

HEALTH POLICY AND HEALTH FINANCE KNOWLEDGE HUB

Annual Report – 2010



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KNOWLEDGE HUBS FOR HEALTH

Strengthening health systems through evidence in Asia and the Pacific

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1. Introduction

This is the third Annual Report of the Health Policy and Health Finance Knowledge Hub (HPHF Knowledge Hub) and reports on activities conducted during the calendar year January to December 2010.

The HPHF Knowledge Hub commenced operation in April 2008, and has progressively built internal capacity through recruitment of additional staff, now totalling 5 full time staff and 4 part-time. It has continued to engage with experts and practitioners in Australian and regional organisations, as well as country partners.

The report is structured around the four objectives and aims of the Knowledge Hubs for Health Initiative, and the four 'products' or specific areas of work of the HPHF Knowledge Hub. The table in Annex 2 summarises the contribution of each of the products to the objectives and aims.

We have included in this report additional activities, referred to as 'complementary activities', which have been undertaken by the Nossal Institute for Global Health as host of the HPHF Knowledge Hub, but that were not funded directly by AusAID funds, particularly where these activities have contributed to or linked with Hub activities under each objective. An example is the Millennium Development Goals (MDG) 4 and 5 investment case studies undertaken in India and Nepal, which are part of a cross Hub project funded by the Gates Foundation, and have contributed to better understanding of the health financing constraints on achieving equity (Products 1 and 4).

2. Highlights for 2010

We commence the report with a brief summary of what we see as the highlights of our work in 2010.

(1) Indonesia not-for-profit hospital associations study visit. This visit brought together for the first time leaders of the different religious associations which own and manage Indonesia's not-for-profit hospitals with a representative of the Ministry of Health (MOH) and our study partner, the University of Gadjah Mada, to explore the policy implication of the Hub study on the not-for-profit sector. Input and ideas from not-for-profit hospitals in Australia and from the private hospital regulatory branch of the Victorian Department of Health contributed to building the understanding of the group of policy options and approaches. The visit resulted in a commitment to form three working groups to address key policy issues of: taxation relief; hospital governance; and broadening income sources. This has led to a new appreciation of the important role that not-for-profit providers play in the health system, and the options for regulations to implement relevant provisions of the new Hospital Law to support that role.

(2) Pacific Flagship course. This was the first time that the World Bank Institute's Flagship course on Health Sector Reform and Sustainable Financing was presented in the Pacific context. The abridged course provided an opportunity for the Flagship course presenters to introduce the Flagship concepts to Pacific Island health system managers and consider its applicability in the Pacific context. Many lessons were learnt for further adaptation of the course, to enable it to become a vehicle for the transmission of evidence and knowledge gained from studies of health systems in the Pacific, to health system managers of Pacific Island Countries. This led to improved understanding among stakeholders of what is needed to address the specific health system policy issues of the Pacific.

(3) Engagement with senior Pacific health officials on studies of aid effectiveness in the Pacific, especially on regional health governance, including the Pacific Senior Health Officer Network (PSHON) meeting. At the meeting, presentations excited considerable interest and discussion from the PSHON members. Discussion at this meeting provided direct input to the research on regional health governance mechanisms and also provided exposure across the Pacific to the general work of the HPHF Knowledge Hub. Follow-up interviews with senior health officials complemented the

earlier consultations with development agencies, leading to a Working Paper being presented to the quintilateral group of development partners in December 2010.

(4) Annual technical review meeting with study partners, in country and regional policy makers and stakeholders and Technical Advisor Group. The annual technical review meetings were more focused on technical issues this year, with presentation of findings and discussion of policy implications around key issues of universal coverage, aid effectiveness, and regulation of health systems. The review meetings included presentations by policy makers of the current state and policy needs in these areas, and exchange of ideas around the work of the Hub. This led to discussion of the concept of policy pathways as a series of linked policy steps to lead to a policy goal, rather than a focus on policy choices at each step.

3. Setting the scene: Global and regional policy priorities

To ensure the ongoing relevance of our work, we have monitored the changing global, regional and national context relevant to our work throughout 2010. Issues impacting on the global health agenda have been reviewed and reported internally on a monthly basis. We have also drawn on evidence-compiling initiatives on health systems convened by WHO Western Pacific Regional Office (WPRO); WHO South East Asia Regional Office (SEARO); and the World Bank Institute and new publications, such as the series of papers on Global Health Financing, and the World Health Report for 2010.

