AUSAID STRATEGIC PARTNERSHIPS INITIATIVE

HEALTH POLICY AND FINANCE HUB
NOSSAL INSTITUTE FOR GLOBAL HEALTH

UNIVERSITY OF MELBOURNE

ANNUAL WORKPLAN AND BUDGET 2009
Final Draft
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Executive Summary

The 2009 annual work plan for the Health Policy and Finance (HPF) Hub is based on an extensive consultation and review process undertaken during the preparatory phase in 2008. The work plan is guided by a conceptual framework which has been developed to connect with a framework for ‘Evidence Informed Policy’ recently developed by the Alliance for Health Policy and Systems Research (AHPSR). This framework makes explicit the capacity development aspects of the work of the HPF Hub, and its link to the broader knowledge-policy interface.

Based on the conceptual framework, the aims and objectives of the original proposal have been revised to better link with the work of key partners such as the AHPSR.

The aim becomes: To support regional, national and international partners to develop effective evidence-informed national policy-making, particularly in the field of health policy, finance and health systems.

There are four objectives, which are:

(1) Build the knowledge and expertise base in Australia and its capacity to contribute to evidence informed policy making internationally and in the Asia-Pacific region.

(2) Build / engage in communication, networks and partnerships between Australian institutions and Asia-Pacific national, regional and international researchers, policy makers and educational institutes.

(3) Develop, produce and disseminate knowledge resources which provide evidence relevant to policy making at partner country, regional and international levels.

(4) Build / develop capacity of regional and partner country institutions to participate effectively in evidence informed policy making.

The work plan activities are integrated into three ‘products’ or specific in depth analytic work on key policy and evidence issues. Each product is an integrated package of activities which contributes to achieving outcomes in all of the Hub objective areas.

The target areas for the three products were selected based on consultation and discussion with regional stakeholders and reflect areas of identified evidence gap, and where the HPF can contribute in collaboration with partners.
The three products are:

(1) Advancing Evidence and Strategies for Health Financing Policies in Asia/pacific

(2) What Role for Non State Providers in Health Service Delivery and Implications for State provision

(3) “Pacific Focus”, Reviewing Progress in Health Sector Development in The Pacific Region: Setting a Future Health Sector Development Agenda

The products will be implemented under the guidance and oversight of a technical advisory committee, by research teams consisting of HPF Hub members, Australian centres of expertise, and groups within the region. A Monitoring & Evaluation Framework has been developed to capture the contribution of the HPF Hub to the broader aims, as well as the contribution of each product to the objectives.
1. Introduction

The workplan and budget for 2009 is the first full year plan and budget developed by the Health Policy and Finance (HPF) Hub at the Nossal Institute for Global Health.

It is based on the Proposal developed and submitted to AusAID in January 2008, and the preparatory work undertaken during the first six months of operation.

The HPF Hub commenced operations in April 2008, following AusAID agreement to the Proposal. A Hub manager was appointed and commenced work in May and recruitment of further staff is ongoing. A full report of the activities during the initial six months will be provided as a separate document in January 2009.

2. Approach Taken to Develop the Workplan

Key Principles

The key principle guiding the work of the Nossal Institute in convening and developing the Hub, is to work in partnership with AusAID, other academic partners and Hubs, and with other organisations, experts and practitioners working in the same area, to share knowledge, to pool ideas and expertise, and to collaborate in teaching, research, knowledge-sharing and the development of innovations.

Other principles which have guided our approach include:

(a) Use of multidisciplinary approaches to bring a range of viewpoints from regional, global, and international perspectives to analyse trends in these disciplines and ensure that analysis is broad.
(b) Adoption of a systemic view of how the nominated themes will relate to the functioning of health systems, and achieve improvements in health outcomes, particularly in the context of countries that are the focus of AusAID.
(c) Building capacity, initially in the Hub, in technical areas identified as gaps, in consultation with development partners and regional stakeholders, to ensure ownership and relevance for transition to action where required.

Consultative Process

This workplan has been developed through a wide consultative process with institutes and experts in Australia, regional forums, WHO offices in WPRO and SEARO, WHO Geneva, World Bank Offices, research institutes at country levels.

Meetings and Consultations

International and Regional Levels
- World Bank regional Meeting on Sustainable Financing, Bangkok, February 2008
- WHO regional meeting on Access and Equity, Lessons Learnt for the Pacific Islands, Fiji, June 2008
- UNESCAP regional meeting on "Promoting Sustainable Social Protection, Bangkok, July 2008
- WHO Expert meeting on Health Systems Strengthening and Primary Health Care, Manila, August 2008
- Alliance for Health Policy and Systems Research (David Evans, Taghreed Adam), August 2008
- Meeting on PPIP with David Feachem, and AusAID, August 2008

Australia Level

- Consultation within the University of Melbourne: Centre for Health Policy, Department of Economics
- Consultative meeting with the David De Ferranti and Australian experts in Health Economics, Health Policy and Health Financing
- Meetings with staff from the Commonwealth Department of Health and Ageing, Australian Institute of Health and Welfare, Australian Center for Health Economics Research (ACERH); Centre for Health Economics Research and Evaluation (CHERE), UTS; Faculty of Business and Economics, Monash University; Health Economics Unit, Deakin University; School of Population Health, University of Queensland

Network Development and Communications

The combination of consultation and regional meetings has led to meetings and conversations that have developed into the early stages of a network. The network includes personal contacts in each of the institutions mentioned above as well as more regional institutes such as the Institute of Health Policy in Sri Lanka; Department of Health Services Seoul National University; Asia Pacific National Health Accounts Network; and the Health Strategy and Policy Institute, Vietnam.

