WORKPLAN FOR 2010.
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1. Executive Summary

This is the second Annual Workplan of the Health Policy and Finance Knowledge Hub. Implementation of the 2009 work plan is continuing, but there have been some delays, mostly due to the unpredictability of working with different partners in Australia and the region.

It has taken some time to identify and recruit new technical staff to the Hub, but we now have appointed two new positions, a principal research fellow and a research fellow who are both health financing specialists. This will allow us to manage more of the technical work in the Hub and commence a new area of work in Equity and Financing.

The preparation for the 2010 work plan is based on the experiences, lessons learnt and outputs from 2009. A technical review and planning workshop held in September 2009 attracted a broad range of Australian, regional and international organizations with whom we have been engaging. The meeting allowed us to gain feedback on progress, peer review of our work to date and inputs for the workplan for 2010.

The workplan for 2010 builds on the findings from the current work and continues to strengthen the quality and policy relevance of the knowledge we are generating. We believe the technical work is relevant and responds to the context and environment the Hub is working in, i.e. developments at the global level which place health financing and health systems research as a high priority for donors. The development of a regional health observatory in health systems also suggests that the production of knowledge and focus on evidence is regionally relevant and Australia is well placed to participate.

Our experience has shown that the conceptual framework and table of potential contributions from the work of the Hub that was developed for the 2009 workplan, remains relevant and provides a useful strategic guide for further contributions towards bringing evidence into policy and practice.

Currently we have three areas of work with related knowledge products. For 2010 we have added a new piece of work titled “Improving Equity through Health Financing”. In this work we bring in the dimensions of gender and disability. Our principal research fellow brings previous work and extensive knowledge on this topic. In brief we propose four areas of work for 2010,

1. Advancing Evidence and Strategies for Health Financing Reform
2. Role of Non State Providers in Health Service Delivery and Implications for state provision
3. Pacific Focus: Health Financing and Policy Development in the Pacific
4. Improving Equity through Health Financing
Our strategic aims for 2010 are,

- Consolidation of Current Work and Current Networks
- Producing and Disseminating High Quality Knowledge Products
- Convening
- Capacity Building and in Country Engagement

With the four technical areas of work and the four strategic aims the workplan for 2010 will use our communication strategy to develop the knowledge products in the form of a "Working Paper Series". The working paper series will be disseminated widely to research partners, policy makers, practitioners, development partners and international organizations. Our monitoring and evaluation systems will allow us to document and assess early stages of acceptance of our knowledge products.

Where appropriate we will be developing our working papers for peer reviewed journal publications which will lead us towards the development of an academic center for international health policy and health finance.

Through our convening role we will continue to build the participation of partners at the Australian, global, regional and country level in the Hub’s knowledge generation process. This will be accomplished through engaging technical review teams, and holding technical seminars, policy discussions and exchanges throughout the year.

Our implementation approach integrates capacity building, education and learning with our partners, which allows us to participate in developing a more evidence informed policy environment in the countries where our partners work.

The outputs of our work for 2010 will be presented in different conferences and seminars in country, regional and global levels. We aim to present at the Alliance for Health Policy and Systems Research conference in November 2010. We see this as an opportunity to present the combined efforts of the Hubs at a global forum.

In 2010 we will also aim to have closer exchange with AusAID colleagues and teams. This will facilitate linking the knowledge and evidence outputs with AusAID teams that are responsible for decision making at a policy and programme level.
2. Context and Background

The Health Policy and Finance Knowledge Hub commenced operation in April 2008.

The first phase (April-December 2008) represented an establishment phase which required an extensive consultation and preparatory process with Australian, regional and global level organizations and experts involved in the implementation as well as research of health policy and health financing.

The process of consultation allowed us to identify important areas of current global and regional debates and directions. We were then able to define three technical areas of work with a focus on the Asia Pacific Region.

1. Advancing Evidence and Strategies for Health Financing Reform
2. Role of Non State Providers in Health Service Delivery and Implications for State Provision
3. “Pacific Focus”: Health Policy Development in the Pacific

During 2009 we have been engaged with partners in implementing knowledge generation and synthesis activities in these three areas of work.

At the same time, there have been some changes in the operating context of our work. In particular, international development focus on financing for health care has intensified, with concerns about the impact of the Global Financial Crisis on the capacities of governments to fund health services and the impact on poor populations. The Taskforce on Innovative International Financing for Health Systems released its initial report in March 2009, emphasizing the need for more, and more effective use, of health funding. A series of studies on the role of the private sector in the health was released, funded by the Rockefeller Foundation.

Regionally, WHO (Western Pacific) completed a Review of the regional Health Financing Strategy, and has made initial steps in the establishment of an Asia-Pacific Observatory in Health Systems. The World Bank Institute has supported the development of an Asian Network of regional organizations engaged in delivering training in health systems.

These changes further complicate an already complex and contested evidential and policy arena, and reinforce the need for the Hub to continue and further develop engagement at a global level to ensure work is aligned with and contributes to global developments. At the same time the Hub needs to build capacity and credibility, by remaining focused on those areas where we can make a significant contribution.
3. Approach to Work Plan Development

Technical Review and Planning Week September 2009

In September 2009 we convened our technical advisory group and a number of other experts to review and critique drafts of our work to date and give guidance for the 2010 work plan.

In brief some of the comments made were,

- The need for focus and development of a “vision” for a 3-5 year period
- More in country engagement to ensure the work we produce addresses national country priorities and build local capacity
- More attention to capacity building both in Australia and regionally
- Be more active rather than passive, identifying gaps in knowledge rather than waiting on direction from partners and availability of data

Overall the comments would suggest that we need to balance our efforts across the areas of knowledge generation, capacity building and dissemination.

Other comments suggested that an area where the hub could make more of a contribution is the synthesis of existing evidence as well as seeking out the linkages between our different products.

Overall the technical review allowed an external peer review and validation of our work to date. Comments and suggestions for the specific knowledge products have been collated and we are using these to strengthen the final outputs for 2009.

Progress against the Health Policy and Finance Hub, Evidence into Policy Conceptual Framework

A conceptual framework based on the framework of evidence to policy linkage developed by the Alliance for Health Policy & Systems Research (AHPSR) was presented in the 2009 Annual Workplan.

Subsequently, this framework has been used as a basis for the development of goals and objectives to guide the Knowledge Hubs for Health initiative, and serve as a framework for monitoring and evaluation. This framework has been used to structure the annual plan.
Table 1: Goals and Objectives for the Knowledge Hubs for Health Initiative

<table>
<thead>
<tr>
<th>Objective 1: Knowledge resources</th>
<th>To increase the critical, conceptual and strategic analysis of key health 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.</th>
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<tr>
<td>Objective 2: Convening and strategic partnerships</td>
<td>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.</td>
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<tr>
<td>Objective 3: Communication and dissemination</td>
<td>To effectively disseminate relevant and useful knowledge resources which aim to influence policy thinking at national, regional and international levels.</td>
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<tr>
<td>Objective 4: Capacity building</td>
<td>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.</td>
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A brief review of progress against these objectives during 2009 indicates the following:

**Objective 1: Knowledge resources**

Although the process of ‘start-up’ of the analytic work in each of the products identified for 2009 was slower than expected, due to the need to engage partners to review and clarify the objectives and approach, significant work has been completed or is near completion in nearly all areas. The only area still in the preparatory stages is the Non-State Provider work in PNG. However, it must be acknowledged that the work to date has addressed initial activities, and further work is planned in all areas.

**Objective 2: Convening and Strategic Partnerships**

At this level the communications and networks are a strong point. We have been able to connect with and engage the World Bank, WHO WPRO, and regional networks such as EQUITAP, APNhan. The recent decision to implement a
World Bank Flagship course means we are linking with the newly established Asia Network which consists of expert institutions in Thailand, Indonesia, Sri Lanka, Hong Kong and S. Korea.