At the start of 2010, the Global Financial Crisis and its impact on governments' capacities to fund health services emerged as a key issue. A potential policy response identified was to increase development assistance through Global Health Initiatives (GHIs), such as GAVI or GFATM, although there was considerable debate in the literature and in policy forums on the role of GHIs in addressing health system weaknesses. This led the HPHF Knowledge Hub to undertake a review of the debate and to prepare an additional Working Paper, aimed primarily at AusAID, on the potential role of GHIs in supporting health systems.

Over the course of the year, the health-related MDG targets have been an increasing focus of attention for the global development community, particularly the projected failure to achieve MDGs 4 and 5. Equity was increasingly identified as an important factor to be considered in reaching the MDGs. We have sought to use some of the expertise of the HPHF Knowledge Hub in addressing the issue of maternal and child health through complementary activities, such as the cross-Hub collaboration on case studies of investments needed to achieve MDGs 4 and 5 in India and Nepal. Our engagement in providing technical oversight and support to the Australia-Indonesia Partnership on Maternal Neonatal Health has been another opportunity to use Hub expertise to achieve MNH service delivery improvements. We have also explored access to maternal care in PNG within a collaborative paper with staff at the PNG National Department of Health and in collaborative work with the Burnet Institute PNG.

During 2010, universal coverage emerged as a priority health financing issue, in terms of access to quality services and financial risk protection. Universal coverage was the focus of the 2010 World Health Report. This was a key issue discussed at the Technical Review Meetings, and will be a focus for further work in 2011. There is a need for more evidence on pathways to universal coverage, and of the relative impacts on equity, government expenditure, and out-of-pocket expenditure. Expenditure in the non-state or private sector is also an important contributor to out-of-pocket expenditures and this links our work on the non-state sector with achieving universal coverage.

Aid effectiveness has continued to receive much attention, with several reviews of the role of GHIs, and the implications of the increasing complexity of the global health aid architecture on aid

effectiveness.¹ This emphasis was reflected within the HPHF Knowledge Hub's 2010 workplan, particularly through work under Product 1, on Global Health Initiatives, health systems strengthening and aid effectiveness and under Product 3, on multilateral financing and sector-wide approaches in the Pacific.

The importance of knowledge and evidence for policy makers remains high on the broader global agenda. Regionally four key partners (WPRO, SEARO, WB and ADB) have come together to sponsor the establishment of an Asia-Pacific Observatory for Health Systems. Late in the year, the First Global Symposium on Health Systems Research, sponsored by a coalition of UN agencies, emphasised the potential of health systems research to provide policy-makers with credible evidence on pathways to universal coverage. This forum, to which the HPHF Knowledge Hub contributed, looks set to be a future platform for showcasing effective evidence-to-policy, and if the second symposium takes place in China in 2012, as indicated, may be a valuable focus for future AusAID-supported knowledge initiatives.

4. Reporting against objectives

The first two HPHF Knowledge Hub workplans focused on three areas (products one to three), and expanded to a fourth area (Product Four) in 2010. In late 2009, the HPHF Knowledge Hub adapted the cross-hub monitoring and evaluation framework for the purposes of measuring HPHF Knowledge Hub progress. This results in a matrix of four products which contribute in different ways to the four objectives and to the overall aim. Annex 2 summarises the contribution from the four products. The following section reports in more detail on the achievements against each of the objectives, and, where appropriate, by product (this is primarily relevant to objective one).

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.

The HPHF Knowledge Hub analytic work is primarily organised around four focus areas or products. This section will describe the activities, key findings, outputs, policy relevance and proposed next steps for each of the issues analysed, while the influence of the work on policy thinking or practical application is described under objective 3, dissemination and communication.

Product 1: Advancing Evidence and Strategies for Health Financing Policies in Asia Pacific and Product 4: Improving Equity: Evidence from Health System Interventions

While these two products were described separately in the 2010 workplan, in implementation the work of the two products was largely integrated, and is reported on together here. For the 2011 workplan, products one and four have been combined.