The process of network development is seen as an important component of the hub’s evidence into policy aims. Through working with different research groups, international organisations and institutes, policy makers and donor agencies, the hub aims to participate in closing the gaps between these agents to develop a more policy informed environment.

This approach is also consistent with the WHO Alliance for Health Systems and Policy Research which calls for a donors and research institutes to develop this approach to building networks for evidence in health systems.
3. Theoretical Basis and Conceptual Framework

This section outlines the approach, conceptual framework and justification used in the preparation of the HPF Hub workplan. It responds to the need to demonstrate evidence based decision making in an environment of weak evidence and contested priorities, and to provide an explicit foundation for future evaluation.

3.1 Theoretical Basis

(a) Knowledge to Policy Interface.

As ‘knowledge hubs’ the HPF hub is expected to contribute to knowledge, and to the transfer / dissemination of that knowledge into policy and practice.

We reviewed the literature in relation to theoretical understanding of knowledge-policy linkages.

Key issues identified in the literature include:

- Recognition of the different viewpoints, agendas, ways of thinking of academics (knowledge generators) and policy makers.
- Recognition of the complex and non-linear nature of the policy making process, and its close relationship with the specific social, political, and regulatory environment in which it operates.

Recognition of these complex linkages has led to new conceptual approaches, such as:

- Evidence Influenced Policies: focusing on the policy making environment, rather than on specific research – policy issues, as advocated by the AHPSR.¹

- Practitioner Research: The idea of greater integration between knowledge ‘producers’ and ‘users’ is seen by Van de Ven and colleagues as not a problem of knowledge transfer but a movement from ‘academic’ knowledge to ‘practical’ knowledge. He suggests there is a need for development of practice based scientific knowledge, through the coproduction of knowledge by academics and practitioners which he terms as ‘engaged scholarship’.²

- Systems Approaches: Knowledge-practice interaction (advanced by Allan Best and colleagues) is based on systems models. In this approach knowledge is woven into priorities, culture, and context. Knowledge is co-created by researchers and practitioners, in a process that is related to key aspects of

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² Knowledge for theory and practice. Van de Ven A, Johnson P. Academy of Management Review (2006); 31;4;802-821
organisational systems, such as system readiness, ease of adoption, and implementation capacity. The approach is termed ‘knowledge integration’.  

(b) Health Systems Strengthening. (HSS)

The ‘content’ of the HPF’s knowledge and policy work will attempt to address the improvement of function and performance of Health Systems, (referred to more generally as Health Systems Strengthening).

WHO recently released an action framework for HSS, which develops earlier work on defining the components of health systems to a new six component framework.

- Health Service Delivery
- Health Workforce
- Health Information System
- Medical Products, Vaccines and Technology
- Health Financing
- Leadership and Governance.

The WHO HSS Framework identifies the need for a comprehensive, integrated approach:

‘A health system, like any other system, is a set of inter-connected parts that must function together to be effective. Changes in one area have repercussions elsewhere. Improvements in one area cannot be achieved without contributions from the others. Interaction between building blocks is essential for achieving better health outcomes.’

Thus, in addressing issues of health policy and health finance, the HPF Hub will need to consider the impacts on and inter-relationships with, the other components of health systems, including those being addressed by other Knowledge Hubs.

Evidence for effective interventions in health systems is also scarce. A recent review of Good Practices in Health Financing by the World Bank had difficulty in generalizing about what works, recognizing the importance of the specific context. The WB could only identify ‘enabling factors’ which create a supportive environment of change towards universal coverage.

In both aspects of the field in which knowledge hubs engage (knowledge-policy interface and health systems) there is considerable uncertainty, lack of consensus and lack of an agreed theoretical architecture.

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3.2. Approach Taken by HPF Hub

Our approach has been developed in response to the above considerations, but emerged from growing engagement and understanding rather than conceptualized a priori.

The Nossal Institute has moved towards building relationships, consulting and engaging with a broad range of groups / individuals involved in this work, including academics, policy makers and practitioners, at national, regional, international levels.

We are adopting a multidisciplinary viewpoint, which ensures engagement with range of theoretical approaches, including sociology, health economics, systems analysis, as well as health finance systems and policy analysis. All of which can be useful to assess the effectiveness of the wider health economy to reach improved health outcomes

We take into consideration what we can contribute and leverage with other more experienced, longer term players in this area. We seek to understand where there are gaps in evidence, knowledge generation and knowledge to policy interface, but also where there is interest and willingness to collaborate; ensuring that what we produce ‘connects with’ the broader national, regional and international agenda to bring added value.

We will use an integrated approach in implementation, which brings together capacity building, knowledge generation and policy relevance; including learning and teaching integrated into the process rather than separate research / teaching / policy / implementation activities.

3.3. Conceptual framework

The HPF Hub proposes to adopt and adapt the conceptual framework recently published by the AHPSR. This framework views the knowledge-policy interface as a complex system, with a range of inter-related functions, and organisations which contribute at different levels.

The framework was specifically developed with a capacity building perspective, and thus provides a useful point of engagement for the work of the Hubs. (See diagram below)

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Proposed Conceptual Framework

Functions of Evidence Informed Policy Making
- Research Priority-Setting
- Knowledge generation & dissemination
- Evidence filtering & amplification
- Policy-making processes

Organisations involved in Evidence Informed Policy making
- Funding bodies
- Research Institutions
- Media / Advocacy organisations
- Think Tanks
- Government bodies

Evidence informed Policy Making Framework: Developed by the Alliance for Health Policy and Systems Research, 2008

Modifications to the AHPSR Framework: Developed by the Health Policy & Finance Hub

Organisations Capacity Needs

1. Australian Institutional Expertise, Knowledge and Capacity

Health Policy and Finance Hub:

4. Organisational capacity
3. Knowledge resources
2. Communication & networks

HPF Hub Contribution
The first two rows are taken directly from the AHPSR framework, with the large arrows indicating that the organisations contribute collectively to the functions identified in the top row.