We have also engaged with interested Australian experts from three institutions, Curtin University, Australian Institute of Health and Welfare (AIHW) and the Menzies Center for Health Policy. At this stage the relationships remain at an individual level, but we hope to progressively build institutional relationships over the longer term.

Objective 3: Communication and Dissemination

As reports of initial work are completed, we have developed guidelines for a series of "Working Papers" as a knowledge resource which, through communication and networks, will be disseminated to a range of individuals, organizations and institutions. It is proposed to further develop some of the working papers into journal publications to ensure credibility and acceptance of the evidence and knowledge at the international level.

Objective 4: Capacity Building

We have focused during this year on building internal capacity within the Hub, and have recruited additional academic staff with health financing expertise, including a senior academic, and senior research officer. We have also commenced attracting and engaging PhD students in this area of work. In addition, as part of the process of the development of the knowledge products, capacity building for regional partners, and for ourselves, has occurred through seminars, teaching sessions, and document review.
4. Strategic Aims of the Work Plan for 2010

To continue building the progress of the hub and strengthening our credibility, the following strategic aims have been identified for the 2010 work plan.

Consolidation of Current Work and Current networks

Our work outputs from 2009 represent the early stages of knowledge generation in health financing, non state providers and health policy analysis. The 2010 work plan will seek to consolidate these areas of work by building on the findings from each of these products, and further developing the work where appropriate e.g. the equity and health financing work builds on the analysis of frameworks and methodologies undertaken through product #1 in 2009. The non state providers work will go into regulations around private health care markets, while the Pacific work will develop the policy analysis at regional level, and explore the impacts on health financing. The consolidation of these areas of work will be a key strategic aim in the 2010 and in line with very current global health policy debates.

Producing and Disseminating High Quality Knowledge Products

With the completion of initial work, we are now in a position to engage more actively in the communication and dissemination of knowledge products. This will involve publishing papers in the “Working Paper” format for initial dissemination, and conduct of seminars in countries, mainly by the in-country partners. This is aimed at national policy and decision makers. However, we recognize that health financing studies have generally aimed at addressing specific policy questions, with limited attention to academic rigour. In line with our longer term aim of establishing an academic centre in this area, we will also be seeking to build on the working papers to prepare academic articles which can be submitted for publication in scientific journals that are peer reviewed to reach a wider global audience, and to build the academic basis and credibility of the work.

Convening

We will build on and expand the relationships established in 2009, by engaging with additional Australian and regional experts and institutions, to strengthen the analytic work we are undertaking. The capacity to convene Australian level experts and connect them with international development partners and country level partners is an important and useful direction that has many opportunities that will be further built upon in 2010.

Through convening for technical reviews and consultations, the institutions and groups that we are working with can participate in the generation and quality control of our work. This facilitates knowledge exchange and capacity development at the same time. We will use convening at different stages of design, assessment of progress and reviewing the technical work.
Capacity Building and in Country Engagement

As the analytic work progresses, there are increasing calls for more engagement of policy makers and researchers in countries of the region in the work. This was raised at the technical review meeting. In particular, representatives from the Pacific islands stressed the importance of engaging and building capacity in Pacific island countries, rather than just using ‘outsiders’. Our engagement with local research partners in Indonesia and Vietnam has demonstrated the benefits of this involvement, through their knowledge of local conditions, and ability to identify and access key policy makers. We propose to expand our engagement in countries, primarily through local research organizations, such as the Fiji School of Medicine, and the University Research Centre in Cambodia, combining this with capacity building, and communication and dissemination.

Areas of Work (Product areas)
We have continued to review the appropriateness and relevance of the focal areas of work selected for products in 2009, as set out in Table 2 (adapted from the 2009 workplan). This table sets out the potential range of issues in health financing and their status in terms of the evidence to policy framework. The third column identifies where the HPHF Hub proposes to contribute. The selection of areas of contribution is based on our experience in the initial product areas of 2009, our assessment of ongoing developments in the operating context, and the appropriateness and capacity of the Hub to contribute.

Given the Hub’s role is in contributing to the evidence for policy decisions, our work focuses on issues closer to the early stages of policy development rather than the later operational and implementation stages, where much greater in country engagement and context specific advice is needed.

However, our review of areas of work has led us to propose the following changes:

(1) Product #1: Evidence and strategies for health financing policies in Asia Pacific.
In recognition of the complexities and significant work being undertaken by other groups, particularly WHO, in this area, we will focus our work in this product more on monitoring global developments and analyzing their implications for our region, particularly the Pacific, while continuing to interrogate and reflect on the implications of the studies we are undertaking to identify implications or potential contributions to global work on frameworks, methodologies and indicators.
(2) Additional Area of Work : Equity and health financing

In reviewing the results of our initial work in Product #1, our technical reviewers have suggested that we focus more on outcomes, and a particular outcome of interest is how to achieve better equity of access, and equity of protection from financial risk.

Equity, particularly in terms of improving access to health care and protection from financial risk for the poor, is a key policy objective for many national policy makers. Several countries in the region have adopted or are considering health financing interventions to improve equity, notably various forms of social health insurance, and conditional cash transfers to the poor.

This is a particularly important issue in the Asia-Pacific region, where market oriented policies have tended to improve access to resources, including health care, for the higher income groups, while lower government investment in public health care has reduced access and quality of care for the poor. As a result, studies have shown persistent or widening inequalities in health status, access to health care, and risk of impoverishment from health care costs in many Asia-Pacific countries.

In addressing equity, we propose to work across other dimensions than that of income, including such areas as gender and disability. Health financing data is rarely disaggregated by gender, and there are few studies of the ways in which different health financing approaches might impact on gender equity, or on people with disability.

(3) Linkage Between Knowledge Products

In implementation during 2010 we will further develop the linkages between the different areas of Hub work. In particular, the work in product 1 “Advancing Strategies and Evidence for Health Financing Policies”, provides an opportunity to reflect on and explore the implications of findings from work in other products, for our understanding of frameworks, data needs, and analytic methodologies for the study of health systems.
### Table 2: Framework of Potential contributions from Health Policy and Finance Knowledge Hub (modified from 2009 workplan)

<table>
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<th>Knowledge/Policy Phase</th>
<th>Themes/Issues</th>
<th>Proposed Hub Contribution</th>
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<tr>
<td>1. Agenda Setting:</td>
<td>• Future health financing needs, demographic, epidemiologic, nutritional</td>
<td>• Product #1: Identify research ‘gaps’ / needs; research agenda and methodologies:</td>
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<tr>
<td>Future Policy Agenda</td>
<td>shifts, NCD’s</td>
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<td></td>
<td>• Monitoring and Evaluating: the effects of Health Financing Policies, Universal</td>
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<td>Coverage</td>
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<td></td>
<td>• Measuring health systems performance against equity and health outcomes</td>
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<tr>
<td>2. Agenda Setting:</td>
<td>• Public Private Investment Partnerships, Role of Non State Providers</td>
<td>• Product #2: Role and regulation of non state providers</td>
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<td>Current Policy Debates</td>
<td>• Performance Incentives</td>
<td>• Product #1: Monitoring of global health aid developments and implications</td>
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<td>– Policy options</td>
<td>• Managing market failures in health care</td>
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<td>• Aid Effectiveness in Health Sector</td>
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<td>3. Policy Formulation:</td>
<td>• Social health insurance (SHI)</td>
<td>• Product # 4: Achieving equity outcomes from health finance interventions</td>
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<tr>
<td>International Consensus</td>
<td>• Protection of poor, social safety nets (SSN)</td>
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<td></td>
<td>• Budget allocation to health</td>
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<td></td>
<td>• Resource Allocation, Prioritisation</td>
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<tr>
<td>4. Policy Formulation:</td>
<td>• Roles and functions of government institutions / non-state</td>
<td>• Product # 3: Health financing and policy development in the Pacific</td>
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<tr>
<td>National Policy Making</td>
<td>• Cost effectiveness of health programmes, e.g. M.N.H. services, Rural Health Services</td>
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<td></td>
<td>• Social Health Insurance, Social Safety Nets</td>
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<tr>
<td>5. Policy Implementation:</td>
<td>• National Health Accounts</td>
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<tr>
<td>National / Sub national Policy Implementation</td>
<td>• Establishing useful information systems for health finance</td>
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<td></td>
<td>• SHI / SSN</td>
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<td></td>
<td>• Costing studies/MNH, primary care</td>
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<td></td>
<td>• Contracting</td>
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## 5. Programme of Work and Specific Knowledge Products for 2010