Activities in Product One examined some of the broader issues of health financing, including achieving financial risk protection and the role of global health initiatives, while activities under Product Four focused on the issue of equity in health and identifying approaches to health care financing that had been designed to improve equity in selected countries in the Asia-Pacific region.

Products 1 and 4 - Activities undertaken in 2010

- Global Health Initiatives (GHIs), health systems strengthening and aid effectiveness. A draft paper was prepared, linking with the Nossal Institute Global Health Dialogue group. The paper summarised the recent debate about the role of GHIs and their relationship to health systems strengthening in developing countries, and provided some options for development partners such as AusAID. This is being summarised for publication as a Working Paper.

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

- Methodological issues of cross-country comparison of health systems performance. This work reviewed the literature on the indicators used in cross-country comparisons, sources of data and relative strengths and weaknesses of different approaches, particularly in regard to the Asia-Pacific. It provided some ideas on dealing with methodological problems that may be of use to the Asia Pacific Health Systems Observatory. The paper has been circulated for comment.
- Health financing strategies in six Asian countries. An initial analysis was conducted on the health care financing performance, policies and strategies in six Asian countries (Cambodia, China, Laos, Mongolia, the Philippines and Vietnam) to determine common elements and differing priorities. A draft paper developed a simple diagrammatic approach to comparing breadth, depth and scope of financial protection coverage across countries.
- Disability and access to health care in Cambodia. This work, including primary data collection in Cambodia, was undertaken by CBM in partnership with the HPHF Knowledge Hub. The research aimed to analyse the unmet health needs of people with disabilities and to develop a clearer picture of equity in regard to access to health services and meeting of health needs of rural Cambodian people with disabilities. A draft research report has been prepared and a Working Paper is in preparation.

Complementary activities

- An analysis of internal contracting in the Cambodia public health system. This work, as part of a PhD supervised by HPHF Knowledge Hub staff, investigates the introduction of decentralised performance-based management for district health care delivery in Cambodia – implemented as Special Operation Agencies – and proposes an approach for evaluating its efficiency. A paper has been accepted for publication and will be included as a book chapter by the partner agency, the Cambodia Development Resource Institute.
- A review of methodologies for health seeking behaviour studies. This work describes current approaches to carrying out health seeking behaviour studies, using Cambodia as the primary reference (with regional examples). The paper critiques documented approaches from the standpoint of the social determinants of health. Based on this critique, models have been presented for approaching research of health seeking behaviour from a different analytic standpoint. A draft Working Paper has been published.
- A comprehensive literature review Health Equity Funds in Cambodia and annotated bibliography: This work reviewed the published and grey literature on the effectiveness and operation of Health Equity Funds in Cambodia. A Working Paper was published in 2010.
- Linkages between demand-side financing schemes in Cambodia and Laos. This work, through an ADRA grant, considered the policy implications of combining community based health insurance and health equity funds in Cambodia and Laos. Final reports have been prepared and two articles prepared for peer reviewed journals.
- Equity in maternal and neonatal health in Bangladesh (MDGs 4 & 5). This work was based on an analysis of equity in access to MNH services, based on the findings from a pilot voucher scheme implemented by the Ministry of Health & Family Welfare in Bangladesh. A paper was submitted to the Social Science & Medicine Journal.
- Estimating investment costs to achieve MDGs 4 and 5 in selected sub-national locations in India and Nepal. This cross Hub study applied the Marginal Budgeting for Bottlenecks analytic framework to identify and cost the scale up of strategies which addressed constraints to equity in access and use of effective interventions to achieve MDGs 4 and 5 in Nepal and two states of India. The results will be used to inform national planning and development partner assistance funding.

Products 1 and 4 – Context and policy relevance

The work under Products 1 and 4 addresses knowledge gaps identified in previous mapping and focuses at the level of agenda setting and underlying methodological issues. It is 'reflective' and seeks to build on the experience and reports of work done in a variety of countries, comparing and analysing the implications for a broader policy agenda. As such policy-users are more likely to be those engaged at the regional and international level, than at individual country level. In undertaking

this work we have been able to use the results from previous research and policy engagement by Hub staff, particularly in Cambodia and Laos, as the basic data that has been incorporated in further reflection and analysis.

