICEF has identified the potential for interventions

¹ Balabanova D, McKee M, Mills A, Walt G, Haines A. (2010) What can global health institutions do to help strengthen health systems in low income countries? Health Research Policy and Systems. 8:22.

which address equity to accelerate achievements of MDG 4 and 5. The importance of equity in achieving the MDGs was also emphasised in an article in the Lancet on the principles for establishing new MDGs post 2015².

(3) Increased focus on the achievement of universal coverage, defined as universal access to quality services, with financial risk protection. Universal coverage is the focus of the World Health Report 2010. Health financing is a key aspect of achieving universal coverage, as high out-of-pocket (OOP) expenditure and low government budget allocation to health are seen as the main barriers, especially in the Asia Pacific region. A presentation by Soonman Kwon from the Seoul National University, at the HPHF Knowledge Hub technical review meeting demonstrated that the choice of approach is not simple, and needs to be based on empirical and contextual studies. Tax-based financing may not be progressive in Asian countries and there may be greater willingness to pay an ear-marked tax such as a social health insurance contribution. There is a need for more evidence on pathways to universal coverage, and of the relative impacts on equity, government expenditure, and OOP for different approaches to universal coverage. Expenditure in the non-state or private sector is also an important contributor to OOP.

(4) The role of the non-state sector and its contribution to achieving health sector goals continues to be debated, with new work examining non-state provider contributions to child health in the Asia-Pacific region³, and a new website on non-state initiatives in the health sector hosted by Results for Development.⁴

Regional Development Context

A significant regional development has been the establishment of the Asia Pacific Observatory for Health Systems, with support of four development partners: WHO Western Pacific Regional Office (WPRO); WHO South East Asia Regional Office (SEARO); the World Bank and the Asian Development Bank). AusAID, the HPHF Knowledge Hub and the HIS Hub have been involved in the planning and preparations for the Observatory.

With the progressive increase in Australia's budget allocation to Development Assistance, AusAID's health sector aid budget continues to increase, to \$488 million in 2009-2010. The focus remains on the MDGs, particularly maternal and child health, and high burden diseases (including NCDs in the Pacific), especially for the poor. There is increasing emphasis on using health systems approaches and to scaling up effective interventions and maintaining coherence among initiatives at country, regional and global level.

Implications for the Hub's program of work

The HPHF Knowledge Hub's focus on health financing strategies and equity, the role of the non-state sector, and aid effectiveness and policy making in the Pacific and PNG remains well aligned with key issues in the regional and global development context. This is also consistent with AusAID's areas of interest, both at a country level, and at a regional level (such as the Asia Pacific Observatory). We will continue to link our program of work to the MDGs, particularly those for maternal and child health, and to addressing system constraints to better service delivery.

The HPHF Knowledge Hub has also noted the importance of ensuring alignment with country policy makers' needs and concerns, as recommended by the Independent Technical Review of the Hub Initiative. Engagement with in country partners and technical experts has been a key mechanism for ensuring this alignment.

² Waage J, Banerji R, Campbell O, Chirwa E, Collender G et al for the Lancet and London International Centre Commission. The Millennium Development Goals: a cross sectoral analysis and principles for goal setting after 2015. Lancet 2010; 376: 991–1023

³ Montagu D, Bloom A. The private sector and health service delivery in the EAP Region. Background report to UNICEF on the role and experience of the private sector in provision of child health services (2010)

⁴ Centre for Health Market Innovations : www.healthmarketinnovations.org

Brief descriptions of the country context are also included in each of the product outlines in Section 6 of this work plan.

3. Key achievements against the HPHF Knowledge Hub Monitoring and Evaluation Framework

The HPHF Knowledge Hub has made good progress against the aims and objectives set out in the cross-hubs Monitoring and Evaluation Framework.

Objective One relates to increasing the critical, conceptual and strategic analysis in each of the product areas. To date, the HPHF Knowledge Hub has contributed well against this objective, with analysis at a global, regional and country level, for example on global health initiatives, the influence of global and regional actors on Pacific island health policies, the growth of non-state hospitals in Indonesia and Vietnam, and church health services and out-of-pocket expenditure in Papua New Guinea (PNG).

In relation to Objective Two, convening and engagement with Australian and Asia Pacific country, regional and international institutions, existing relationships have strengthened, and several new ones have developed during 2010. Existing relationships with partners in Indonesia, Vietnam and Fiji, have strengthened, while new relationships have been developed with partners in Cambodia and Laos, and in PNG. Regionally the Hub has engaged with partners in discussions around the establishment of the Asia-Pacific Observatory, while internationally links have been developed with the London School of Hygiene and Tropical Medicine, the University of California San Francisco, and the International Health Economics Association.

Considerable progress has also been made against Objective Three, dissemination of useful knowledge resources, with the finalisation of seven working papers, four case studies of policy or capacity building impact, and two policy briefs. In addition, a range of dissemination activities were undertaken, including presentations at conferences (for example, the Australian Health Economics Association), in country seminars, regional meetings (Pacific Senior Health Officers Network), and specific activities (including the Pacific Flagship Course and an Indonesia not-for-profit hospital managers study visit).

In regard to Objective Four, capacity building has focused on the staff and associates of the Nossal Institute, with two staff and associates undertaking PhDs on research areas linked to HPHF Knowledge Hub products, and other staff attending training (such as the Flagship courses). Capacity building has also occurred through joint activities with country partners, including literature review courses and 'on-the-job' training for partners in PNG, and policy analysis with partners in Indonesia and Vietnam.

In terms of the overall aim, the HPHF Knowledge Hub is beginning to make contributions to the expertise and knowledge base, and to impact on policy. In Indonesia, the policy implications of the work on not-for-profit providers has supported advocacy by not-for-profit hospital associations for taxation concessions. The HPHF Knowledge Hub has also contributed to the resolution of issues involved in the establishment of the Asia Pacific Observatory for Health Systems. HPHF Knowledge Hub contributions have also generated significant debate around governance mechanisms in the Pacific at meetings of regional partners, and have influenced policy debate on the scale up of equity funds in Cambodia and Laos.

Achievements to date against the Monitoring and Evaluation Framework are also summarised in a table in Annex 2.

4. Approach to Work Plan Development

The work plan for 2011 has been developed through a process of consultation, review and revision.

Following a process of internal review Product Coordinators and associated staff and partners, worked together with in-country partners to draft initial plans based on progress in previous years, and gaps and opportunities identified through this work. The drafts were shared more broadly with in-country partners and technical advisors for review and comment. Revised draft work plans were presented for discussion at two technical review meetings and as a result have been further amended.

The first of two technical review meetings was held on 19-21 October 2010, and involved stakeholders from Cambodia and Laos, the Pacific, AusAID, multilaterals, research institutes and other technical advisors. The second meeting was held in early November, with a focus on the Product 2 area of non-state providers, involving our Vietnamese and Indonesian partners as well as a range of other stakeholders.

A draft workplan was submitted to AusAID in early November, and reviewed at the Annual Knowledge Hubs Forum, held on 30 November. Feedback was obtained from AusAID and other external stakeholders and revisions undertaken to clarify the strategic direction of our work, and to focus more on dissemination and communication of policy implications.

In addition, the recommendations of the Independent Technical Review of the Knowledge Hub Initiative have been addressed, including:

- Recommendation 3: Knowledge Hubs need to focus particularly on encouraging the use of the products they have already developed. All Hub outputs should be available in the following formats: 1) Working Paper; 2) Policy Brief; 3) Case study; 4) Narrated PowerPoint; and most expected to generate 5) an academic paper.
- Recommendation 5: Greater flexibility in the range of activities (for example capacity building and training) that Hubs may engage in [at country level].
- Recommendation 9: A greater degree of joint working across Hubs is recommended.