### Summary Table of Outputs for 2010

<table>
<thead>
<tr>
<th>Area of Work</th>
<th>Expected Outputs</th>
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| Product #1: Advancing Evidence and Strategies for Health Financing Policies in Asia Pacific | • Ongoing reflection on implications of results from products as potential contribution to development of methodology and conceptual frameworks for evidence on effectiveness of health financing policies  
• Working paper on developments and trends in global health aid and impacts on national health systems and health financing |
| Product #2: Role of Non State Providers in Service Delivery and Implications for the State | • The State of Regulation in Indonesia and Vietnam: A Baseline and Analysis Report  
• Policy Choices: Policy Scenarios Report Indonesia and Vietnam  
• Lessons learnt on role and regulation of non state sector from cross country comparisons  
• Working Papers: Church as non-state providers of health: Systematic documentation of Non State Providers in PNG  
• Characteristics of “good” church and state health provider relationships in PNG and internationally.  
• Working Paper: Review of Evidence and PPIP’s in PNG |
| Product #3: Pacific Focus: Health Policy Development in Pacific Region        | • PIC Seminar: Consultation with PIC research Community, Policy Makers and development partners  
• Working Paper: Regional Governance and health financing in the Pacific  
• Working Paper: Managing Global Health Initiatives in the Pacific to achieve Country Level Health Policy and Health System goals |
| Product #4: Improving Equity through health Financing                          | • Working paper: Review current debates and issues on measurement of the Impact of Health financing interventions on equity  
• Working Paper: Stocktake of health financing interventions in the Asia Pacific and impacts on equity  
• Working paper: Developing Evidence in Relation to Health Care Equity for People with Disability |
| Knowledge Management                                                          | • Reports on Technical review meetings  
• Seminar: In country, Indonesia, Vietnam, PNG,  
• Alliance for Health Systems & Policy Research Conference in Geneva |
| Initiating PhD Research                                                        | • Year 1: Phd in Cambodia Community Based Financing  
• Year 1: PhD in Indonesia, Regulation of Private Health Care Markets  
• Year 1: PhD in Role of Non State providers in Scale up Services in PNG |
5.1. Product #1: Advancing Evidence and Strategies for Health Financing Policies in Asia Pacific.

Background

The focus of work during 2009 has been on review and initial stocktake of frameworks and methodologies that might provide a basis for evidence of effectiveness of health financing policy reforms and their impacts on health systems, and on identification of requirements for data recording, collection and analysis.

Through this work we have identified three key building blocks to advance availability and use of evidence for policy making related to health financing systems:

- **Frameworks**: Frameworks identify the elements and associated factors involved in health financing, and suggest causative pathways for their links with health system performance.

- **Data**: Data on health financing, such as revenue and expenditures, are needed to populate the frameworks. National Health Accounts are the principal source of health financing data.

- **Methods of Analysis / interpretation**: Using data and frameworks identify links with performance, appropriate indicators, and ways to identify effective interventions or policies.


This paper compiles inputs from collaborators on the three aspects of advancing evidence – frameworks, data and analysis and interpretation for policy. It identifies some of the challenges and issues involved in obtaining and providing evidence on effective health finance policy interventions, and recommends next steps. The report concludes that this is a complex and contested area, with significant work being undertaken by international groups including WHO and the WB.

**Proposed work for 2010**

Our work in 2009 has demonstrated the formidable methodological difficulties in identifying causative links between health financing interventions, and health system outcomes. Given this, our focus will be on reflecting on and exploring the implications of our work in products 2 to 4, in relation to particular health system outcomes, rather than attempting to develop more comprehensive health system analytic frameworks.
The aim will be to monitor and liaise with developments in international work on health system performance analysis and measurement, with a view to identifying how and where our work could make a useful contribution. As part of this work, we propose to undertake a review and analysis of current developments in global health aid governance and mechanisms, and their potential implications for national level health financing and health systems, with a focus on Pacific countries.

Implementation

Main activities

(a) Undertake a review of global trends in health development assistance, an assessment of Australian responses, and identify the known or potential impacts of these changes in global and regional health aid on national level health systems and health financing, with a particular focus on Pacific island countries.

This work will also contribute to work in Product #3 to assist Pacific Island country policy makers to better manage and respond to these global and regional trends.

(b) Ongoing monitoring of publications, discussion and debates in regard to approaches and methodologies for the analysis of how health financing interventions impact on health system outcomes, and liaison with those contributing where appropriate.

(c) Ongoing reflection and interrogation of the work being done in the other product areas, to identify lessons and findings that are relevant to the international debates on methodologies and approaches to evidence. This may result in contributions to the discussion on frameworks, data collection methods (including possible contributions to the revision of the System of Health Accounts), and analytic approaches.

Implementing Partners: This work will essentially be undertaken ‘in house’ as part of the development of our own understanding and engagement in global debates on health financing issues. We will continue to engage with Australian partners (AIHW and Curtin, University of Queensland – HIS Hub), regional partners (Institute of Health Policy, Sri Lanka; WPRO; the ADB NHA project group, and partners in Products 2 to 4), and international partners (WHO, WB) where relevant.

Expected Knowledge Outputs

- Finalisation of initial Working Paper on stocktake of strategies and methods for generating and using evidence on health financing policy
• Working paper on changes and trends in global health aid and their potential impacts on national health financing and health systems.

Communication and Dissemination

Potential users of this product include the new Asia-Pacific Observatory, particularly in regard to the format for the Health in Transition studies; the Asia Pacific National Health Accounts Network, particularly the Pacific NHA group; the OECD group revising the System of Health Accounts (SHA); and the Alliance for Health Policy and Systems Research. It is proposed to submit a paper for presentation at the AHPSR conference planned for 2010.

5.2. Role of Non State Providers in Service Delivery and Implications for the State

A. Vietnam and Indonesia

Background

The Hub in 2009 undertook an initial “landscape” analysis in two countries where the marketisation of health care is seen to be growing rapidly and leading to many distortions, risks and opportunities in the health sector. Indonesia and Vietnam were chosen; working with research institutions in both countries we have focused on non state hospitals. The reasons for focusing on the institutional providers is that hospitals often represent the largest expenditures on health care both from health budgets and at household levels and often represent catastrophic expenditure.

Outputs:

Two working papers are being developed

(a) Systematic Literature Review, Relationship between State and Non State providers

A literature review was conducted of the frameworks that have been developed to analyse the key relationship governments have with non state providers.

(b) Non State Providers: Discussions on Recent Studies from Indonesia and Vietnam

This working paper draws on the findings and highlights the policy challenges from the growth of private hospital markets in both countries. The country studies are described below.
Vietnam: Part 1 of the study describes the types and geographical spread of all formal non state providers in Vietnam. Part 2, is a regulatory analysis of non state providers in Vietnam which examines the current regulatory environment in relation to the non state sector and highlights policy gaps and regulations that should be addressed in order to respond to the growing non state sector.