The third and fourth rows are modified to indicate the contributions expected from the HPF and other Hubs to the knowledge-policy environment above, with the lowest row indicating the Hub’s role in building capacity in Australia to provide the contributions identified.

3.4. Prioritisation / Selection of Priority Issues

The prioritization process for the workplan is based on recognition that we are newcomers that need to build credibility. This is best achieved by focusing and contributing in depth in a few issues, rather than taking on too many priority areas in the early stages.

Health policy issues particularly relevant to health policy and financing were identified and arranged in a table based on the phases of the policy process identified in the literature, and presented in a recent AHPSR publication.⁹

Policies issues may be in different phases in different countries, and the following table attempts to summarise evidence and policy status across the region, identify gaps and potential Hub contributions.

These issues will guide the further development of the work of the Hub over the next 2 – 3 years, and it is anticipated that further research, policy analysis, and capacity development will grow out of each product.

4. Aims and Objectives

The aims and objectives of the Proposal of January 2008 have been modified to accommodate the conceptual framework, as set out in the following table.

Objectives one and three in the original proposal have been merged into a new objective one, and new objective four has been added to encompass capacity development in organisations in our region.

The potential indicators are further discussed in section 6 Monitoring and Evaluation.

Table 2: Revised Aims, Objectives and potential indicators.

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<thead>
<tr>
<th>Aims &amp; Objectives</th>
<th>Potential Indicators</th>
</tr>
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<tbody>
<tr>
<td><strong>Aim:</strong></td>
<td>Consistency of policy decisions and policy documents from regional and national institutions with evidence base. Issue specific indicators – progress along policy making phases</td>
</tr>
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**Objective 1: Australian Institutional Expertise and Capacity**

Build the knowledge and expertise base in Australia and the region through the development of an academic center which can engage with other Australian centres of expertise in contributing to evidence informed policy making internationally and in the Asia-Pacific region.

Nossal hub team is working in partnership with Australian organisations, experts and engaged in knowledge generation, knowledge dissemination in health policy, health finance and health systems in the Asia-Pacific region.

Experts & institutions engaged through work products develops capacity of organisations and new researchers and practitioners

Applied learning programs developed from outputs of workplan products, such as linking with Monash Health Economics dept/ post graduate school

**Objective 2: Communications & networks**

Build / engage in communication, networks and partnerships between Australian institutions and Asia-Pacific national, regional and international researchers, policy makers and teachers.

Potential for regional subgroup of the AHSPR

Measures effectiveness of network / communication function (extent, participation, outputs)

Measure effectiveness of networks specific to particular issues

**Objective 3: Knowledge resources**

Develop, produce and disseminate knowledge resources which provide evidence relevant to policy making at

Knowledge resources, policy debates, forums, analytical reports, policy briefs produced and disseminated through different mechanisms and media
<table>
<thead>
<tr>
<th>Aims &amp; Objectives</th>
<th>Potential Indicators</th>
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<td>national, regional and international levels.</td>
<td>Uptake / influence amongst policy makers, wider practice community, donor agencies, international organisations such as WHO</td>
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**Objective 4: Organisational capacity**

Build / develop capacity of regional and national health policy institutions to participate effectively in evidence informed policy making.

(e.g. Indonesia, Vietnam, PNG)

Changes in identified partner organisation capacity and function through improved ability to develop processes that produce evidence based technical outputs such as policy briefs, reports to inform policy making decisions.
5. Key Activities: Products for 2009

The focus of the HPF Hub workplan is on specific in depth analytic work on key policy and evidence issues which we term ‘products’. Each product is an integrated package of activities which contributes to achieving outcomes in all of the Hub objective areas:

1. contributes to building capacity within Australia, by engaging and developing the expertise being built within the Hub, and convening and engaging expertise from partner Australian institutions on concrete tasks related to health policy and finance issues in the Asia-Pacific region; contributes to building capacity within the region by engaging with regional technical institutions in the design, planning and implementation of the activities;

2. contributes to the development and dissemination of specific ‘knowledge’ products, which will include a range of both academic and policy level documentation and dissemination outputs and activities; the selected policy issues are those identified by regional stakeholders as of current relevance and requiring additional analytic work;

3. contributes to building communication and networks, by engaging policy makers, regional and national users of policy analysis with the researchers and investigators working on the data collection and analysis.

4. where appropriate specific capacity building activities such as attendance at short courses, mentoring, and communities of practice (e.g. link with Monash Health Economics Department)

For each product, outputs which relate to these objectives are identified.

Product 1

Advancing Evidence and Strategies for Health Financing Policies in Asia/pacific

Background

Many low and middle income countries in the Asia Pacific region have already embarked on, or are planning to embark on, a range of policy changes and interventions related to health system and financing reforms. While documents such as the WHO Strategy for Health Care Financing and Strategic plan for Health Systems Strengthening for countries in the Western Pacific and South East Asia regions provide guidance on direction and strategies, the actual paths to change and reform are very context specific.

This has been one of the key findings of the recent publication by the World Bank “Good Practices in Health Financing”. This book details case studies in nine
countries that are identified as ‘good performers’ and have managed to achieve significant improvements in health outcomes and health care financing.

At the same time the World Bank decries the lack of concerted effort by the international community to “develop, collate, and disseminate global evidence on what works and does not work in health financing”.