5. Strategic Aims of the Workplan for 2011

5.1 Strategic Framework

The strategic framework that guides us in selection of areas of work has evolved since the original identification of priority areas in the 2009 Workplan.

The framework was based on the frameworks developed by Kutzin and Hsiao⁵ which link

- (i) the functions of health financing: collection of funds, pooling, and payment; with
- (ii) intermediate outcomes: quality of service, access, equity, efficiency; and
- (iii) health system goals: improved health, responsiveness, and fair financial burden.

Universal coverage has now emerged as an outcome that combines these intermediate outcomes as equitable access to quality services without excessive personal financial burden.

The work of the Hub has focused on strategies or interventions in health financing and their impact on health systems and their key outcomes, particularly with an interest in equity. This led to the identification of four areas of work:

⁵ For more detail see HPHF Working Paper #5: Conceptual frameworks, health financing data and assessing performance: a stock take of tools for health financing analysis in the Asia Pacific region. (April 2010)

- (1) Selection of appropriate health financing strategies: Methods for the identification of effective health financing strategies, including frameworks for the comparison of health system performance across countries, and methodologies for measurement (Working paper in preparation).
- (2) Health financing strategies which aim to improve equity, with a particular focus on achieving universal coverage, equity of access, and NCDs.
- (3) Strategies to engage the non-state sector to contribute to achieving health system goals, with a focus on regulation (Product area 2).
- (4) Health financing strategies and policy making in the context of Pacific Island Countries, with a focus on the influence of development assistance (Product area 3).

5.2 Selection of priority areas of work for 2011

Based on feedback from technical reviewers, and the relatively weak practical policy impact, we have decided not to proceed with more work on the methodologies for selection of health financing strategies.

However, further work is proposed in the remaining three areas, which builds on the work already undertaken, and addresses the following key strategic aims:

1. **Communicate the policy implications of our three current technical areas to national policy makers.** This aim is consistent with the recommendation of the Independent Technical review, and will be achieved by developing policy papers that identify and analyse policy options in relation to key policy issues (non-state providers, pathways to universal coverage, NCDs); and dissemination through policy briefs, seminars and workshops with stakeholders, and presentation at meetings and conferences.
2. **Increase engagement with policy makers at national and regional level,** by building and maintaining partnerships with national and regional partners, and ensuring our work addresses policy issues of relevance. We will maintain collaboration with partners in Indonesia, Vietnam, Fiji, PNG and the Pacific; and will build on existing relationships with partners in Bangladesh, Cambodia and Laos.
3. **Develop the synthesis level of analysis,** building on the country studies and reviews already undertaken, and seeking to contribute to global knowledge. More focus on the 'value add' that the Nossal and international expertise / review can provide to country level work, and identification of the lessons and implications relevant for other country policy makers and regional level.
4. **Further develop documentation, reflection and analysis of lessons learnt** from the processes of the HPHF Knowledge Hub, contributing to knowledge on how evidence can influence policy making.

In relation to the Knowledge Hubs for Health Conceptual Framework Aims and Objectives, the key strategies for 2011 contribute in the following ways:

Knowledge Hubs for Health Aims and Objectives	Key HPHF Knowledge Hub Strategies in 2011	Application to HPHF Knowledge Hub Products in 2011
Aim: Contributions to expanded expertise and knowledge base relating to health policy and health finance that are used by stakeholders	➤ Increase engagement with policy makers / potential users of evidence	<ul style="list-style-type: none"> Engage with national policy makers in Bangladesh, Cambodia, Laos and PNG Policy briefs / option papers based on NSP work
Objective 1: To increase the critical, conceptual and strategic analysis of key health policy and health financing issues relevant to the Asia Pacific region that can be used to inform policy thinking and practical application at the national, regional and international levels	➤ Increased focus on synthesis	<ul style="list-style-type: none"> Synthesis papers building on NSP country case studies Publication of synthesis papers from working papers in academic literature PNG partnerships work

Knowledge Hubs for Health Aims and Objectives	Key HPHF Knowledge Hub Strategies in 2011	Application to HPHF Knowledge Hub Products in 2011
Objective 2: To expand convening powers and engagement (e.g. communication, networks and partnerships) between the Hubs, Australian institutions and Asia-Pacific national, regional and international researchers, development partners and educational institutes	<ul style="list-style-type: none"> ➤ Strengthen partnerships with country / regional partners 	<ul style="list-style-type: none"> • Build partnerships with FSMed, Pacific Flagship Course participants, Asia-Pacific Observatory • Build on DWU and NDoH partnerships
Objective 3: To effectively disseminate relevant and useful knowledge resources which aim to influence policy thinking around health policy and health financing issues at national, regional and international levels.	<ul style="list-style-type: none"> ➤ In-country dissemination to policy makers ➤ Engage in regional forums / with regional partners 	<ul style="list-style-type: none"> • In country forums and specific policy briefs / option papers • Pacific flagship course
Objective 4: To expand the capacity of Australian institutions and professionals and through them to Asia Pacific institutions and professionals to participate effectively in evidence informed policy making around health policy and health financing.	<ul style="list-style-type: none"> ➤ Raise profile of international work among Australian health economists 	<ul style="list-style-type: none"> • Presenting at Australian & international health economics forums • International level visiting fellow • PhDs linked to Hub products • Specific training for Nossal and country partner team members

6. Program of Work and Specific Knowledge Products for 2011

Product One: Health finance strategies to address key policy issues of universal coverage, equity of access, and non-communicable diseases

Background and Rationale

Work in this product builds on and amalgamates the work done in 2009 and 2010 on Methodologies and Evidence for identifying effective health financing strategies, and improving equity through health financing.

This product aims to examine how finance strategies can contribute to achieving key health system goals in three key areas of health policy: universal coverage, equity of access, and non-communicable diseases.

(a) Universal coverage. This has now been identified as a key health system goal in both the Regional Health Financing Strategy for WPRO and SEARO regions, and in the recently released World Health Report for 2010. Universal coverage comprises universal access to quality health services, as well as universal protection from financial risk. This is particularly relevant to Asian countries with mixed public-private health systems, and with large contributions from out-of-pocket expenditure, such as in Cambodia and Laos.

Using the framework and approach recommended by the World Health Report 2010 on universal coverage and health financing, the activities in this product focus on addressing the issues related to defining policy 'pathways' to universal coverage and their impacts on equity of service coverage, financial risk protection, and government expenditure.

Several countries have begun health financing interventions to improve equity, including social health insurance and targeted subsidies for the poor. Gaps remain in the evidence about the effectiveness of pilot programs, the means to scale up to national coverage and the best way to move towards universal coverage. In particular, more country-level analysis is needed.

(b) Non-communicable diseases (NCDs) are emerging as a major part of the burden of disease in developing countries with significant future expenditure risk. However, NCDs have received little attention in national health planning, health financing and service delivery approaches or in the global development agenda⁶. The control of NCDs requires a response from the health system both in treatment and prevention, which have significant health financing implications. AusAID has already committed to assist countries in the Pacific respond to a developing NCDs epidemic.

(c) Policies and strategies to improve equity of access and their implications for health finance strategies. In addressing questions related to equity, we will broaden the focus to investigate issues related not only to poverty but also to gender and to disadvantaged populations, such as those with disability.