Indonesia: A landscape study of non state hospitals in Indonesia. The rise and spread of non state hospitals is used as a lens with which to analyse the marketisation of curative health care showing the historical and changing role of the private sector (for profit and not for profit) in Indonesia. This study provides an overview of policy challenges that are emerging, examines how these policy challenges affect aspects of distributional equity, access to curative services for the poor, and describes policies related to the not for profit sector and the overall regulatory environment for the private sector.

Technical Aim

From the initial work, two key questions emerge:

- What Role is the Private Hospital Sector playing in meeting Health Sector Performance and Health Outcomes?
- How effective are regulatory systems to manage market failures in the health care system to protect consumers and meet national equity goals?

The aim for 2010 is:

To analyse the impact of the non state hospital provider market against equity, coverage, consumer protection and health outcomes. Identify which policy options are available for governments to direct non state sectors towards meeting health sector goals.

Main Activities

The Regulation of Non State Hospital Providers in Indonesia and Vietnam

Assess the effectiveness of current regulatory and policy environments for the non state provider hospitals in the health care markets in Indonesia and Vietnam.

(a) Baseline and Analysis of Current Regulations

Conduct a baseline description of the current regulatory system.

- What is the status of current regulations governing Non-State Providers and public providers? What are new proposed regulations, what are they trying to address?
• How is compliance monitored and enforced, what institutions are involved, are data collection systems in place?
• What is the mix of regulatory strategies that are observed in both countries, and is this mix suitable for the current issues/gaps identified (command and control, self regulation, incentives, market harnessing regulations, disclosure of information, monitoring quality)?

(b) Assessment of market failures and regulatory gaps

Undertake an assessment to determine market failures and regulatory gaps, using frameworks for regulatory analysis: Questions to be addressed include

• To what extent are the impacts of market failures observable and how do they affect equity, coverage, quality, consumer protection and health outcomes?
• How do current regulatory strategies tackle these. (Pricing Control, Overservicing, Distribution, Monitoring quality, Entry to market, Role of professional organizations, Role of consumer groups, Information available to consumers)?

(c) Policy Choices: Forecast Scenarios: Indonesia and Vietnam

Based on the underlying values of the national health goals of universal coverage in Indonesia and the national health goals in Vietnam develop a range of policy choices based on the work in 2009 and the regulatory baseline and analysis.

What relationships can be sought between the public and private sectors to maximize health systems goals?

• What could be possible consequences of current trends in the non state sector, what is current data showing (taken from the 2009 landscape work)?
• What kind of policy options should be considered for the not for profit sector?
• Are non state hospitals meeting national equity goals? If not, how can this be better achieved? What is the contribution of non state hospitals to health outcomes?
• Is there a need for institutional changes, e.g. independent bodies, separation between regulator and regulatee to avoid conflict of interest, strengthening the role of consumer groups, and consumer information?
• What kind of technical analysis and solutions are required for these policy options?
• What is the broader relationship with economic growth in relationship to private sector hospitals, can this be maintained and achieve national health goals at the same time?
(d) Cross Country Comparative Analysis:

Comparison of the results of the analysis in Vietnam and Indonesia will be undertaken to identify lessons that might be generalizable, and to explore the influence of contexts, health systems, and political and social environments on the expected outcomes. In undertaking this work, we will also consider other countries in the region that are experiencing growth in the private sector, and work with regional technical expert groups such as the Public Health Foundation in India (PHFI). The aim is to apply identify the lessons and findings from the regulatory analysis that can be applied to other countries in the region through a comparative analysis.

Implementation Steps

1. Design approach and develop methodology for analysis, consultations with in country partners and technical advisers
2. Undertake literature reviews
3. Data collection, documentary analysis, conduct interviews with selected policy makers and technical managers
4. Compilation and analysis, preparation of report
5. Technical Review of initial report
6. Final Review and publication
7. In country partners will be responsible for dissemination and consultation with the policy makers and other stakeholders in country

Expected Knowledge Outputs

- The State of Regulation in Indonesia and Vietnam: A Baseline and Analysis Report
- Policy Choices: Policy Scenarios Report Indonesia and Vietnam
- Report on Comparative Analysis of Regulatory Systems to Manage Private Sector Hospital Markets

Implementing Partners: Center for Health Services Management University of Gadjah Mada, Indonesia; Health Policy and Strategy Institute, Vietnam, Public Health Foundation of India. local experts (Abby Bloom)
B. Non State Providers in Papua New Guinea

Background

A working group on PNG was formed during the 2009 Technical Review meeting. This group comprised of members of all Knowledge Hubs as well as some other participants with experience of PNG. The purpose of the working group was to discuss potential work plan ideas for 2010 focusing on the theme non-state actors in the health system in PNG.

Prior to this working group, a meeting was held with Dr Clement Malau, the PNG Secretary for Health to discuss research priorities from the perspective of the National Department of Health (NDoH). Suitable strategies of engagement were also discussed during this meeting. Dr Malau agreed there as a need for better research and evidence around many areas, but the NDoH staff capacity is limited and any analytical work proposed should be both endorsed by the NDoH, but also be sensitive to the present capacity limitations of NDoH staff.

A one day workshop on PNG was held in the Nossal institute on the 24th of September to plan activities for the 2010 work plan. The results of workshop suggested that further analysis non state providers from a policy perspective and service delivery perspective would be useful to inform government, development partners and non state providers.

The rationale for work in PNG includes:

(a) PNG is a unique case where non state providers are in partnership with the government and significant elements of health services are contracted out. However many aspects of this are not appropriately addressed through legislation, regulation, monitoring and documenting the evidence base.

(b) New initiatives are in the planning process where the national government is contemplating Public Private Investment Partnerships for health infrastructure. It would be timely to undertake a review of the evidence for these approaches in contexts such as PNG to understand the potential impacts, opportunities and risks of such large scale investments.

(c) Maternal mortality is a high priority for the national government, communities and development agencies. There are opportunities for non state providers to participate in targeted interventions which can support the prevention of maternal deaths.
Technical Aim

To examine factors that influence the relationship between the government and non state providers in PNG in order to identify potential options for more effective engagement for service delivery.

Main Activities

Engage PNG based research partners on the following activities.

(a) A systematic documentation of the types of non state providers, the types of services they provide, their financing arrangements, contractual relationship with government or other donors, and what are deemed as successful, what are characteristics of good partnerships.

(b) Analysis of potential roles of non state providers to provide interventions for the prevention of the “second delay” in maternal mortality.

(c) To review the evidence for PPIP and examine the potential application of such an approach in the PNG context, and discuss potential impacts, opportunities and risks.

Implementation

The work will be undertaken in collaboration with Australian experts engaged with work in PNG (including University of Queensland HIS Hub, UNSW and the HRH Hub, Burnet Institute) as well as the PNG Department of Health and PNG research institutions. It is intended that the analytic work can be used to develop capacity without becoming a burden on the institutions in PNG.

We will identify a number of early career researchers from PNG to work with the team at the Nossal and provide the technical and management support they need to conduct the work. A group will be invited to spend time in Melbourne to design, plan and implement the work.

The senior research officer at the Hub engaged in this work will also be undertaking PhD studies related to this area of work, thus building capacity in Australia as well.

Expected outputs

1. Working Paper: Role of Non state providers in preventing the second delays in maternal mortality

2. Working Papers: Church as non-state providers of health:
a. Systematic documentation of Non State Providers in PNG

b. What makes church delivery of health services different? Include review of international experiences of identified health outcome variances which are explained by provider type variation.

c. Characteristics of “good” church and state health provider relationships in PNG and internationally.