While the WHO is currently reviewing the Strategies for Health Care Financing, there is an urgent need for more analysis of the evidence related to effective health care financing interventions, particularly in regard to the context specific ‘enabling conditions’. The WB goes on to mention that many more countries are placing importance on health financing and risk pooling mechanisms. “It is incumbent on the global community to take charge and move this agenda forward in an analytically sound and policy relevant manner”

In particular there is a need to develop the analysis of ‘good performers’ by expanding it to a range of performers at other levels, in order to clarify the contribution of different interventions, and to better define ‘what good performance means in health financing’.  

Proposal

To conduct an analysis of performance of health financing policies in selected AUSAID priority countries in the Asia Pacific Region. Analysis is based on the analytical framework developed by the World Bank, which covers health system outcomes, aspects of the context, and health finance arrangements. Analysis will focus on identifying links between health finance interventions, contextual factors, and health outcomes, as well as identifying gaps in the information available.

Objective 1: Document and review health financing reforms in the Asia-Pacific region in order to support evidence base which can inform policy makers to make strategic policy decisions for health reforms

Objective 2: To clarify standardised methodologies and data requirements, and to identify the information gaps for an assessment of health financing in each country.

Objective 3: To compare these results with those of the ‘good performers’ and to identify ‘enabling factors’ and constraints which impact on the effectiveness of health finance interventions in different contexts.

Implementation Process

Initial consultations have identified ACERH and UQ as potential Australian partners for this product, together with the HPF hub, in consultation with these partners and regional stakeholders (WB, WHO, AusAID), a more detailed ToR for the product will be

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developed, and appropriate technical partners both within Australia and in the region identified.

Implementation will be undertaken by joint teams of Australian and regional institutions managed by, an Australian based research management team. An expert advisory committee consisting of regional stakeholders and policy users will provide technical oversight and guidance, while the research management team is responsible for working with the local research teams to design the methodology, plan and implement the analysis. Appropriate capacity building activities will be integrated into the activity to build both individual and organisational capacity, as well as activities to involve policy makers in regional countries in the analysis and interpretation, and to disseminate the results.

**Expected Outputs**

1. Overview of progress of countries in Asia-Pacific in health financing against key indicators
2. Country focused analyses of health financing policies
3. Comparative analysis and identification of methodological and information implications
4. Policy implications and recommendations, and a dissemination forum
5. Capacity building in areas of policy analysis, standardised data collection, and systems approaches to analysis of health system change: 
   - 2 student research projects; at least one visiting fellow; 2 team members attend short courses

**Possible Countries:** Indonesia, PNG, Solomon Islands, Samoa

**Criteria for Selection:** Countries which are undergoing major health financing reform and those countries that want to embark upon health financing reforms; data availability and interest from policy makers and researchers.
Product 2

Roles for Non State Providers in Health Service Delivery and Implications for State provision

Background

The Asia Pacific region is notable for the large and growing role played by non-state actors (both private for profit and not for profit) in the health sector. This contributes to a high proportion of ‘out of pocket’ financing for health services, and raises issues about the regulation and integration of ‘private goods’ services with state provided ‘public goods’.

At the same time, non state providers present an opportunity to leverage improvements in quality and coverage of health care, through appropriate regulation and payment incentive structures. Understanding and learning how to harness the capacity of the non-state providers could well be an important policy shift.

However, policy makers lack the information and analytic capacity to support decision making on appropriate roles and strategies for engagement with the private and non-state sector. Information on types of non state providers, the services they deliver, quality, and regulation are all areas which need deeper analysis before strategies can be developed to harness any potential. This gap has been identified by those working on National health accounts, and at the recent Health Systems Strengthening expert meeting at WPRO, Manila.11

There is a need to examine and analyse in depth the strengths and weaknesses of different roles and engagement of state and non-state sectors in the different contexts of the countries in the region.

Proposal

To conduct an analysis of selected forms of engagement of non state actors in the health sector encountered in countries of the Asia-Pacific region, to identify contribution to health outcomes, related financing and cost mechanisms, and enabling or constraining factors in the operating context. Non state actors could include both private and not-for profit, and engagement in the health sector could include provision of health care as well as supporting services, including private health insurance providers.

Objective 1. To better understand the range of non state providers in the Asia Pacific Region, document types of providers, types of services, quality and payment mechanisms, and relevant contextual factors.

11 Meeting on health systems strengthening and primary health care 5-6 August, Manila, Philippines.
Objective 2: To examine and develop a typology of models of engagement between state and non state providers and how they function to finance and deliver services, e.g. Australia through Medicare or other counties e.g. Indonesia through OOP

Objective 3: To explore incentive mechanisms in selected models of engagement with non state providers that affect performance, participation in delivery of public health programmes, and the associated regulatory mechanisms and social-political context.

Objective 4: Outline potential future strategic approaches to work with non state providers that respond to equity, protection and coverage concerns

Implementation Process

Implementation will use a similar process to product one, using the same expert advisory committee, and a technical team. A technical team will be formulated with the Nossal Hub ACERH, WB, and possibly an NGO such as World Vision or Oxfam which have extensive experience of working with non state providers, particularly in the pacific region. Researchers from each group will form the main group which will develop partnerships with researchers in the target countries. These researchers will be the management group that ensures progress towards data collection, analysis, draft reporting and final reporting.

Following the initial mapping exercise, models of engagement will be selected for more in depth analysis in a small group of countries, possibly the same as those being examined for Product 1. Potential ‘models’ for investigation will range from the relatively ‘disengaged’ model of private providers in a low regulatory environment in Indonesia or Vietnam; to specific engagement through contracts (eg Cambodia) and the role of not for profits (eg Church related groups).