Purpose and Objectives

The main purpose of work under Product One is to provide policy makers with an analysis of a range of health financing strategies and how they contribute to the achievement of key health system goals of universal coverage, equity of access, and assisting health systems to address the challenge of NCDs.

The key policy question is: "What are the policy options for using health financing strategies to contribute to achievement of the health system goals of universal coverage, equity of access, and control of NCDs?"

⁶ WHO. Raising the priority accorded to non-communicable disease and in development work and in related investment decisions. Background paper to side-event on non-communicable diseases. UN Summit. 20 September 2010.

The work will be undertaken through a series of case studies of the situation in specific country contexts, which will be the basis for synthesis and identification of relevant lessons at a regional level:

(1) Analysis of policy options in selecting pathways to achieve universal coverage in Cambodia and Laos.

(2) Identifying policy options to address prevention and treatment of NCDs through health systems strengthening in case studies in Fiji and in either Bangladesh or Cambodia.

(3) Identifying barriers to access to health services by people with disabilities through a case study in Papua New Guinea and provide recommendations on how to address these barriers. Preparatory work will also be undertaken on gender equity in health, with a particular focus on health systems.

Approach

The approach of the work under Product One focuses on: strengthening our collaboration with AusAID to identify important regional issues; documenting international evidence on these issues and analysing their implications for our region; working with colleagues in partner countries to address priority policy concerns; and conducting activities in a way that builds capacity both in Australia and in our partner countries.

Dissemination and Communication

Each of the activities under Product One will result in a HPHF Knowledge Hub Working Paper based on the research results, and also policy briefs for AusAID and partner country government reference. Where possible, seminars will be held with partner agencies to consider the results and their policy implications and findings will be presented at international conferences as appropriate. Regional dissemination will involve WHO and appropriate regional forums.

Product One, Focus One: Pathways to universal coverage in low-income countries – case studies of Cambodia and the Lao PDR

In Cambodia and Laos, different demand-side financing schemes have been implemented to target the needs of different population groups (urban/rural, employed/informal, rich/poor) in an effort to provide financial risk protection. Both countries plan to move to uniform national programs of universal coverage after 2015.

HPHF Knowledge Hub staff have been engaged in providing technical support in health financing reforms to the Ministries of Health in Cambodia and Laos for over a decade. Recent consultation with the Department of Planning, MoH, Cambodia and the National Institute for Public Health, Laos, has identified the need to develop strategic pathways to achieve universal coverage as a priority policy issue. WHO (WPRO) is also interested in further technical analysis of strategies to achieve universal coverage in the region, building on the WHR 2010. This activity will build on previous work through the Hub on assessing analytical frameworks for health systems strengthening (developed by the WHO, the World Bank and others), a review of health financing strategies in Asia for WPRO, and analyses of health financing in each country.

The key policy question is: What are potential policy pathways to consolidate the current specific targeted financial risk protection strategies and expanding to achieve universal coverage?

First, we will assess the situation in Cambodia and Laos according to the framework of the World Health Report 2010 as well as the WHO Western Pacific Region Strategy for Health Financing 2010-2015. We will assess pathways and policy barriers to scaling up existing programs to achieve universal coverage, investigate the policy implications and analyse the potential impact on equity in resource allocation and access to services.

The activity will develop policy options for planners in the MoH in Cambodia and Laos around the issues of: the burden of out-of-pocket payments for health care; the benefit package of health equity

funds and community based health insurance schemes; provider payment schemes; national social health protection strategies; the role of private sector providers; coverage and access of demand-side schemes; subsidies required from government and donor partners; the issues related to costs and institutional needs for scaling up to national coverage.

Three outputs will be produced for the activity. First, written country case studies of universal coverage in each country will be completed. Secondly, Policy Briefs will be prepared outlining policy options for the Ministry of Health (MOH) in each country. Thirdly, we will conduct dissemination workshops to present findings. It is anticipated that the outputs will be of value to the MOH in each country, the WHO Western Pacific Regional Office and AusAID.

Expected partners and stakeholders for the activity include:

- Cambodia – Department of Planning (Ministry of Health), National Institute of Public Health
- Laos – Ministry of Health, National Institute of Public Health
- Domrei Research and Consulting, Cambodia
- Cambodia Development Resource Institute, Cambodia

Product One, Focus Two: Developing an equity-focused health systems approach to chronic non-communicable disease control in Asia and the Pacific

As the demographic and epidemiological transitions proceed throughout countries of Asia and the Pacific, the contribution of chronic non-communicable diseases to the burden of disease continues to grow. Meanwhile, much of the current focus of health sector planners and development assistance is on the MDG related priorities of maternal and child health and communicable disease. However, there is increasing recognition of the need to address chronic NCDs, and their impacts on equity, on health systems, and on current and future health financing.

This activity aims to contribute to increased awareness of the needs and policy options to address chronic NCDs among health planners and development partners in the region. In particular, we aim to identify approaches to chronic non-communicable disease that integrate treatment and prevention, support health system strengthening, and address inequities in access and payment for chronic NCD services.

The work will build on preliminary work already undertaken on the development of a framework of policy options that integrates prevention and treatment of NCDs, while addressing health system strengthening needs and equity. It will also refer to earlier investigations of NCDs in Asia through the World Bank (assessment on NCDs in Asia prepared with assistance from the Institute for Health Policy, Sri Lanka) and recent AusAID policy recommendations for NCD control in the Pacific.

The key policy question is: 'What are policy options for applying an integrated strategy of prevention and treatment to address health system strengthening and non-communicable disease control needs in an equitable way in two selected low income countries ?'

We will work with in-country partners to prepare two case studies – one in Fiji and one in either Bangladesh or Cambodia. We are in discussions with WPRO and with partner organisations in both countries to determine which is the more suitable for case study at this stage of the activity. We will: assess the NCD burden of disease, with a focus on identifying the equity of distribution across population groups; assess the service-delivery structure and capacity to provide ongoing care for chronic disease; assess the existing health promotion infrastructure and capacity to implement health promotion strategies; assess national health financing policies and the extent and equity of financial protection for chronic disease treatment; assess current planning priorities and allocations to NCDs from government and donors; and assess the fiscal space for a response to NCDs.

These assessments will then be compared with a framework of policy options to identify strategy and policy gaps, and policy options which address the needs and inequities of NCD control, and build capacity of health systems.

Policy users: Health promotion and NCD control advocates in the selected countries; health planners in the Ministries of Health of the selected countries; regional development partners, particularly WHO and AusAID. AusAID is examining options for further support for NCD control in the Pacific following the regional NCD program which is due to end in mid 2011. The work will also inform participants in the planned UN NCD summit towards the end of 2011.

Dissemination:

We will prepare Policy Briefs outlining options for NCD control in each country and conduct dissemination workshops to present findings.

Expected partners and stakeholders for the activity include:

- HIS Hub (data availability and analysis at the Fiji School of Medicine)
- HRH Hub (mortality and morbidity data in the Pacific)
- International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B)
- Burnet Institute (interest in healthy ageing)
- Fiji School of Medicine
- Department of Planning, Ministry of Health, Cambodia
- National Centre for Health Promotion, Cambodia
- WPRO
- AusAID

Product One, Focus Three: An analysis of disability and access to health care in Papua New Guinea

Building on earlier work completed through a CBM/Nossal study of disability and access to health care in Cambodia, this activity will investigate barriers to access to health care for disabled people in Papua New Guinea. This work will align with priorities identified in the new National Health Plan and other activities occurring in the disability sector in PNG.

Outputs will include a research report on Papua New Guinea and recommendations for improved policy regarding access to health services for the disabled in PNG. The findings will be of value to health planners and to donor partners, including AusAID. Where possible, seminars will be held with partner agencies to consider the results and their policy implications.