Potential Partners: WCH Knowledge Hub; HRH Knowledge Hub; HIS Knowledge Hub; PNG Health Cadetship; Divine Word University; University of PNG; National Research Institute; AusAID HHTG as Advisers

Communication and Dissemination

Important beneficiaries are the PNG officials, PNG researchers and development partners. Findings will be disseminated by working with the correct partners in the region.

5.3 Pacific Focus: Health Financing and Policy Development in the Pacific Region

Background

In 2009 in we prepared 3 case studies in partnership with the Menzies Center for Health Policy. The case studies helped to draw a picture of how different stakeholders have been involved in the transfer of policy from the international to regional to national levels. The aim is to contribute to evidenced based approaches to health policy development in the Pacific. It is expected that by applying health policy analysis we can assist development partners, national governments and others involved in health policy development to better understand the complexities of the policy process, and the dynamics between the various actors in order to engage in more effective policy development that supports aid effectiveness in the region.

Outputs:

Five Working Papers: “Pacific Focus” Health Policy Development in the Pacific

This product represents the first stage of building knowledge on how health policy is made and transferred from international to regional and national levels in the pacific region. It studies the roles of the different stakeholders in the health policy
process and tries to better understand the complexities and dynamics between the stakeholders involved.

The analysis builds on the Gilson and Walt 1994 framework of policy analysis. It applies the framework to 3 case studies

- The Evolution of Primary Health Care in Fiji
- The Development of SWAs in Solomon Islands and Samoa (3 working papers)
- The Regional Financing of HIV and NCD’s in the Pacific

These specific case studies have been used to draw out the dynamics of policy development, ask questions of how evidence based is used in health policy making, to what extent are stakeholders adhering to agreed aid effectiveness objectives in the region, what are the processes for policy making, and who is leading policy initiatives.

The case studies have provided a useful introduction to the complexity of health policy development and to some of the issues specific to the Pacific, as well as providing a method of engaging with PIC partners.

**Technical Aim for Work in 2010**

For 2010, we propose to build on the work in 2009 by further strengthening and building engagement with PIC partner organizations, as well as focusing more on the issues and implications for health financing. The aim is contribute to evidence for PIC policy makers at national and regional levels on the management and allocation of health finances to address current and future health system needs. Given the significant role that external funding plays in the Pacific region, an important aspect of this work is to explore and analyse the roles and relationship dynamics between development agencies, regional and national agencies, and how the resulting policy decisions impact national level health financing and measure against national priorities and the Pacific Aid Effectiveness principles. Aid effectiveness will remain a central lens of the analysis.

**Main Activities**

(a) Seminar and Consultation with PIC Researchers and Policy Makers

In early 2010 we will convene selected experts and PIC representatives from Pacific research community, those involved in health policy formulation and international development partners. The seminar will discuss the approach we are taking to health policy analysis in the region, present findings from the case studies and explore methodologies and how the work can be best used to inform
policy process and policy makers in the region, particularly in regard to health financing.

(b) Role of Regional Governance mechanisms on health financing.

Various regional governance mechanisms for the health sector have been set up in the Pacific with leadership from WHO/WPRO, Pacific Health Ministers, development partners and the SPC. These include funding mechanisms such as the the Global Fund and the Pacific HIV Response Fund.

This study will examine the role of these regional cross-country governance mechanisms and their impacts on health financing. The study will focus on the lessons, policy outcomes and implementation of the various declarations and resolutions emerging from regional forums such as the Pacific Health Ministers’ Meetings from 1995 to 2009. This analysis is policy relevant as Ministers of Health are keen to understand the impact of the various regional forums on national level realities.

(c) Managing Global Health Initiatives in the Pacific to achieve Country Level Health Policy and Health System goals

Using a methodology designed by comparable studies recently published in Lancet and Health Policy & Planning, identify approaches through which countries have managed funding from Global Health Initiatives to address national health priorities and health systems goals and their relevance to PIC countries.

- Examine the influence of Global Health Initiatives on national health policy, health financing and health systems
- Specific examples include demonstrating how countries have used funds designed for HIV or malaria to support more general health system needs and analyse the how health systems have adapted to the funding provided by global initiatives
- Explore how funding may have detracted from or contributed to core health system goals.
- Explore how funding may have impacted/distorted budget allocations at the national level and what might be done to mitigate this.

Countries have yet to be selected for this case study.

(d) Ongoing tracking of health financing in the Pacific, including external sources, and internal sources, and the allocation and expenditure of these funds

This work will build on the compilation of data used in the HIV and NCD study undertaken in 2009, and link with the proposed ‘Health at a Glance in the Asia-Pacific’ summary of key health indicators based on NHA data being developed by
It will also seek to build on the strengthening of NHA processes and practices in the Pacific through the ADB NHA project. The aim is to provide regional and country policy makers with compiled and comparative information on health financing flows in the Pacific.

**Implementation**

The PIC work will be implemented in partnership with the Menzies Center for Health Policy, Fiji School of Medicine and Nossal Institute Health Promotion and Disease Prevention Unit, and selected partners from PIC countries.

Each activity requires documentary analysis, literature reviews, consultations and interviews with PIC country partners, regional partners such as WHO/WPRO, WHO Suva, World Bank, ADB, and donors such as AUSAID, NZAID, JICA and others as required.

A review and validation process will require external reviewers yet to be identified.

**Implementation Partners:** Menzies Center for Health Policy, University of Sydney; Fiji School of Medicine; Other Hubs; AIHW, Curtin and IHP for the NHA work in the Pacific.

**Expected Knowledge Outputs**

- Seminar Report: Consultation with PIC research Community, Policy Makers and development partners
- Working Paper: Managing Global Health Initiatives in the Pacific to achieve Country Level Health Policy and Health System goals

**Communication and Dissemination**

The main beneficiaries are seen as country level governments, managers of health programmes, regional level partners and development partners.

Appropriate communications with WHO/WPRO, SPC, World Bank will be important to discuss findings and the right methods for dissemination and communicating findings.
5.4. Improving Equity through Health Financing: Evidence from Health System interventions.

Background

While there is a lot of evidence regarding inequalities in health, access to health care, and costs of health care in populations, there is much less evidence on the impacts of health care financing interventions on equity. Recent work by Peter Annear has also demonstrated some of the methodological issues associated with the measurement of equity, particularly issues of the measurement of ‘breadth’ and ‘depth’ of financial protection.

The Hub seeks to contribute to the area of equity by synthesizing and developing the evidence available to policy makers on decisions regarding health financing reforms or interventions.

Technical Aim

(1) Contribute to the methodology for the analysis of the impact of health financing policy reforms (such as health equity funds, social health insurance, user fees and fee wavers) on the equity of their outcomes; and, as a result,

(2) Review evidence on health financing interventions which are designed to improve equity, and seek to identify the factors, both in context and in health system operation, that contribute to better or worse equity outcomes.

The principal policy relevance of this work will be for multilateral and bilateral donors, and for national governments, in formulating and regulating health finance reforms to address equity objectives, such as access to social health insurance.

Main Activities

(a) Measurement of the Impact of Health Financing Interventions on Equity.

This activity will examine innovative health financing interventions in Cambodia, such as health equity funds and community health insurance, through data collected on their impacts on equity of access to health care, costs of health care, and risk of household impoverishment from health expenditure. Sources include work by Peter Annear funded under an ADRA grant, and work of a Cambodian PhD student looking at community based health insurance in Cambodia.

This work will particularly look at a range of measures of equity of impact, and seek to identify those measures and methodologies that are most appropriate for health financing interventions. It will consider equity in dimensions of income, gender and disability (see activity C).
(b) Compiling the Evidence of Equity Impact: a multi country analysis.

Further work will be undertaken to identify evaluations of health financing interventions which have examined impacts on equity in other countries of the Asia-Pacific – both in terms of health outcomes and financial protection.