There are three key policy issues of relevance:

(a) Cross country comparison. One of the key aims of the Asia Pacific Observatory on Health Systems is to improve the availability of comparative data and to carry out comparisons in order to identify common lessons. The Hub's work on comparative frameworks will support the methodology underlying this aim. However, given the complexity of the issues and early stage of Asia Pacific comparative work, on the advice of the Technical advisory group, we do not propose to undertake further work in this area.

(b) Universal Coverage. Universal Coverage has been identified as the key regional priority in the WHO Regional Health Financing Strategy, and has received further attention in the World Health Report 2010. Universal coverage requires a health financing policy which protects users of health services from high costs, and enables them to access quality health services. However, there are considerable policy challenges for each country as it moves from the current fragmented partial coverage towards universal coverage. The concepts of breadth, depth and scope of coverage discussed in the Hub studies are central to policy decisions on achieving Universal Coverage.

(c) Equity in access to services and protection from financial risk. There is increasing recognition of the importance of equity considerations in health finance strategies. Many countries in the region have recognised the need to provide financial risk protection to the poor through targeted demand side funding (social health insurance and equity funds). More evidence is needed on the best strategies for different contexts, while it is also important to consider equity impacts in terms of gender and disability, as well as income. The Hub's work in this area contributes to a better understanding and evidence on achieving equity outcomes from health financing strategies.

Products 1 and 4 - Key findings

The review of studies of GHIs, health systems strengthening and aid effectiveness indicate that GHIs have had a positive influence on development assistance for health, through their mobilisation of additional resources and new mechanisms for fund disbursement. However, their focus on vertical disease control programs has been a limitation. As GHIs move to engage more in Health Systems Strengthening, they face challenges in addressing country-level health systems, which require context-sensitive approaches. It is suggested that bilateral donors are in the position of engaging in and 'bridging' the global agenda and national country-specific agendas.

(a) Cross-country comparison of health systems performance: It was found that despite a range of performance frameworks developed both by high income countries (HIC) and international agencies (OECD, WHO), there was not yet a common agreed framework for cross country comparison. Some important steps were identified to address conceptual and contextual methodological issues: improving comparative data; agreeing on a feasible range of indicators of key aspects of health systems and performance; measurement of context; and developing innovative methods of comparative analysis which avoid single performance measures.

(b) Universal coverage: The comparison of health financing strategies demonstrated considerable variation in the extent of coverage of financial risk protection, and in the breadth and depth of that coverage across the six Asian countries. Expansion to achieve universal coverage needed to take into account the current fragmented arrangements, and the extent of breadth and depth of coverage, rather than focus on population coverage alone.

(c) Equity: The increased attention being paid to equity in Cambodia and Laos must be translated into policy based on evidence related to the most effective interventions that provide disadvantaged communities access to health services. Reaching universal coverage is a key issue in both

countries. In Cambodia and Laos, various demand-side financing schemes have been implemented, planned or piloted, including compulsory insurance schemes civil servants and private sector employees, voluntary and community insurance for the informal sector, and health equity funds for the poor. In Cambodia, equity funds cover the poor population in almost 70% of all health districts and Government financial contributions to these funds have begun. Laos is extending community based health insurance and hoping to achieve national coverage by 2015. Now, various means to combine these these fragmented schemes in a universal coverage system are being considered.

(d) The investment case work – marginal budgeting for bottlenecks – has demonstrated the significant differences in access to effective interventions for poorer groups, and how improving this could contribute to achieving MDGs 4 and 5. However, there is a lack of evidence on effective strategies for improving access and scaling up access, and the costs associated with this.

Products 1 and 4 - 2010 Outputs

- Global Health Initiatives, Health Systems Strengthening and Aid Effectiveness: Working Paper completed and sent for external review;
- Methodological issues of cross-country comparison of health systems performance: Draft paper prepared; a commentary or policy brief will be prepared for publication in 2011;
- Literature review of health equity funds in Cambodia and annotated bibliography: A Working Paper was published in 2010; and
- Conceptual frameworks, health financing data and assessing performance—a stock take of tools for health financing analysis in the Asia-Pacific region: Published as a Working Paper in 2010.