Expected partners and stakeholders for the activity include:

- CBM (Australia)
- Others to be determined – we will approach partners from the Ministries of Health and Community Development, Papua New Guinea.

Additionally, the HPHF Knowledge Hub will undertake preparatory work on gender in 2011, including a literature review and gap analysis of current approaches to gender equity in health, with a particular focus on health systems. The relevance of these approaches for existing regional health equity initiatives, such as 'Equitap', and for national partners in Asia and the Pacific will be explored.

Product Two: Role of non-state providers in service delivery and implications for the state

Background and Rationale

The role of the non-state sector in the provision of health services continues to be topical at both international and national levels. The priority being given to universal coverage and reducing out-of-pocket (OOP) expenditure in the Regional Health Financing Strategy and the 2010 Global Health

Report, will further focus attention on the non-state sector, as expenditure in this sector contributes largely to OOP. Policy makers in Indonesia and Vietnam are also concerned about options and approaches to regulation of the health sector, as they develop the regulations / implementation guidelines needed for new health and hospital laws.

The Hub's case studies in Indonesia and Vietnam have contributed to the evidence in both countries on the growth of the non-state sector and associated factors. In the case of Indonesia, this has already resulted in policy impact, through inclusion of specific reference to the not-for-profit sector in the new hospital law (44/2009). As most of the in-depth case study analysis is being completed in 2010, the focus in 2011 is on identifying the policy implications, dissemination of the results, and engaging with policy makers on the key policy issues.

Purpose and Objectives

The main purpose of the work in 2011 is to identify the policy implications of the studies on the non-state sector carried out in 2009-2010, and the policy options that are available for governments to direct non-state actors towards meeting health sector goals; and to communicate these to relevant policy makers in the countries of work, and to the broader research and policy community.

The key policy question is: ' What are the regulatory options for national and local governments to encourage non-state hospital service providers to improve population access to effective and quality services and complement services provided by the state ? '

Objectives for the three main areas of work are:

- (1) Indonesia: Development of policy options for regulation of the hospital sector and to ensure non-state and not-for-profit hospitals contribute to broader health sector goals.
- (2) Vietnam: Development of policy options to address gaps in the current regulatory framework for managing the role and function of non-state hospitals in contributing to the broader health system.
- (3) Cross country synthesis: Compare and synthesise the key policy issues and findings from the Indonesia and Vietnam case studies, and identify lessons learnt in terms of using research and evidence to influence national policy.

Product Two, Focus One: Indonesia

Findings from the mapping, regulatory review and case studies of non-state hospitals in Indonesia have been compiled and published as a book. A significant finding was the progressive deterioration in the financial status of the large not-for-profit (NFP) hospital sector, which was driving them away from their social welfare missions. A particular issue was the lack of government recognition of the social benefit provided by NFPs, and a taxation regime which treated them as for profits. Initial dissemination has particularly targeted the non government associations which manage these not-for-profit hospitals, and has resulted in the formation of a working group of these hospital associations which is engaging with policy makers at national level on the development of regulations regarding not-for-profit hospitals based on the 2009 hospital law.

Activities proposed for 2011 include:

- Preparation of a working paper and possibly articles for publication in appropriate journals based on the findings from the studies conducted (publication as a book may preclude further publication in scientific journals);
- Provision of technical support to the NFP hospital association working group in addressing four policy areas:
 - Defining the social benefit of their activities;
 - Developing an 'academic paper' that argues the case for taxation incentives for NFP providers based on social benefit;
 - Developing guidelines and policy advice on governance and management of NFP hospitals to ensure adherence to social welfare mission

- Developing guidelines and policy advice on alternative revenue raising for NFPs, including charitable donations.
- Development of policy briefs / policy option papers based on the findings from the review and case studies, which address other policy issues such as:
 - Role of not-for-profit hospitals and their potential contribution to the health sector in Indonesia
 - local government stewardship of mixed public-private systems at provincial and district level and the potential for planned engagement of the non-state sector to achieve health sector goals;
 - regulation of public providers working in both the public and private sector, particularly specialist medical doctors;
 - regulatory capacity at local government level to implement and apply national level regulatory frameworks.
- Documenting the activities, impacts and lessons learnt from the not-for-profit hospital association working group in engaging with policy makers on policies relevant to regulation of the hospital sector as a case study in policy influence.

Opportunities for policy linkage and dissemination include: supporting working groups of not-for-profit hospital associations and for-profit hospital associations; encouraging development efforts in the health sector to better use the non-state (especially not-for-profit) sector; technical inputs into the preparation of academic drafts for regulations under the hospital law; and input into the regional conference on health systems, to be convened by our Indonesian partner in May.

Expected Partners include:

- Centre for Health Policy and Management at the University of Gadjah Mada;
- PhD candidate, London School of Hygiene and Tropical Medicine
- Regulatory institutions network, Australian National University

Product Two, Focus Two: Vietnam

A report has been prepared of the in depth case studies of non-state hospitals in three contexts in Vietnam. This information complements a recently completed study of state hospitals, and the impacts of autonomy on their finances and provision of services. The Health Minister has announced the development of a new health strategy for the period 2011 – 2020 which could provide an opportunity to contribute to policy discussions.

Activities proposed for 2011 include:

- Preparation of a working paper and potentially articles for publication based on the reports of the in depth case studies;
- Preparation of policy briefs / policy option papers addressing the following key issues identified in the case studies:
 - Defining a policy framework for the regulation of non-state hospital providers, including policy goals
 - policy instruments that direct the role and contribution of non-state hospital providers, defining services, population target groups, social responsibility roles in prevention, surveillance, and potential state incentives to encourage service in disadvantaged areas / populations of particular need;
 - policy instruments and regulatory mechanisms that support definition of service standards and quality assurance programs.

Opportunities for policy linkage and dissemination include: presentations on the performance of the health system in preparatory seminars for the new national health strategy; input into the section on situation analysis to be prepared by the Health Strategy and Policy Institute in the new national health strategy; presentations at a regional seminar referred to above as part of Indonesia activities;

and in-country dissemination through appropriate seminars, conferences or publications (for example, Vietnam Health Economics Conference).

Expected partners include:

- Health Strategy and Policy Institute;
- Ministry of Health, Vietnam

Product Two, Focus Three: Cross-country synthesis

The two country studies provide an interesting opportunity for cross country comparative analysis, both of the specific policy issues in regard to the non-state hospital sector, but also in regard to the influence of research and evidence on policy making. In undertaking the synthesis, comparison will also be made with other published and unpublished literature, and the experiences reported from other countries in the region and globally.

Activities proposed for 2011 include

- Presentation and discussion of findings from the Indonesia and Vietnam studies at a regional meeting proposed to be hosted by UGM in Indonesia in May 2011
- Preparation of a working paper based on cross-country comparison and international literature, which synthesises the findings from Indonesia and Vietnam, and discusses the different policy implications in the different contexts. Potential for articles for journal publication, or submission to appropriate conferences. Key issues include:
 - Analysis of policy aspects: goals, framework; implementation
 - Concept of social responsibility / social benefit and role of NFPs.
- Preparation of a working paper which summarises the experience from the in country studies on using evidence and research to influence policy.
 - Explore concept of policy pathways rather than policy options
- Preparation of working papers / policy briefs on aspects of regulation of the hospital sector in mixed public/private health systems, including:
 - a working paper based on the methodology and framework developed by the Public Health Foundation of India (PHFI) and its potential for application in other contexts;
 - a working paper on aspects of the literature review and preparatory work for PhD studies on approaches to regulation of the health sector.