This activity will build on work being undertaken by the HPHF Hub, Burnet Institute and the University of Queensland on “Building an investment case for equitable progress towards the maternal and child health related Millennium Development Goals”. This includes studies in India, Indonesia, Philippines and PNG.

It will also link with the recent review of the WPRO Regional Health Financing Strategy, and the information on progress towards achieving equity goals in countries of the WPRO region compiled for the review.

The aim will be to better understand the contexts and health system attributes which contribute to improved equity from health financing interventions, and thus assist policy makers in selection of appropriate interventions.

(c) Developing Evidence in Relation to Health Care Equity for People with Disability.

This work will focus on Cambodia and Solomon Islands, two countries which have indicated their commitment to improving equity in health care for people with disability, by signing the Convention on the Rights of Persons with Disabilities.

Building on the partnership between the Nossal Institute and CBM on disability inclusiveness, the Australian Disability Development Consortium core paper on disability, and AusAID’s Inclusive Development Policy, this work proposes to work with Disabled Peoples Organisations (DPO’s) to analyse how current health financing policies impact on the ability of people with disabilities to access health care, and the extent of protection from financial risk afforded to them.

Implementation

Activity (a): Measurement of the Impact of Health Financing Interventions on Equity

The Hub will work together with local partner institutions, the University Research Centre, in Cambodia, that has been active in conducting research in this area.

- Synthesis of current data on health financing interventions
• Develop methodology for analysis against equity impact including dimension of disability

Activity (b): Compiling the Evidence of Equity Impact.

The Hub will work with the Investment case partners in Australia (University of Queensland, Burnet Institute) as well as regional country partners (including the Public Health Foundation of India, URC Cambodia.) We will seek to engage groups in Australia with an interest in equity, including groups at Latrobe, Adelaide (Commission on social determinants) and UNSW.

• Technical meeting with Partners
• Design analytical work and methodology using current reviews and equity studies
• Literature review and search of grey literature
• Technical review meeting to present and assess findings

Activity (c): Developing Evidence in Relation to Health Care Equity for People with Disability

• Technical meetings with partners and DPOs from 2 countries, Solomon islands and Cambodia
• Regional review of consideration of people with disabilities in current health financing policy
• Design methodology for analytical work
• Support partners to collect and synthesise data
• Technical meetings to review findings

Implementing Partners: URC Cambodia; PHFI India; DPOs from Cambodia and Solomon Islands

Expected Knowledge Outputs

• Working paper: Debates and Issues on the measurement of the Impact of Health financing Interventions on Equity

• Working paper: Stocktake of health financing interventions in the Asia Pacific and impacts on equity

• Working paper: Developing Evidence in Relation to Health Care Equity for People with Disability.
6. Knowledge Generation, Management and Quality Control

The work for 2010 will increasingly emphasise the quality of knowledge generation and dissemination. The 2009 work plan allowed us to establish relationships with various institutions and experts and develop mechanisms of peer review and technical guidance. In 2010 these mechanisms will be enhanced by integrating them more closely with the design, implementation and review of knowledge products.

Main activities

Technical reviews

Three technical reviews will be held in relation to the 3 areas of work. Participants will include our technical advisory group. Australian, and international experts will be convened to review and assess technical quality of each piece of work at different stages of progress throughout the year.

Expected Outputs

- Three reports on technical reviews
- Enhanced quality control and peer review mechanisms

Publications

The Hub has developed a staged process to guide the production of working papers and ultimately articles for submission to peer reviewed journals. This sets out the review and quality control steps and procedures for the development of papers. The emphasis is on the preparation of papers for publication in peer reviewed journals, to expose the work of the hub to a wider critical community as well as give wider exposure. The other effect will be to strengthen the academic rigour and standing of a newly formed knowledge hub in Australia. However, working papers and policy briefs will also be produced to ensure communication with policy makers who may not read international journals.

Knowledge repository

The HPHF Hub will collaborate with the UNSW HRH Hub on the proposed collective Knowledge Hubs for Health Knowledge repository. This will provide a single web-based ‘gateway’ to access knowledge resources across the Hubs, and will facilitate compilation and dissemination of knowledge products.
7. Monitoring and Evaluation

Monitoring and evaluation of outputs and outcomes from the work of the HPHF Hub will be based on the M&E Framework jointly developed by the Hubs and AusAID. This framework has been adapted to the work being undertaken by the HPHF Hub, and is set out in Annex 2.

Measurement of some of the indicators will be challenging, and will require good documentation of processes. We have been establishing documentation and recording procedures for Hub activities, and have commenced trialing the process of ‘outcome mapping’ in order to measure against the higher order outcome.

Key stakeholder ‘targets’ and potential changes resulting from the Hub’s outputs have been identified for the three product areas of work in 2009. This will form the basis for monitoring outcome changes during the remaining 2 years of Hub funding.

High quality working papers are being developed which present the key results of work in each product area, and these will form the basis of assessment against indicators of relevance, quality, and usefulness for policy. However, different product areas focus on different stages of the evidence-policy cycle, and may address only particular aspects of the full range of indicators in the framework.

8. Communications

The Nossal Working Paper Series

This series is one of the important overall outputs and communications vehicles for our knowledge products. The working paper series was chosen as it allows work to be published that may not be ready for peer review and informs the readers that the work is ongoing but there is sufficient data and findings that can be exposed to a wider community.

Seminars

The seminars will take place at country levels in Indonesia and Vietnam initially and handled by our partners in country. These seminars will aim to reach a variety of target audiences but mainly policy makers and researchers. Other seminars will take place in Australia, these will be discussed with the AUSAID partners as we believe the findings from our work should be presented at forums in Canberra to disseminate amongst AUSAID colleagues, other development partners, NGO’s and other parties interested in international health policy.
Conference Presentations

We will seek out opportunities to present our work at appropriate conferences, in particular the proposed AHPSR conference in 2010.

9. Convening and Strategic Partnerships

The Regional Level: Over the last year we have been able to connect with the following regional bodies and maintain the links throughout the year:

WHO/WPRO: Attendance at the Technical Review of Western Pacific Regional Health Financing Policy.

UNESCAP: Attendance at Ministers of Health meeting held by UNESCAP in Colombo which focused on Sustainable Financing for Health.

Secretariat of the Pacific Community (SPC): We attended a meeting held by the SPC to discuss work on a “Framework on Health Priorities” which allowed our hub and other hubs to present ourselves and our intended work to the regional body.

We have developed closer ties with the centers involved at the regional and global levels such as the Institute of Health Policy in Sri Lanka. The center has shown continued support and willingness to be involved in the development and strategic guidance of the hub.

We plan to maintain and broaden links, including with the recently formed Asia-Pacific Observatory on Health Systems, the Asian Network of WBI providers, the regional OECD office, and with regional experts in Thailand and South Korea.

The Australian Level: Australian links have been formed with the Australian Institute for Health and Welfare, the Center for International Health, Curtin University and the Menzies Centre for Health Policy.

Our experience here has shown us that actual work linking technical experts is the best way to engage at the Australian level. Collaboration without a formal activity is more difficult to achieve. We also learned that Australian Institutions not already involved in international health are not particularly interested in international health. However, attendance at the Australian Health Economics Society conference, together with representatives from the newly formed Vietnam Health Economics Association, provided an opportunity to introduce some of the regional issues.

The Country Level: To address the analysis and research related to AUSAID priority countries requires us to collaborate with the specialist groups in country. We have built on previous partnerships in Vietnam and Indonesia for work
specific to the Non State Providers in both countries. It is envisaged that we will further seek to develop partnership with institutions in the Pacific especially the Fiji School of Medicine.