Expected Outputs

1. Data and typology of non state providers from countries of the Asia Pacific region
2. Review of available Information of the types of services being provided by non state providers; who uses these services and why and how much they pay; and contribution to the wider health economy in each country.
3. In depth analysis of selected specific models of engagement (3- 4 models) which identifies strengths, weaknesses, and related contexts.
4. Policy briefs and dissemination forum to transfer and discuss findings with policy makers
5. Capacity building in areas of linking with non state providers into health systems analysis, policy formulation.
- at least 2 student research projects; one visiting fellow; 2 team members attend short courses

Possible Countries: Vietnam, PNG, Indonesia
Product 3

“Pacific Focus”, Reviewing Progress in Health Sector Development in The Pacific Region: Setting a Future Health Sector Development Agenda

Background

The Pacific Region represents a diverse and complex range of countries in very different stages of development which receive substantial development assistance from the Australian government.

Pacific countries face a variety of unique challenges, including low levels of government funding for health, small populations which reduces opportunities for risk pooling, significant health workforce constraints and geographic challenges to access, and a growing NCD burden of disease. A recent regional health finance meeting explored some of the policy options facing health system managers in regard to health financing, and highlighted the lack of evidence and analytic base for decision making.

The Australian government is heavily engaged in Pacific countries in a variety of development assistance programs, with different approaches to partnership, technical assistance, and capacity building in health sector development.

Questions are abounding about the effectiveness of the approaches and the investments being made in the pacific region. A complex range of factors affect the relationships and management of development assistance in the health sector.

Currently new ways are being sought on how to change the approaches to health sector development assistance in the pacific region.

This technical area of focus proposes a broad systems approach to the analysis of health sector interventions in the pacific region, engaging a range of expertise and perspectives, including the four knowledge hubs, but also complementary disciplines, including sociology and political science.

Proposal

To identify and map the range of policy and health system interventions implemented in Pacific countries over the last decade, and to analyse in depth selected interventions to identify their effectiveness in addressing the policy challenges, and the factors related to that effectiveness.

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12 Meeting on user fee impact on access and equity and on lessons learnt for the pacific, WPRO, Nadi, Fiji 3 – 5 June 2008
Objective 1: To map out recent health sector interventions and technical assistance in
the Pacific countries to learn main lessons around successes and failures over the last
10 years.

Objective 2: To use the mapping results to develop an agenda for a Pacific Forum on
Health Sector Reform in the Pacific

Objective 3: To use the forum to contribute to development of a future agenda for
Health Sector Reform and technical assistance

Expected Outputs

1. A mapping exercise will create an analysis and document health sector
development in the last 10 years
2. The forum will lead to documentation of policy setting platform
3. A future agenda/policy choices for assistance to health sector development in the
   Pacific Island Countries
   - at least 1 student research project; one visiting fellow; 2 team members attend
   short courses

Implementation Process

The mapping and design of the methodology will require an integrated approach
involving all hubs and experts from other related disciplines to work together with
research teams from the Pacific region to develop research tools and methodology and
then conduct the analysis. The outputs from the mapping will be used to prepare the
agenda for a “Pacific Forum on Health Sector Reform, Lessons Learned and the way
Forward”

The multidisciplinary cross Hub research team will set the agenda and mechanisms for
the Pacific Forum. The meeting will identify the role of each hub to meet objectives and
expected outputs.

The forum will be designed in partnership with Pacific Island representatives, AUSAID
representatives and NGO representatives. An expected outcome from the forum will the
next steps for specific health sector analysis into Sector Wide Approaches, Human
Resources for Health, Health Policy and Health Finance, Health Information Systems
and Women and Children’s Health.

Where appropriate combined methodologies of analysis will be developed with the
Australian teams in partnership with the country level policy makers and researchers will
manage the design and implementation of the research. The approach will attempt a
multi disciplinary design of the methodologies for health systems analysis/performace.

Countries Selection: Fiji, Samoa, Solomon Islands, Vanuatu
Integrated Outcomes from the Products

Capacity Development

One overarching objective of the hub is capacity development within Australian Institutes to better engage with and provide evidence based advice to AUSAID and the wider international health community.

Capacity development will occur through the involvement of Australian Institutions in international health policy and finance work. The process will allow these institutes to engage with the international experts and institutions. This level of capacity development will be for higher end researchers and research institutes that will be able to quickly gain from the international orientation and bring skills to bear, thus, becoming further involved in international health systems research.

Another level of education and development should take place within countries, especially in countries where capacity for research into health systems, health policy analysis, financing is weak, this may be especially true for the Pacific Countries.

Methodologies that build in learning and education targets will be developed within each work product which will contain targets for learning at the different levels within Australian Institutes and country levels.

Evidence into Policy

Knowledge Transfer/Capacity Development

1. The process of building high quality teams of international researchers and linking these teams with Australian Institutes and local research groups offers the opportunity to transfer knowledge and skills to national research institutes
2. Building in learning opportunities for young researchers in Australian Institutes will build the capacity within Australia to conduct this level of analysis on international health policy, finance and health systems
3. The opportunity to link this type of analysis with policy makers and policy processes through AUSAID country programmes will orient Australian Institutes and specialists to international health policy processes
4. Product implementation will provide opportunities for PhD, Masters and other students to undertake research projects.
5. Capacity building will also include participation of members of product teams in appropriate short training courses, or undertaking study fellowships in appropriate national / international institutions. Fellows will also be invited from international / national institutions to spend time at the Hub contributing to the product development and providing specific training / capacity building.
6. Product implementation will also lead to the identification of specific capacity building needs which will contribute to the development of targeted training approaches for subsequent years.