Opportunities for policy linkage and dissemination include: linking with regional and global websites (such as R4D, UCSF, and AHPSR); linking with the Asia-Pacific Observatory and a preparatory meeting of the International Health Economics Association.

Expected partners include:

- Indonesia and Vietnam country partners
- Public Health Foundation of India

Product Three: Health Financing and Policy Development in the Pacific Region

Background and Rationale

In 2010, the HPHF Knowledge Hub began to integrate two streams of work from earlier work plans, which in Papua New Guinea (PNG) emphasised the role of non-state providers, and in the Pacific focused on issues of aid effectiveness.

Additional opportunities to contribute to these areas emerged throughout 2010. In PNG, a need for examination of the impact of user-fees and of church health services on access to primary health care was identified. In other Pacific Island Countries, opportunities to conduct training and research in important aspects of health systems developed. It also became clear that PNG and other Pacific Island Countries share some common health systems issues, such as those relating to the

significant role of development partners. The role of the non-government sector (for-profit and not-for-profits) in PNG is very different from their role in countries in Asia, with a strong reliance on small health systems managed by faith-based organisations that often correspond to individual Church denominations. This is similar to some other settings in the Pacific, particularly where non-government agencies take a strong role in service delivery.

Work in 2010 built on 2009, and saw solid progress in:

- Publication, dissemination and follow-up of work from 2009, including that on sector-wide approaches for health (SWAps) in the Pacific, Primary Health Care in Fiji, comparative funding of NCDs and HIV, and non-state providers in PNG;
- Supporting the first World Bank Institute Flagship course on Health Systems for the Pacific;
- Analysis of regional governance mechanisms for health across the Pacific;
- Analysis of national health accounts procedures and the tracking of health funding flows in Fiji;
- Identification of user fees in an unexpectedly high proportion of primary health care facilities in PNG;
- Review of the nature of partnerships between Church Health Services and the government in PNG, and literature review to compare arrangements in similar settings in Africa and Asia; and
- Analysis of the role of Church Health Services in enabling access to maternal care services in PNG.

Purpose and Objectives

The purpose of the program of work under Product Three is to provide policy options and support building of capacity of policy makers in governance and management of health systems in the Pacific region.

The selected focus areas for work in 2011 build on the activities of 2009 and 2010, and address issues that particularly impact on the ability of development partners (both government and civil society) and health managers to work together in policy making for Pacific health systems.

Activities for 2011 will focus more on the synthesis, dissemination and application of previous analytic work to provide feasible policy options, particularly in relation to the current or potential contribution of health aid and health systems to the achievement of the MDGs, and to equity in health care coverage and outcomes. There are three focus areas:

- 1) Aid effectiveness in the Pacific region: particularly the degree to which *regional* mechanisms for governance, as well as *national* mechanisms for coordination and resource allocation (including SWAps), fulfill the regional consensus on aid effectiveness;
- 2) Health systems and their resources: supporting regional partners to improve national health accounts (NHAs), analyse the appropriateness of funding allocations, and make best use of World Bank and WHO technical support for health system strengthening;
- 3) Primary health care policy and partnerships: describing past and current approaches to the provision of essential health services, emphasising local financing problems and solutions, partnerships with non-state providers, and the implications for PHC policies.

The audience for outputs under Product Three comprises both development partners in the Pacific region, and national health planners, both looking to more effective use of development assistance funding for health, and to better deployment of tools, such as NHAs, for analysis of health system functioning. In PNG, where part of the work focuses on financing of PHC, the audience is expected

to be those development partners and health planners (national and provincial) considering how best to invest in the revitalisation of rural primary health care facilities in that country.

Approach

In 2011, under Product Three we will continue to synthesise and apply the evidence generated in 2010, with focused follow-up in a few areas. Work to date has been characterised by productive partnerships and this will continue, including:

- Consultation on plans with development partners and senior health managers in the Pacific region to ensure relevance;
- Joint implementation with Fiji's Centre for Health Information Policy and Systems Research (CHIPSR), as well as PNG's Divine Word University (DWU) and National Department of Health (NDOH), to include local perspectives and contribute to regional capacity;
- Collaboration with other Centres of expertise, including University of Sydney, Health Policy Research Associates in Sri Lanka, individual consultants, other Hubs, and groups expert in national health accounts.

A major emphasis of 2011 will be the finalisation of working papers and other publications commenced in 2010, and their translation into policy briefs, presentations and other communication products tailored to best inform policy-makers.

Product Three, Focus One: Aid Effectiveness

Work within this focus area aims to ensure that Pacific policy-makers, international organisations and donor agencies working in the Pacific region and other regional stakeholders have access to relevant analysis on *regional* mechanisms for health aid governance, as well as *national* mechanisms for coordination and resource allocation (including SWAp). This is intended to inform funding, program and policy decisions, and contribute to medium-term research agendas.

The key policy question is: 'How can regional mechanisms for aid governance and national mechanisms for aid coordination better contribute to address the health system challenges of PICs?'

Activities will include direct consultation with stakeholders and publication of evidence in a range of formats (including through internet). This includes work on SWAp, regional health governance mechanisms, funding flows and resource allocations, and national policy for primary health care. Useful and efficient networking opportunities, such as the Pacific Health Ministers' meeting, national health conferences in Pacific countries, and the Pacific Senior Health Officials Network meeting will be identified and accessed wherever possible.

We will support one new analysis of SWAp function and draw policy implications. This could cover *either* analysis of the interaction between health funding and the SWAp in the Solomon Islands, *or* a contribution to the evaluation of SWAp functioning in Samoa, including a review of trends in health funding since its introduction. The first option is preferred but both will be investigated.

The activities will result in the development of tailored presentations, policy briefs, web-based and other communication products. If deemed appropriate, these may contribute to AusAID seminars for staff in Canberra or in country posts. The HPHF Knowledge Hub will also disseminate through relevant technical forums such as Pacific Health Dialogue and one relevant conference. We will seek to collaborate with other knowledge hubs on a workshop to consolidate, discuss and disseminate the variety of work done for PNG and the Pacific.

We expect interested stakeholders to include:

- WHO and UNICEF in the region, Secretariat of the Pacific Communities, AusAID, NZAID, Asian Development Bank and the World Bank offices in the region;

- National health authorities, noting Fiji and Papua New Guinea, as well as others who have participated;
- World Bank staff conducting multi-country reviews of SWAp effectiveness;
- Non-government agencies with organised systems for health services, including Christian church denominations and organisations such as World Vision.

Product Three, Focus Two: Health systems and their resources

Work within this focus area aims to enable policy-makers and other stakeholders in the Pacific to make informed decisions on health systems and resource allocations through provision of relevant regional funding flows information and by strengthening capacity in health sector reform and financing analysis. Activities within this focus area will contribute to increased regional capacity in health systems and health reform.

The policy question for this activity is: “What information do we currently have on health financing and development assistance funding in health in the Pacific, and how can this information better inform health policy?”

We will continue to support improved application of NHAs for policy and planning, and contribute to the emerging network for NHAs planned for establishment at the next Pacific Health Ministers’ meeting. Our work will link to the workplan proposed by WHO and CHIPSR for this network and be guided by the evolution of that workplan. HPHF plans currently include a multi-country comparison that describes the interaction, current and potential, between NHAs and national health policy. This will build on the work of the recently completed WHO/ADB project on capacity building for NHAs and involve international, Australian and Pacific partners active in the area. The HPHF Knowledge Hub will also support work to build NHA capacity at CHIPSR useful to the region, perhaps through further development of a NHA toolkit adapted to the Pacific or support to specific activities under the network such as a contribution to a country’s NHA exercise or NHA preparatory element.