The Global Level: At the global level the World Bank through Peter Berman and the East Asia Pacific desk officer has shown particular interest, support and willingness to engage, give guidance as well as enter into specific activities (WBI Pacific Flagship course see activities in following sections)

We have also been developing networks at this level which include GTZ, Harvard International Health Programme, and we intend to seek further links with the London School of Hygiene and Tropical Medicine in 2010.

Overall our approach to networks, partnerships and collaboration is to focus on quality, this means organizations of high repute that are genuinely interested and willing to enter into joint activities. These collaborations intend to mutually deliver high quality knowledge products for our hub as well as strengthen our standing in the global community involved in knowledge generation for health financing and health policy.

Cross Hub Collaboration

The experience from last year shows that cross hub collaboration goes on at many levels not only around specific activities. In 2010 cross hub collaboration should focus on specific activities and dissemination of working papers.

The joint dissemination of working papers coming out of all the hubs would represent a more powerful body of work emanating from Australia with a strong regional focus. The Hubs are already developing ways of combining these efforts. Activities that we will conduct together with other Hubs are product 4 equity and financing, building on the Investment Case for MDG’s 4 and 5. The HIS/UQ hub has been leading on this project and working on much of the equity analysis, and we hope to be able work with the hub in order further build on this work for 2010.

10. Capacity Building

Our current approach is to weave capacity building into the activities that we are implementing through in country partners or through Australian groups that we are working with. Working together and implementing the activities in the work plan, linking technical experts, technical agencies, holding technical reviews, gaining peer reviews of our work are all seen as capacity building both for the Hub, the organisations and people involved.

In 2010 we will collaborate with the World Bank Institute to implement a Pacific Flagship Course. The course has a strong focus on health financing and health
sector reform and targets high level policy makers. Conversations with WBI have already taken place and plans are underway. The course will be conducted in partnership with the recently created WB Asia Network. This network is responsible for implementing the flagship and related courses in the region.

We expect that some of the knowledge from the hubs can be used as learning material during the course.

Initiating PhD Research from the Hub

In 2009 we have three PhD’s commencing through the Hub. We have recruited a Cambodian student that is conducting research into community based health financing and access to community services in Cambodia. Dr. Peter Annear is the main supervisor and research outputs will be linked to the knowledge hub.

Our newly recruited research fellow for health financing will also commence a PhD which will research barriers and enablers to accessing health services in PNG and the role of non state providers in the scale up of health services in PNG.

Our current manager will be changing roles in the New Year to commence PhD studies in collaboration with the London School of Hygiene and Tropical Medicine. The supervision will be by Professor Anne Mills and Dr. Kara Hanson who are both leading figures in international health policy. This will allow us to develop good links with the LSHTM and other potential partners in the UK. The area of research will be Regulation of Private Health Care Markets in Indonesia.

With these three areas of new research that will be emerging from the Hub we will contribute to the early establishment of our academic center in International Health Policy and Finance and further move towards the longer term sustainability.
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<tr>
<th>Description</th>
<th>Total for this Proposal</th>
<th>Q1 2009</th>
<th>Q2 2009</th>
<th>Q3 2009</th>
<th>Q4 2009</th>
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<td><strong>P</strong> Personnel</td>
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<td><strong>I</strong> Support country collaborators / product development</td>
<td>370,000</td>
<td>92,500</td>
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<td><strong>T</strong> Training / education</td>
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<td><strong>C</strong> Consultation</td>
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<td><strong>M</strong> M&amp;E development</td>
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## Annex 1: Risk Management Strategy