Outputs from complementary activities:

- A functional model for linkages between demand side financing schemes in Cambodia and Laos: Paper submitted for publication;
- A policy analysis of demand-side financing in Cambodia and Laos: paper prepared for publication;
- Book chapter on internal contracting in the Cambodia public health system: accepted for publication;
- Working Paper on Health-seeking Behaviour studies in Cambodia finalised and published;
- A study of health-seeking behaviours among the poor in Phnom Penh: report published by UNICEF Cambodia;
- Health systems strengthening in Myanmar: paper accepted for publication, Health Policy journal; and
- Foreign policy and development assistance in Myanmar and the DPR Korea: paper prepared for publication.

Products 1 and 4 - Next steps

In 2011, work under products one and four will merge into a single product focussing on Health Financing Strategies to address key policy issues of universal coverage and equity of access, including health system impacts of the rising non communicable disease (NCD) burden.

The main purpose of work under the combined Product One will be to provide policy makers with an analysis of a range of health financing strategies and how they contribute to the achievement of key health system goals of universal coverage, equity of access, and assisting health systems to address the challenge of NCDs. The key policy question is: “What are the policy options for using health financing strategies to contribute to achievement of the health system goals of universal coverage, equity of access, and control of NCDs?”.

Work progressing on from 2010 will be undertaken through a series of case studies of the situation in specific country contexts, which will be the basis for synthesis and identification of relevant lessons at a regional level:

- (1) Analysis of policy options in selecting pathways to achieve universal coverage in Cambodia and Laos;
- (2) Identifying policy options to address prevention and treatment of NCDs through health systems strengthening in case studies in Fiji and one Asia country (Bangladesh or Cambodia); and
- (3) Policies and strategies to improve equity of access and their implications for health finance strategies.

Product Two: Role of Non-State Providers in Service Delivery and Implications for the State

In 2010, Product Two focused on examining the role of Non-State Providers of hospital services in Indonesia and Vietnam, and the regulatory, economic and incentive environments which currently encourage their growth. The HPHF Knowledge Hub worked closely with research institutions in both countries – the University of Gadjah Madah (UGM) in Indonesia and the Health Strategy and Policy Institute (HSPI) in Vietnam. Work on the regulatory environments of mixed healthcare systems in India was also undertaken by the Public Health Foundation of India (PHFI).

The aim for 2010 was to analyse the factors influencing the growth of non-state hospitals and their role in the health sector, and to identify policy options available for governments to direct non-state actors towards meeting health sector goals, in the context of their wider national social and economic policy goals’.

Product Two - Activities undertaken in 2010

- Finalisation of the literature review of frameworks for analysing relationships between state and non-state providers. This work examined frameworks, typologies, and taxonomies in current use for analysing the relationships between the Government (“the State”) and non-State providers (“the private sector”) in the provision of healthcare services. A draft WP was completed and will be published in early 2011.
- Finalisation of the initial mapping studies of non-state hospitals in Vietnam and Indonesia. This work was undertaken by the UGM team in Indonesia, and by HSPI team in Vietnam, during 2009 and identified the location, size and activities of non-state hospitals and their growth over the last ten years in both countries. The results were synthesised into a comparative study.
- In-depth case study of non-state hospital providers in Indonesia. This work, undertaken by UGM, examined in more depth the policies and regulations related to non-state hospitals, the factors involved in their growth, and the role and function of non-state hospitals. It particularly focused on the role of not-for-profit providers, and of the medical profession.
- In-depth case study of non-state hospital providers in Vietnam. This work, conducted by HSPI, compiled in-depth case studies of non-state hospitals in three contexts in Vietnam, and compared their functions and compliance with relevant policy and regulations with state hospitals in the same locations.
- Research framework to characterise the regulatory environments of mixed healthcare systems in India. This work, undertaken by the PHFI aims to develop an analytic approach and framework to identify how and where implementation of regulation deviates from expectations set out in the regulations, and to identify key gaps in the response to the mandate of regulation. A draft report has been prepared on this work, with a final report expected in late January 2011.

Complementary activities

- A study of the regulatory and policy environment and how it contributes to social policy goals, particularly in relationship to equity of access of women to emergency obstetric services in Indonesia. This study is being undertaken by a PhD student with some Hub support. During 2010 a literature review was undertaken, and the study design developed.