We will also finalise the analysis of health funding flows in Fiji, and discuss immediate policy implications, as well as the potential for similar work elsewhere in the Pacific (including PNG). This continues work that commenced in 2010, but was not finalised due to difficulties in sourcing relevant data and human resources. A working paper analysing the links between funding flows and health priorities may be produced, but only if interim outputs – under review in the first quarter of 2011 – show promise.

We will continue to support the further Pacific adaptation of the Flagship course on Health Sector Reform and Health Financing Analysis. This will support the collation and development of Pacific and PNG case studies, preparatory work with Pacific trainers, and the exploration of the most suitable modes of delivery of course content in the Pacific. The HPHF aims to promote the strongest linkages possible between the Flagship work of the World Bank Institute and other health systems strengthening work led by the WHO in the region. This work will produce specialised Pacific course materials and a group of Pacific experts trained to teach at future courses.

Outputs from the NHA work will firstly contribute to forums convened within the Pacific NHA network. If deemed relevant, policy briefs suitable to the needs of development partners such as AusAID or others in the quintilateral group will also be prepared. A policy brief on future training and networking needs in the areas of NHAs and funding flows analysis will be produced.

Expected partners and stakeholders in 2011 include:

- Fiji School of Medicine
- World Bank Institute
- World Health Organisation (Pacific)
- Asia Network for Capacity Building in Health Systems Strengthening

- Secretariat of the Pacific Community
- University of Sydney
- Health Policy Research Associates, Sri Lanka (Consultant Ravi Rannan-Eliya)
- Others with expertise and activities in National Health Accounts

Product Three, Focus Three: Primary Health Care (PHC) policy and partnerships

Building on work undertaken in 2010 and consistent with a number of priorities identified in the new PNG National Health Plan, this focus area aims to examine how partnerships with Church Health Services work to extend access to health care, current practices in financing primary health care, and their linkage to national and global policies that may support or constrain coverage with good quality PHC.

The key policy question is: 'How do partnerships between Church Health Services and government contribute to improving access to health care, and what are policy options to improve these partnerships?'

Activities will include national and sub-national case studies in PNG that detail how partnerships between Church Health Services and government work in practice, with at least one covering access to maternal health care – aiming to generate practical options for future consideration by national stakeholders. The 2010 findings on the prevalence of user fees at primary care level will be pursued, with further analysis on the positive and negative impacts of fees and other variables on the delivery of services. Fieldwork will also be conducted to determine community preferences for alternative mechanisms for out-of-pocket contributions to service operations and document, if possible, locally developed practices for health financing that may inform others in PNG and the region. All activities will attempt to draw lessons relevant to district and national attempts to improve the organisation and management of health services.

The activity will result in case study reports for PNG, including one on maternal health care access, and an annotated bibliography of the literature on partnerships between Church Health Services and governments. The work on financing PHC has considerable depth and will result in a policy brief on the current state of user fees in PNG, a working paper on local level financing of PHC in general, a policy brief on one new economic tool (Discrete Choice Experiments) for generating policy options in financing PHC, and a working paper on community preferences in PHC funding and service attributes. These will be adapted to policy-makers needs as noted in focus area one. The work on PHC is highly relevant to efforts to improve maternal and child wellbeing and is done in collaboration with, and complement to, the 2011 work planned within the Women's and Children's Health Knowledge Hub that targets settings such as PNG.

Expected partners and stakeholders in 2011 include:

- Divine Word University
- PNG NDOH
- Burnet Institute PNG
- Others involved in analysis of health financing in these settings, including Monash University and those working on Health Income and Expenditure Surveys and ADB work on strengthening primary health services delivery.

7. Convening and Strategic Partnerships

In 2011, the HPHF Knowledge Hub seeks to further strengthen relationships built over the past years with partner organisations at country, regional and global levels.

At an international level, the HPHF Knowledge Hub has continued engagement with the London School of Hygiene and Tropical Medicine, the University of California San Francisco, the World

Bank Institute and the International Health Economics Association. Regionally, we will continue to work with the WHO/WPRO and other partners around the establishment of the Asia-Pacific Observatory, the Asia Network for Capacity Building in Health Systems Strengthening, the Pacific Senior Health Officials Network and the Secretariat of the Pacific Community. As outlined within the program of work for each knowledge product, in-country partners are integrally involved in the HPHF Knowledge Hub's work in Bangladesh, Cambodia, Indonesia, Laos Vietnam, Fiji, PNG, Solomon Islands and Samoa.

We will maintain our established links with the Australian Institute for Health and Welfare, the Centre for International Health, Curtin University, the Burnet Institute and the Menzies Centre for Health Policy, primarily through engagement of individual technical experts from these institutions.

8. Capacity Building

A mutual capacity building approach continues to be integral to the HPHF Knowledge Hub's work in 2011. This is based on the framework of a partnership relationship between the Nossal and partner institutions, through which we jointly identify a shared agenda and objectives, and the capacity needed to achieve these.

Our internal capacity and the capacity of our partners to contribute to evidence-informed health policy and health financing will be developed through:

- Work in partnership with in-country, regional and international institutions on the program of work within each product;
- HPHF Knowledge Hub and partner organisation representation in courses within the Asia Pacific region, such as the World Bank Institute Flagship course and the Curtin University Short Course on the Economics of Health Financing; and
- Support to relevant PhD Research.

9. Communications and Dissemination

The work for 2011 will increasingly emphasise dissemination of high quality knowledge products, to the right target audience with the aim to influence policy thinking and practice at the national, regional and international level.

The 2010 work plan allowed us to establish relationships with various institutions and experts and develop mechanisms of peer review and technical guidance. We have established an editorial committee, which meets regularly to discuss product development, quality assurance and strategies to effectively engage with target groups and stakeholders.

We have developed guidelines and protocols for the publication of Knowledge resources. This sets out the review and quality control steps and procedures. The emphasis is on the preparation of working papers for publication in peer reviewed journals, to expose the work of the hub to a wider critical community as well as to give wider exposure. We conduct regular surveys to get feedback from our stakeholders regarding the usability and appropriateness of the products.

We aim to have closer exchange with all our stakeholders including AusAID. We will regularly contact stakeholders, to alert them about the latest products, where to find them, the kind of products to expect in 2011 and when new documents will become available.

We will engage proactively with the Hubs focal point at AusAID and seek to create opportunities for joint dialogue, sharing of information, engage in study visits and discuss potential topics of interest with appropriate AusAID staff. This will facilitate linking the knowledge and evidence outputs with AusAID teams that are responsible for making decision at a policy and program level.

Communication Outputs

In 2011, the HPHF Knowledge Hub will focus on identifying policy implications under each of the key products, identifying key target audience, proactive dissemination of results and engagement with policy makers on key policy issues.

Each of the Hub products are at a different stage in the knowledge-policy interface, so different types of knowledge or policy application evidence are needed to influence policy makers. As recommended by the Independent Progress Report, the HPHF Knowledge Hub will engage a communication expert in 2011 who will be responsible to convert research outputs into communication products and improve the HPHF Knowledge Hub website.

We will be producing a number of publications, which through communication and networks, will be disseminated to a range of individuals, organisations and institutions. For each of our current Products, we will create summaries and policy brief documents. All Product outputs will be available in the following format (as appropriate):

- 1) Working Papers;
- 2) Policy briefs;
- 3) Case studies;
- 4) Narrated PowerPoint; and
- 5) Academic papers for submission to peer reviewed journals.