<table>
<thead>
<tr>
<th>Objective/ source of risk</th>
<th>Assumptions</th>
<th>Risks</th>
<th>Likelihood</th>
<th>Consequence</th>
<th>Risk Management strategy</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1</strong>&lt;br&gt;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></td>
<td>Insufficient expertise in Australia</td>
<td>Likely</td>
<td>Minor</td>
<td>a) Build on existing expertise, even if limited. Encourage investment in sector through linking with universities/relevant institutions</td>
<td>Whole hub officer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Australian expertise willing to support regional policy making</td>
<td>Moderate</td>
<td>Minor</td>
<td>b) Tailor some activities to focus on sensitisation &amp; participation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Australian expertise have capacity and resources to contribute</td>
<td>Likely</td>
<td>Minor</td>
<td>c) Tailor strategy to improve capacity and resources available for sector Extensive consultation with Australian/regional/international policy makers &amp; knowledge brokers</td>
<td>Hub manager/officer</td>
</tr>
<tr>
<td><strong>Objective 2</strong>&lt;br&gt;Build/ engage in communication, networks and partnerships between Australian institutions and Asia-Pacific national, regional and international researchers, policy makers and teachers.</td>
<td>Stakeholders have willingness and capacity to engage through networks and partnerships.</td>
<td>Stakeholders unwilling/ have no capacity to engage.</td>
<td>Moderate</td>
<td>Major</td>
<td>Allow for differential engagement – ensure stakeholders are informed and able to participate even if capacity is limited. Investigate funding options to encourage active participation. Develop tailored engagement strategies for different stakeholder groups.</td>
<td>Hub manager</td>
</tr>
<tr>
<td><strong>Objective 3</strong>&lt;br&gt;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</td>
<td>Knowledge resources not produced in a timely manner</td>
<td>Possible</td>
<td>Major</td>
<td>Steering committee, committee will maintain regular oversight of progress.</td>
<td>Governance committees, technical director, Project Officer, Hub manager</td>
</tr>
<tr>
<td></td>
<td>b) Products will be accessible to policy makers, Development partner and others involved in this work</td>
<td>Dissemination strategy inappropriate/ ineffective</td>
<td>Unlikely</td>
<td>Major</td>
<td>Dissemination strategy will be developed in collaboration with relevant stakeholders to ensure appropriateness and enhance dissemination to the right levels and people</td>
<td>All hub members, Research fellow and...</td>
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<tr>
<td>Objective 4</td>
<td>Build / develop capacity of regional and national institutions to participate effectively in evidence informed policy making.</td>
<td>Knowledge resources will have limited impact on policy in short term. Quality of products is weak.</td>
<td>Almost certain</td>
<td>Minor</td>
<td>Ensure high quality work. Sustain engagement with policy makers, development, conduct evaluations of knowledge products.</td>
<td>principal research to screen quality</td>
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<td>-------------------------------------------------------------------------------------------------</td>
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<td>----------------------------------</td>
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<tr>
<td>AusAID compliance requirements</td>
<td>Regional/national institutions have resources and capacity to disseminate evidence to Governments and other policy makers. Ongoing AusAID-wide support for initiative. AusAID revises direction/purpose of hubs.</td>
<td>Institutions lack sufficient resources to improve capacity.</td>
<td>Moderate</td>
<td>Major</td>
<td>Focus attention on institutional level capacity building. Facilitate meetings with donors/technical agencies to address resource constraints in the medium term. Work with in country research partners and link with good experts to develop capacity and communications and channel resources to implement work. Ensure work of the hub is high quality, ensure the hub has good collaborations and high quality partners. Reach consensus on deliverables and directions for sustainability. Reach consensus on key partners, stakeholders, approaches and activities. Ensure regular communication to clarify AusAID priorities/policies/strategies. Ensure we meet AUSAID expectation and evaluations.</td>
<td>Whole hub/manager</td>
</tr>
<tr>
<td>Political context</td>
<td>In country political cooperation of government, AUSAID and others. Ministry of Health or Government refuse to cooperate (decline or, refuse to support team).</td>
<td></td>
<td>Moderate</td>
<td>Major</td>
<td>Adapt engagement through in-country counterparts</td>
<td>Hub Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective</th>
<th>Indicators</th>
<th>HPHF Hub Indicative Progress markers ¹</th>
<th>Tool/ Means of verification</th>
<th>Responsibility</th>
<th>Timing/Frequency</th>
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</thead>
<tbody>
<tr>
<td><strong>Aim:</strong> Contribute to the quality and effectiveness of Australia’s engagement in the health sector in the Asia Pacific region through expanded expertise and an expanded knowledge base relating to health policy and health finance that is of practical value and used by stakeholders in development.</td>
<td>'Content' contributions: to expansions of expertise and knowledge base - uptake and use of Hub knowledge products in developing the policy agenda, best practice guidelines, and health system reform at international and national level</td>
<td><strong>Product 1:</strong> Revisions to the WPRO regional health financing strategy following review</td>
<td>Outcome Mapping² as documented by: Review of revisions to WPRO strategy. Summarised in Annual Report</td>
<td>Senior Research Fellow</td>
<td>Annual</td>
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<td><strong>Product 3:</strong> Contributions to content of Pacific WB flagship course</td>
<td>Outcome Mapping as documented by: Review of content in WB flagship course</td>
<td>Hub Manager</td>
<td>Annual</td>
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<td><strong>Product 2 Indonesia:</strong> Provisions in new law for hospitals; regulations for new law</td>
<td>Outcome Mapping as documented by: Report from Indonesian partner</td>
<td>Project Officer</td>
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<td><strong>Product 2 Vietnam:</strong> MoH decisions / regulations on private sector hospitals</td>
<td>Outcome Mapping as documented by: Report from Vietnamese partner</td>
<td>Project Officer</td>
<td>Annual</td>
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<td>'Process' contributions – to the process of policy development: - improved use of evidence and analysis in development of policy; - improved collaboration and coordination among stakeholders including donors / multilaterals - improved engagement of Australian expertise</td>
<td>Contributions to Pacific regional governance - recommendations from PIC consultation (March 2010)</td>
<td>Outcome Mapping as documented by: Report from PIC consultation meeting Interview SPC</td>
<td>Project team</td>
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<td>Indonesia: facilitating contribution of NSP hospitals to new law</td>
<td>Outcome Mapping as documented by: Report from Indonesian partner</td>
<td>Project officer</td>
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<td>Contributions to data availability – health financing data on the Pacific</td>
<td>Outcome Mapping as documented by: Report from Hub team</td>
<td>Project team</td>
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<td>'Structure' contributions – capacity / engagement of institutions / organisations in evidence informed policy making</td>
<td>Contributions to WPRO health systems observatory</td>
<td>Outcome Mapping as documented by: Interview WPRO</td>
<td>Project team</td>
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¹ These are medium term indicators determined through the Outcome Mapping process.
² See M&E Plan
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<th>Objective</th>
<th>Indicators</th>
<th>Tool/ Means of verification</th>
<th>Responsibility</th>
<th>Timing/Frequency</th>
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| **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 | Policy relevance indicators  
- Relevance and significance of policy issue selected  
- Appropriateness of area of work in terms of evidence gaps, work being undertaken by others  
- Contribution / consideration of key cross cutting issues eg gender, aid effectiveness  
- Quality of documentation produced  
- Significance of new ideas / approaches / policy recommendations in terms of policy area (innovation)  
- Practicality; degree to which focus is on issues of practical significance to policy makers  
- Contestability, degree to which approach / results challenges prevailing concepts & ideas | Rationale for selection of Hub products as described in the Annual report and workplan.  
Minutes of Technical Review meetings  
TAG members & External experts  
TAG/other experts and Editors. | Annually  
Annually  
During drafting process |
| Knowledge / academic indicators  
- Methodology – appropriateness; strength in addressing problem; feasibility to provide desired results  
- Process of implementing methodology and adherence to research best practice  
- Quality of outputs in terms of documentation, clarity of description, level of analysis, evidence provided for results claimed | Technical Review of Working Papers as documented in the Research Protocol and external Technical Review Reports | TAG/other experts and Editors. | During drafting process |
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<td>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</td>
<td>Quantitative &amp; descriptive indicators Numbers and range of individuals / organisations involved / consulted and convening activities undertaken in the different phases / aspects of product development  eg - design / development of ToR - implementation – data collection / analysis - technical review during implementation - dissemination</td>
<td>Matrix of activities captures participants at HPHF Hub events and key external events attended by Hub reps presenting work of the Hub with supporting documentation of meetings Monthly reports capture consultation and implementation process for each product. Individuals and comments on Working Papers by reviewers documented by Research Protocol Working paper dissemination list detailed in stakeholder matrix.</td>
<td>Project officer</td>
<td>Ongoing</td>
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<td>Quality standards for convening: - appropriate experts / stakeholders involved in terms of interests / expertise - Hub engages with / participates in appropriate networks / groups - neglect of any who should have been involved - degree / method of involvement - impact / contribution from involvement - degree to which this is a new involvement or strengthening of existing involvement, or no change</td>
<td>Feedback from HPHF Hub events documented in Communications Stakeholder Feedback Surveys Working paper dissemination list detailed in Stakeholder matrix Individuals and comments on Working Papers by reviewers documented by Research Protocol Monthly report/ Annual report</td>
<td>Project Officer</td>
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<td><strong>Objective 3:</strong> 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.</td>
<td>For each knowledge product: Dissemination strategy to be developed which sets out: - target groups for use of the knowledge product (national, regional and international) - expected / potential benefits or use by the target groups - processes to disseminate / provide access to the knowledge product by the target groups either directly or indirectly (through publication, websites, conferences)</td>
<td>Quality at Entry assessment of Communications Strategy Dissemination of Working Papers documented by Stakeholder matrix Communication vehicles and events captured by Matrix of Activities that incorporates meeting reports &amp; participant lists e.g. Technical review meetings; presentations at Beijing IHEA, AHES, AHSPR; Pacific Flagship course; in-country seminars in Vietnam &amp; Indonesia.</td>
<td>External Reviewer Project Officer</td>
<td>TBC Ongoing Ongoing</td>
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<td>Effectiveness of strategy: Policy makers aware of research/knowledge products Policy makers perceive products to be accessible (well translated) Policy makers demonstrate commitment to process through attendance at conferences, participation in meetings Policy makers request products be further disseminated, request further knowledge products from Hubs.</td>
<td>Quality at Completion assessment of Communications Strategy Feedback on HPHF Hub Working Papers and other publications documented in Communications Stakeholder Feedback Surveys Dissemination of Working Papers documented by Stakeholder matrix Engagement with Policy Makers documented in Monthly reports and event reports and documented in the Matrix of activities</td>
<td>External Reviewer Project officer</td>
<td>TBC Ongoing</td>
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| **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. | Internal Hub capacity to:  
- identify key issues in HP and HF  
- to carry out higher level research in these areas  
- To convene and engage on these issues  
- To effectively disseminate | Matrix of activities captures Hub related PhDs; Monthly reports capture number of Academic staff appointed to Hub; non-Hub funded relevant activities  
Annual report captures improvements in Nossal Capacity. | Project officer | Ongoing |
| Capacity of other Australian individuals / **institutions:**  
- numbers commencing / completing post graduate study (PhD, masters, coursework)  
- institutions providing training / opportunities for individuals to train in relevant areas / or to include regional issues in training | Monthly reports capture support for other institutions e.g. Curtin Health economics course; Burnet health economics course | Project Officer | Ongoing |
| Regional individuals / **institutions**  
- numbers of individuals completing fellowships / study visits to Australia; or participating in courses / training conducted in regional countries  
- institutions developing capacity to undertake research / training / analysis in relevant areas. | Feedback from Regional Partners documented by Interviews regarding Capacity Development  
Matrix of activities captures Visiting fellows from regional partners (HSPI, UGM etc)  
Monthly reports capture sponsored participants in other courses e.g. Curtin | Project Officer  
Project Officer | Ongoing |