Knowledge Dissemination

Dissemination has different levels and purposes,

- To disseminate findings and recommendations within the country level policy makers, seek effective methods of dissemination at country levels
- To disseminate to the wider, health systems research community at global and regional levels
- To disseminate within Australian international health and development community

Dissemination Activities

1. Dissemination strategies will utilise existing networks within Australia, the Asia Pacific region, and internationally.
2. Strategies will be best adapted to reach intended stakeholders (Australian government bodies; Australian research/technical organisations; partner country policy makers; partner country research/technical organisations; international organisations; etc) in an accessible and appropriate manner.
3. A dissemination forum will be held within each partner country to present results of the products 1 and 2. The local research team will be responsible for arranging and making this as effective and appropriate as possible
4. A dissemination forum will also take place within Australia, this will involve Government counterparts (AusAID, DoHA), the wider development community and involve international participants
5. Each forum will be accompanied by media activities such as press releases, radio debates, publicity via key websites.
6. Connecting with organisations such as WHO and the World Bank will offer further dissemination opportunities
7. The Pacific Focus will have wider dissemination approaches due the numbers of countries and geography. Translation of text products will be considered to improve accessibility and uptake of the work.
8. Opportunities for publication in relevant journals will be encouraged
9. Documenting approaches taken for evidence into policy and linking with the Alliance for Health Systems and Policy Research
6. Management and Governance Arrangements

6.1. Governance Advisory Group (GAG)

Role: Oversight of governance of Hub

ToR:
- Review & approve management structure and decision making
- Oversight and advise on internal capacity development
- Advise on development as sustainable academic centre
- Support engagement with other relevant expertise at the UoM
- Ensure efficient and accountable use of AusAID resources: financial oversight
- Assist in maximizing opportunities to leverage from the Hub establishment

Membership:
- Subgroup of Nossal Council: senior staff of University of Melbourne and appropriate board members (3 – 4) + Director of Nossal (GVB)
- Chair: Elected chair from among members
- Reports to Nossal Council
- Secretariat: Head HSS Unit
- Meet six monthly

6.2. Technical Advisory Group (TAG)

Role: Oversight of technical direction of Hub

ToR
- Alignment of Hub work with international and regional agenda
- Advise on relationships and collaboration with international and regional partners
- Technical scrutiny / peer review of Hub products
- Participate and provide technical input into policy dialogue
- Advise and support dissemination and knowledge translation

Membership:
- Panel of national, regional and international experts
- Functions as network rather than specific membership
- Chair: Elected chair
- Secretariat: Hub Manager
- Meet (through electronic exchange of information) quarterly

6.3. Project Steering Committee (PSC)

Role: Collective management decisions

ToR
- Review progress against workplans
- Decisions on positions and recruitment
- Advise on problem solving
- Facilitate links with UoM departments
- Advise on administrative functions

Membership
- Graham Brown, Alison Morgan, Krishna Hort, Ahmer Akhtar + corporate services
- Chair: Graham Brown
- Secretariat: Hub admin office
- Meet monthly
7. Monitoring and Evaluation Framework

The M+E framework for the hub attempts to build in new ways of evaluating the performance and achievements of the health policy and finance knowledge hub.

New approaches of measuring the achievements, outcomes and impact of policy research programmes have been developed. In development the approach to M&E we have drawn on Hovland’s paper on “Making a Difference: M+E of Policy Research”\(^{13}\) Hovland mentions that the traditional methods of research evaluation “academic peer review” and “number of citations in peer reviewed publications” have proven to be too limited for policy research programmes, and do not capture the broader aims and impacts.

Hovland proposes M&E in the following five aspects:

1. Evaluating Strategy and Direction
2. Evaluating Management
3. Evaluating Outputs
4. Evaluating Uptake
5. Evaluating Outcomes and Impacts

A range of strategies and methods will be used to collect information and assess achievements and changes in these areas, using both quantitative and qualitative methodologies; and adopting both a ‘causative’ approach (seeking for changes in identified outcomes), and a ‘contributory’ approach (identifying changes in outcomes and seeking evidence of contribution).

7.1 Strategy and Direction
Answering the questions:
- Are the proposed strategic directions of the HPF Hub appropriate in relation to context, and the overall aims of the Strategic Partnership Initiative?
- Are the proposed strategic directions likely to be effective and feasible?

We propose to use the annual presentation of Hub workplans to relevant national, regional and international experts and stakeholders as an opportunity to monitor and evaluate strategies and directions. Assessment will be qualitative.

7.2 Management
Answering the questions:
- Are the governance, management and administration structures and procedures appropriate for the HPF Hub’s needs?
- Are procedures for decision making transparent and subject to review?
- Are resources allocated in accordance with planned priorities, and used efficiently?

We propose to examine methods such as self assessment and peer visits to review self-assessments for these areas.

7.3 Hub Products (Outputs)
Answering questions such as:
- Are the HPF Hub products of high quality?
- Have the products achieved improvements in capacity among the implementors?
- Have the products fulfilled the terms of reference defined for each product?

Each product will have a scientific advisory committee which will assess the “scientific quality” of the product as well as the process.
Quality of products will be assessed by independent experts using criteria such as those proposed for evaluation of policy and briefing papers by Hovland (cited above).

7.4 Measuring Evidence into Policy, “Uptake”
Answering questions such as:
- To what extent have the Hub products been used in policy making processes or by policy makers?
- Have there been references to the products by policy makers in documents or discussions?
- Have there been changes in networks and stakeholder engagement arising from the development of the product?

Measuring evidence into policy will be an important area of performance measurement and defined as “uptake of the knowledge/evidence” produced. The mechanisms for measuring uptake will be built in from the early stages of the design and implementation of each product.

At each step it will be made explicit that uptake will need to be measured, tools such as impact logs, user surveys and citation analysis will be utilised.

Researchers and policy makers involved in the implementation of the research will raise awareness of measuring uptake amongst policy makers during meetings and briefings.

7.5 Measuring Outcomes and Impacts
These are mid term and longer term changes that will be measured. Measurement will use ‘contributory’ approaches based on identifying changes in policies and behaviours, and seeking evidence for contribution from Hub activities.