Each of the publications will be available on the HPHF Knowledge Hub website and also available on CDs to be distributed to countries with limited internet access.

The Nossal Working Paper Series

We will continue to produce high quality Working Papers, which will present the key results of work in each of the product areas. The Working Paper series allows us to publish work that may not be ready for peer review but informs readers about our ongoing work and is disseminated widely to research partners, policy makers, practitioners and international organisations. For example we will continue to disseminate the working papers in the Pacific Senior Health Officials Network (PSHON) newsletter.

Policy Briefs

These papers will seek to summarise and condense the information from the ongoing work, and provide information in a format and policy context that will assist policy makers to assimilate and adopt them. The papers will target specific policy audiences.

Case Study

This format will be a one page short document providing a standardised, brief overview of the major points including recommendations.

Narrated PowerPoint presentation

Where appropriate we will produce narrated PowerPoint presentations based on the Working Paper and Policy Briefs.

Academic Papers

Where appropriate we develop Working Papers into academic papers for peer-reviewed journal publications.

Seminars

We will have seminars both at the country level and in Australia. The aim of the country level seminars is mainly to reach wider audience in country including both policy makers and researchers.

The in-Australia seminars will be used to disseminate product information with AusAID colleagues, other development partners, NGO's and other parties interested in international health policy and health financing issues.

We will also identify events, forums, meetings etc in the target countries (for example participating in the Pacific Health Ministers Forum) to add value and disseminate relevant product.

Conference Presentations

We have mapped out opportunities to present our work at appropriate conferences in 2011. These are:

- 13th Annual Scientific Conference, Science to Accelerate Universal Health Coverage, Dhaka, 15-17 March 2011
- iHEA (International Health Economics Association) World Congress July 10-13, 2011 in Toronto, Canada
- Australian Health Economics Society Conference, October, 2011 (Specific date & Venue to be announced)
- Asia-Pacific Academic Consortium for Public Health Conference, November 2011, (Specific date & Venue to be announced)
- Health System Reform in Asia, University of Hong Kong, 9-12 December 2011.

Publication in Journals

We will seek out opportunities to prepare commentary pieces and present the work of the HPHF Knowledge Hub in other organisations journal and newsletter.

Web- based communication

- Nossal Institute for Global Health Website: We will implement key recommendations by the Independent Progress Report on how to improve the HPHF Knowledge Hub website (as suggested in Annex G: 10 ideas to improve current website and Annex I). We will regularly update the Nossal Institute website with up-to date information about the HPHF Knowledge Hub activities and final publications such the working papers, policy briefs, case studies, narrated power point presentations and journal articles. We will ensure that all our products contain similar standard details such as: Website URL; date when published or last reviewed; contact details of author, contact details for more information or hard copies; statement about HPHF Knowledge Hub.
- Development Gateway: The final Knowledge products e.g. working papers, journal articles, will be linked up with the development gateway website.
- Other links through the Nossal website; Health Policy and System Research (HPSR) website.

10. Monitoring and Evaluation

The Monitoring and Evaluation Framework for the HPHF Knowledge Hub was adapted in 2009 from a framework jointly developed by the Hubs and AusAID. Some revisions were made to the monitoring tools and means of verification in April 2010, particularly in relation to outcome mapping. The more challenging objectives of the HPHF Knowledge Hubs to measure progress against are those related to informing policy and expanding the capacity of institutions to participate in policy-making. Outcome mapping was proposed as one useful methodology to identify relationships between HPHF Knowledge Hub work and the desired changes outlined in the Cross-Hub M&E Framework.

As a part of the outcome mapping process, stakeholders of the HPHF Knowledge Hub work were identified in 2009 as: partner country governments; AusAID; research Institutes and multilateral institutions. In mid-2010, outcome mapping reporting was integrated within an existing monthly reporting format. Each month, product coordinators and the program management team consider

how partner country governments; AusAID; research institutes and multilaterals have been involved in management, liaison, consultation, activity implementation, communication and dissemination. Annually, we assess how these different types of engagement have contributed to identified policy and capacity building outcomes. We plan to supplement this process by interviewing partners to discuss their perceptions on the Hub's contribution to policy and capacity building outcomes during 2011.

In 2011, the HPHF Knowledge Hub's monitoring and evaluation processes, including the annual technical review meeting, will focus on understanding and documenting lessons learned during the course of the Knowledge Hubs for Health Initiative which will be documented in the HPHF Knowledge Hub Final Report.

11. Budget

Compared with previous years, the HPHF Knowledge Hub budget for 2011 shows an increased emphasis on external communication and dissemination, and a gradual decrease in the costs of supporting country collaborators and product development over the course of the year, particularly in the final quarter. This is in line with our strategic aims for the year. The budget for 2011 incorporates the balance remaining from previous years as indicated in the 2010 annual report (AUD 1,024,557).

Description	Total 2011 AUD	Q1 AUD	Q2 AUD	Q3 AUD	Q4 AUD
Personnel	1,200,635	300,159	300,159	300,159	300,158
Supporting country collaborators and product development	726,419	252,512	214,532	231,503	27,872
Training and education	179,066	62,620	24,776	79,282	12,388
Consultation	70,134	5,452	5,452	48,821	10,409
External communication and dissemination	419,436	49,548	84,853	102,815	182,220
Monitoring and evaluation	40,868	-	-	40,868	-
Administration and management costs	84,816	21,204	21,204	21,204	21,204
Total	2,721,374	691,495	650,976	824,652	554,251

Annex 1: Updated Risk Management Plan - 2011

Objective	Assumptions	Risks	Likelihood	Consequence	Risk Management strategy
Objective 1: To increase the critical, conceptual and strategic analysis of key health policy and health financing issues relevant to the Asia Pacific region that can be used to inform policy thinking and practical application at the national, regional and international levels	Critical, conceptual and strategic analysis can be presented in a format that can be practically applied by policy-makers.	Knowledge resources are not able to be practically applied by policy-makers	Possible	Moderate	Produce targeted policy briefs, in addition to working papers and other publications.
	Hub produces analysis that is relevant to policy at national, regional and international levels.	Analysis is not considered relevant to policy at national, regional and international levels.	Possible	Moderate	Ongoing and regular consultation with stakeholders to ensure relevance of analysis. Seek feedback on working papers. Monthly monitoring and sharing within HPHF Knowledge Hub Team of latest developments in global health policies, structures and approaches.
Objective 2: To expand convening powers and engagement (e.g. communication, networks and partnerships) between the Hubs, Australian institutions and Asia-Pacific national, regional and international researchers, development partners and educational institutes	Stakeholders have willingness and capacity to engage through networks and partnerships.	Stakeholders unwilling or have no capacity to engage.	Possible	Moderate	Integrate tailored forms of engagement with institutions, researchers and policy makers into all stages of program development, implementation and dissemination.
Objective 3: To effectively disseminate relevant and useful knowledge resources which aim to influence policy thinking around health policy and health financing issues at national, regional and international levels	Resources are developed, published and disseminated to policy-makers within the timeframe of the Hubs initiative.	Knowledge resources not produced within timeframe, particularly given that this is the final year of confirmed funding.	Possible	Moderate	Knowledge products are jointly agreed and meet the policy priorities of partners; Partners are aware of timeframes for joint work and are supported to enable knowledge products to be finalised; Editorial committee maintains close oversight and monitors progress against the work plan.
	Products can be accessed by policy makers	Dissemination strategy inappropriate/ ineffective	Unlikely	Moderate	Develop approaches for dissemination in collaboration with stakeholders, to ensure accessibility.