It will make more sense to take a “whole of hubs” approach to measuring outcomes and impacts. In measuring change to the policy environment the process, actors, networks, behaviour and causal relationship towards change will require a range of tools. Tools being used currently to measure such change include,

- Outcome Mapping
Rapid Outcome Assessment
Most Significant Change
Episode Studies

An indicative M&E framework is attached as Annex 3. It is anticipated that specific indicators and methods of measurement will be defined for each product, as indicated in the MEF.

7.5 Deliverable outputs for 2009

<table>
<thead>
<tr>
<th>Activity</th>
<th>Knowledge resource</th>
<th>Capacity Building</th>
<th>Dissemination / Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product 1: Evidence on health finance strategies</td>
<td>1.1 Overview of country progress in HF 1.2 Detailed country analysis (3 countries) 1.3 Comparative analysis</td>
<td>Formation of joint product technical team Visiting fellow (2) + seminars / workshops Student research projects (2) Attend short course (2)</td>
<td>Planning workshop with policy makers Dissemination forum with policy makers Briefing document with policy recommendations</td>
</tr>
<tr>
<td>Product 2: Role of non state providers</td>
<td>2.1 Overview of non state provider roles 2.2 Detailed country analysis (3 countries)</td>
<td>Formation of joint product technical team Visiting fellow (2) + seminars / workshops Student research projects (2) Attend short course (2)</td>
<td>Planning workshop with policy makers Dissemination forum with policy makers Briefing document with policy recommendations</td>
</tr>
<tr>
<td>Product 3: Pacific health system reforms</td>
<td>3.1 Overview of health sector reforms in Pacific 3.2 Detailed country analysis (3 countries) 3.3 Comparative analysis</td>
<td>Formation of joint product technical team Visiting fellow (1) + seminars / workshops Student research projects (1) Attend short course (1)</td>
<td>Planning workshop with policy makers Dissemination forum with policy makers Briefing document with policy recommendations</td>
</tr>
<tr>
<td>Hub management and communication</td>
<td>Information update on Hub activities</td>
<td>Identification of capacity needs &amp; future capacity building strategies</td>
<td>Annual forum Technical network &amp; information exchange</td>
</tr>
</tbody>
</table>
8. Work Plan Budget

The budget for the 2009 has 5 components

1. Personnel Inputs
2. Four Work Plan products

8.1 Personnel for Hub

The personnel plan aims to deliver all products, develop capacity within the Nossal institute in the technical areas of health policy and finance and develop the Nossal into an Australian specialist Center for international health policy and financing with a strong national and international network.

The personnel consists of fulltime staff,

Hub Manager

The hub manager is responsible for the

- Day to day management of the hub
- Developing strategic directions and technical domains
- Developing management structure, governance mechanisms and networks,
- Development of work plans,
- Managing delivery of work plan
- Recruitment of staff, monitoring and reporting
- Managing cross hub partnerships

Project Officer

The project officer is the main supportive personnel for the hub manager and will support hub manager in all of the above activities.

Research Fellow

This position brings technical depth and research capacity to the health policy and finance hub. The research fellow will play a leading role in

- Technical management bringing skills and expertise to produce work plan products
- Developing operational research and teaching products in health policy and finance
- Strengthening research networks and deepening collaboration with Australian Institutes and experts to conduct international health policy and finance research
• Support the development of an academic and teaching center within the Nossal Institute in international health policy and financing

**Senior Academic**

The senior academic provides the leadership role for the hub. This position will take the hub towards deep engagement in evidence into policy arena in international health systems

The senior academic will,

• Ensure the sustainability of the hub through facilitating its transition into an Australian Center of International Health Policy and Finance  
• Provides technical leadership and rigour to the work products of the hub  
• Build a health systems and policy research programme  
• Build a training programmes for health policy, finance and health systems that contributes to Australian capacity development

**Technical Director (part time)**

The technical director is engaged to assist in the strategic direction of the hub.

The technical director provides,

• Line management of the hub manager  
• Strategic direction and planning of the hub  
• Communications and linkages with key institutes and organisation within Australia, Regional and Global levels  
• Ensures the development of the hub adheres to agreements with AUSAID  
• Quality assurance of hub work plan and products  
• Monitors overall development of the hub and ensures governance mechanisms e.g. project steering committee, technical advisory groups, are in place and procedures followed and documented

Other staff in the Nossal also provide services to ensure there is a multidisciplinary approach to the work of the hub

**8.2 Products**

Each product consists of a series of activities, such as seminars and workshops, consultation, data collection, data / policy analysis, documentation and dissemination. These activities will be undertaken by the staff of the HPF Hub in collaboration with partners in Australia and in the region. Much of this work will be undertaken on a reimbursable basis, but some work may be commissioned to particular organisations. Any commissioned work will be undertaken on a cost recovery basis.
### Annex 1: Monitoring and Evaluation Framework - Draft

<table>
<thead>
<tr>
<th>Revised</th>
<th>Comment</th>
<th>Indicators</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim:</strong></td>
<td>Higher level outcome</td>
<td>This is based on the Alliance for Health Policy and System Research (AHPSR) suggested focus on ‘evidence informed national policy making’. Propose that this become a generalized ‘cross-Hubs’ aim, with Hubs contributing in specific thematic areas.</td>
<td>Progression of policy along the ‘policy phases’ proposed by the AHPSR: agenda setting → policy formulation → implementation → evaluation. Changes in the knowledge-policy (K-P) environment at international / regional / or national levels to better incorporate evidence into policy and engage policy makers with researchers.</td>
</tr>
</tbody>
</table>

| Objectives: | Objectives are at ‘output’ level (or ‘function’ level) and will include specific outcomes for specific outputs; as well as broader contribution from the combination of outputs | More specific indicators can be developed | Use joint assessments with partner organisations / users of outputs + independent or peer review. |

| Objective 1: | Build the knowledge and expertise base in Australia and its capacity to contribute to evidence informed policy making internationally and in the Asia-Pacific region. | Specific outcomes will be identified for each product / output – specifying capacity to be developed in particular institutions. | Australian organisations, experts and resources engaged in research / policy inputs in health finance and health systems in the Asia-Pacific region. | Measures of participation of Australian organisations in seminars / workshops; in collaborative work; in teaching ; in research ; in production of documents |

| Objective 2: | Build / engage in communication, networks and partnerships between Australian institutions and Asia-Pacific national, regional and international researchers, policy makers and | Requires identification of specific networks – existing networks (APHEN, APHAN, Equitab, Evipnet etc); potential to develop sub-network of AHSPR for A-P region. | Measures of network / communication function – extent, participation, outputs. (involvement formal / informal leaders, power relations..) See Hovland ODI paper14 | Engage network partners in assessment of network function |

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<table>
<thead>
<tr>
<th>Objective 3: Develop, produce and disseminate knowledge resources which provide evidence relevant to policy making at national, regional and international levels.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revised</strong></td>
</tr>
<tr>
<td>teachers.</td>
</tr>
<tr>
<td>Quality criteria to be developed – Hovland ODI paper has some suggestions for criteria for policy papers (p21-22) Measures of ‘uptake’ or influence of knowledge resources on policy makers Eg Hovland p 26 Specific indicators for specific outputs / products</td>
</tr>
<tr>
<td>Objective 4: Build / develop capacity of regional and national institutions to participate effectively in evidence informed policy making.</td>
</tr>
</tbody>
</table>
### Annex 2: Risk Matrix

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Assumptions</th>
<th>Risks</th>
<th>Perceived Risk Level (H, M, L)</th>
<th>Risk Management strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aim: Higher level outcome</td>
<td>a) Partners are prepared to work together for evidence informed policy making</td>
<td>a) Partners do not work together on a common aim in regard to policy making</td>
<td>L</td>
<td>a) Build networks and engage with partners to support collaboration; align priorities and strategies with common partner agreed approach</td>
</tr>
<tr>
<td></td>
<td>b) Partners can influence policy making to be more evidence based</td>
<td>b) Policy makers not willing or able to base policy on evidence</td>
<td>H</td>
<td>b) Engage policy makers in the program; use approaches consistent with the policy making environment; encourage links with international and regional organisations (WHO, WB) which bring credibility and support to evidence influenced policy making</td>
</tr>
<tr>
<td>Objective 1: Build the knowledge and expertise base in Australia and its capacity to contribute to evidence informed policy making internationally and in the Asia-Pacific region.</td>
<td>a) Expertise base exists in Australia</td>
<td>a) Insufficient expertise in Australia</td>
<td>M</td>
<td>a) Build on existing expertise, even if limited. Encourage investment in sector through linking with universities/relevant institutions</td>
</tr>
<tr>
<td></td>
<td>b) Australian expertise willing to support regional policy making</td>
<td>b) Australian experts disinterested in regional policy making</td>
<td>M</td>
<td>b) Extensive consultation to provide opportunities for Australian expertise to be involved in planning and implementation</td>
</tr>
<tr>
<td></td>
<td>c) Australian expertise have capacity and resources to contribute</td>
<td>c) Capacity &amp; resources insufficient to contribute</td>
<td>H</td>
<td>c) Provide resources and training for interested Australian partner organisations; tailor engagement with capacities</td>
</tr>
<tr>
<td>Objective 2: Build / engage in communication, networks and</td>
<td>a) Stakeholders have will and capacity to engage</td>
<td>a) Stakeholders unwilling/ have no capacity to</td>
<td>M – H</td>
<td>Allow for differential engagement – ensure stakeholders are informed and able to participate even if capacity is limited</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Assumptions</td>
<td>Risks</td>
<td>Perceived Risk Level (H, M, L)</td>
<td>Risk Management strategy</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>partnerships between Australian institutions and Asia-Pacific national, regional and international researchers, policy makers and teachers.</td>
<td>through networks and partnerships. b) Network and communication structures exist or can be built</td>
<td>engage. b) Lack of network / communication structures</td>
<td>L</td>
<td>limited. Use and support existing networks and information exchange structures and forums</td>
</tr>
<tr>
<td>Objective 3: Develop, produce and disseminate knowledge resources which provide evidence relevant to policy making at national, regional and international levels.</td>
<td>a) Products will be relevant for policy making b) Products will be accessible to policy makers</td>
<td>Knowledge resources not produced in a timely manner Dissemination strategy inappropriate/ineffective</td>
<td>L</td>
<td>L Steering committee, managerial committee will maintain regular oversight of progress. Involve policy makers / users of products in product development teams Dissemination strategy will be developed in collaboration with relevant stakeholders to ensure appropriateness and enhance effectiveness</td>
</tr>
<tr>
<td>Objective 4: Build / develop capacity of regional and national institutions to participate effectively in evidence informed policy making.</td>
<td>a) Regional/national institutions have stable/increasing resources to address capacity b) Institutions able to retain personnel over time to drive capacity of the institution</td>
<td>a) Institutions lack sufficient resources to improve capacity b) Institutions unable to retain experienced staff</td>
<td>M</td>
<td>M Focus attention on institutional level capacity building. Facilitate meetings with donors/technical agencies to address resource constraints in the medium term. Assist institutions develop resource base; provide collaboration and support to encourage staff to remain in institutions while having opportunities for prof development</td>
</tr>
</tbody>
</table>