	<p>Knowledge resources are credible and of high quality.</p> <p>Influence of knowledge resources on health policy and health financing issues can be accurately identified and documented</p>	<p>Knowledge resources are not considered credible or of high quality</p> <p>Influence of knowledge resources on health policy and health financing issues cannot be accurately identified and documented</p>	<p>Unlikely</p> <p>Possible</p>	<p>Moderate</p> <p>Minor</p>	<p>Editorial committee applies a quality control protocol, including detailed review and editing processes.</p> <p>Use outcome mapping and case studies to identify and document instances where knowledge resources have influenced health policy and health financing issues.</p>
<p>Objective 4:</p> <p>To expand the capacity of Australian institutions and professionals and through them to Asia Pacific institutions and professionals to participate effectively in evidence informed policy making around health policy and health financing.</p>	<p>Capacity of Australian expertise base to contribute to policy-making can be built within the timeframe of the Hubs initiative</p> <p>Links can be identified between capacity building and contributions to informed policy making</p> <p>Capacity of regional and national institutions to participate effectively in policy-making can be built within the timeframe of the Hubs initiative</p>	<p>Increasing capacity to contribute to evidence-informed policy making is not achievable within the timeframe of the Hubs initiative</p> <p>Links between capacity building and contributions to informed policy making are not identified</p> <p>Increasing capacity to participate in evidence-informed policy making is not achievable within the timeframe of the Hubs initiative</p>	<p>Possible</p> <p>Possible</p> <p>Possible</p>	<p>Moderate</p> <p>Minor</p> <p>Moderate</p>	<p>Focus on building on existing internal Hub capacity and linking with Australian institutes to build expertise.</p> <p>Work together with Australian institutions to seek alternative sources of funding, to further develop capacity beyond the timeframe of the Hubs initiative.</p> <p>Use outcome mapping and case studies to identify and document instances where increased capacity of Australian expertise base has contributed to informed policy making.</p> <p>Jointly agree policy priorities to be addressed in work plan; Focus on consolidating existing relationships that regional and national institution have with policy-makers, and support the generation of evidence to support these relationships.</p> <p>Work together with regional and national institutions to develop detailed terms of references that set goals in relation to participation in policy making in line with country priorities and achievable in the remaining timeframe.</p> <p>Work together with regional and national institutions to seek alternative sources of funding, to further develop capacity beyond the timeframe of the Hubs initiative.</p>

Annex 2: Key HPHF Knowledge Hub achievements to date (2008 – 2010) against the Aims and Objectives of the Knowledge Hubs for Health

Knowledge Hubs for Health Initiative Aims and Objectives	Product 1: Advancing evidence and strategies for health financing policies in Asia Pacific	Product 2: Role of Non-state Providers in Service Delivery and Implications for the State Pacific	Product 3: Pacific Focus: Health Policy development in the Pacific region	Product 4: Improving equity through Health Financing
Aim: Contributions to expanded expertise and knowledge base relating to health policy and health finance that are used by stakeholders	Engagement and support for the establishment of the Asia –Pacific Observatory for Health Systems.	Evidence on not-for-profit (NFP) hospitals used by NFP associations to advocate for new regulations based on the new hospital law in Indonesia.	Evidence from the review of governance mechanisms in the Pacific informed debate between development partners and PIC representatives.	Contribution to policy debate on health equity funds scale up in Cambodia and Laos.
Objective 1: To increase the critical, conceptual and strategic analysis of key health policy and health financing issues relevant to the Asia Pacific region that can be used to inform policy thinking and practical application at the national, regional and international levels	Analysis of role & impact of global health initiatives on health systems strengthening. Review of methodologies for cross country health system comparisons.	Analysis of impact of growing commercialisation of hospitals on mixed public-private systems.	Analysis of influence of global and regional health actors on Pacific island country health policies. Analysis of international experience of partnerships between church and state in provision of PHC.	Analysis of impacts of health finance strategies on equity of access & financial protection; MDG 4 & 5 investment case studies.
Objective 2: To expand convening powers and engagement (e.g. communication, networks and partnerships) between the Hubs, Australian institutions and Asia-Pacific national, regional and international researchers, development partners and educational institutes	Engagement with: Australian Institute of Health and Welfare; Curtin University; Melbourne School of Population Health; and AusAID. Engagement in discussion on Asia-Pacific Health Systems Observatory with WPRO, SEARO, WB and ADB.	Engagement with partners in Indonesia & Vietnam; not-for-profit hospitals in Australia. Links with: London School of Hygiene and Tropical Medicine (LSHTM); University of California San Francisco (UCSF); and Research for Development (R4D); International Health Economics Association (IHEA).	Engagement with: Menzies Centre for Health Policy; Fiji School of Medicine (FSMed); Secretariat of the Pacific Community (SPC); Group of 5 regional partners; Divine Word University; and PNG National Department of Health.	Collaboration with: RMIT; Cambodia Ministry of Health (MoH); WHO; and other development partners in Cambodia and Laos.

Knowledge Hubs for Health Initiative Aims and Objectives	Product 1: Advancing evidence and strategies for health financing policies in Asia Pacific	Product 2: Role of Non-state Providers in Service Delivery and Implications for the State	Product 3: Pacific Focus: Health Policy development in the Pacific region	Product 4: Improving equity through Health Financing
<p>Objective 3:</p> <p>To effectively disseminate relevant and useful knowledge resources which aim to influence policy thinking around health policy and health financing issues at national, regional and international levels.</p>	<p>Presentations at conferences, and in-country seminars.</p> <p>Working papers on:</p> <p>Conceptual frameworks, health financing data and assessing performance; and;</p> <p>Methodological issues in cross-country comparisons of health systems performance (draft)</p>	<p>Policy briefs & presentations to Indonesia not-for-profit hospital associations.</p> <p>Study visit to Australia by Indonesian NFP hospital managers</p> <p>Working paper analysing the relationship between state and non-state health care providers (draft).</p> <p>Case study on policy development in Indonesia.</p>	<p>Presentations at conferences, regional meetings and in-country seminars.</p> <p>Working papers on:</p> <p>Funding for HIV and Non-Communicable diseases;</p> <p>Sector-wide approaches for health, with a focus on Samoa and the Solomon Islands; (3 papers)</p> <p>The Evolution of Primary Health Care in Fiji; Past, Present and Future;</p> <p>Policy briefs</p> <p>Governance and management arrangements for health SWAps (draft).</p> <p>PHC in Fiji</p> <p>Case study on building capacity and creating and strengthening networks in PNG.</p> <p>Case study on research to policy influence in the Pacific.</p>	<p>Presentations at conferences, and in-country seminars.</p> <p>Working papers on:</p> <p>Health Equity Funds in Cambodia – Annotated Bibliography (draft).</p> <p>Health seeking behaviour studies;</p> <p>Case Study on Research to Policy in Cambodia and Laos.</p>
<p>Objective 4:</p> <p>To expand the capacity of Australian institutions and professionals and through them to Asia Pacific institutions and professionals to participate effectively in evidence informed policy making around health policy and health financing.</p>	<p>Capacity development and engagement of Nossal and University of Melbourne staff.</p>	<p>Working in partnership and mutual capacity building with partners in Indonesia, and Vietnam.</p>	<p>Working in partnership and mutual capacity building with partners in Pacific – FSMed, PNG.</p> <p>Pacific-focused World Bank Institute Flagship course on Health Sector Reform & Health Financing Analysis.</p>	<p>Academic appointments to Nossal in Health Financing; PhD students.</p>