Product Two - Context and policy relevance

There continues to be considerable interest and debate in regard to the role of the non-state sector in contributing to achieving health system goals, such as the MDGs. However, the studies of health

financing in Asian countries which have identified a high proportion of out of pocket expenditure in many Asian countries, largely due to payments for non-state services, emphasise the need to address the non-state sector in achieving universal coverage.

Within the study countries as well, the relevance of the work has grown, as new laws in both Indonesia and Vietnam require new regulations to strengthen government management and regulation of the health system; and as governments invest in more demand side financing, through subsidisation of health care costs for the poor (social health insurance).

In this context, the focus of the non-state sector work has shifted more towards the role of the state, in regulating and managing a mixed health system, with both state and non-state elements, in a general political and economic context that favours market based mechanisms. This means that the work is more relevant to the function of the health system as a whole, and in particular, access of the poor to both state and non-state services.

Product Two - Key findings

Findings from studies on non-state providers demonstrated the increasing 'commercialisation' of the health system in Asian countries, a combination of marketisation (shift to fee for service and user fees), commoditisation, privatisation and liberalisation.² In particular, studies in Indonesia and Vietnam identified significant 'for-profit' orientation outside the traditional boundaries of the non-state sector, as state owned facilities move towards more financial autonomy. Studies in Indonesia have also identified the importance of the 'market' for health care providers, as facilities 'compete' to attract and retain particularly specialist doctors.

A significant finding of the Indonesian studies to date has been the progressive deterioration in the financial status of the large not-for-profit hospital sector, which has been driving not-for-profit hospitals away from their social welfare missions. A particular issue was the lack of government recognition of the social benefit provided by not-for-profits, and a taxation regime which treated them as for-profits. This finding has been communicated to not-for-profit hospital managers and to policy makers through a variety of methods, and has led to new policy developments in Indonesia (see Box 1).

On the other hand, the context in Vietnam is purely of for-profit providers, although the in-depth studies found considerable variation in the role and function of NSPs at different locations and levels within the health system. The review of the regulatory framework has identified a focus on encouraging private investment in the health system, but a lack of regulatory frameworks and capacity to regulate in regard to quality, access and distribution of services.

Box 1: From Research to Advocacy: Engaging civil society in Indonesia

One of the key findings from the initial mapping of the growth of non-state hospitals in Indonesia was the relative stagnation in the not-for-profit sector. Not-for-profit providers had a long history and were responsible for 85% of non-state hospitals, over 40% of all Indonesian hospitals. But there had been little growth in the last 10 years, while for-profit hospitals developed quickly. Further in-depth study identified the lack of tax incentives, and weaknesses in governance and management as key factors.

Our Indonesian partner, the Centre for Health Service Management (CHSM) at the University of Gadjah Mada, communicated the findings to the Associations of not-for-profit hospitals (mainly religious charitable groups) who in turn lobbied the national parliament to include provisions recognising the specific role of not-for-profit hospitals in the new hospital law (Law 40/2009), passed by Parliament towards the end of 2009.

² Mackintosh M. Planning and market regulation: strengths, weaknesses and interactions in the provision of less inequitable and better quality health care. (2007). IKD Working paper No 20. Open University Research Centre on Innovation, Knowledge and Development

Box 1 continued... A study visit to Melbourne by 14 participants in May 2010, including from six of the not-for-profit hospital associations, the Ministry of Health, CHSM, and a national newspaper health reporter, provided the opportunity for in-depth discussion on how to progress the regulations needed to turn the provisions of the hospital law into effect. The study visit examined not-for-profit hospitals in Australia, not-for-profit hospital managers, and the private sector regulatory branch of the Victorian Department of Health.

As a result three key areas of work were identified and three working groups established to progress these areas:

- (i) Regulations to enable tax concessions for not-for-profit providers, based on identification of social benefits;
- (ii) Guidelines and support to improve governance of not-for-profit hospitals to adhere to social benefit goals; and
- (iii) Exploration of additional revenue opportunities, including charitable donations, and contracted provision of services to rural or underserved populations.

The visit was followed by a series of articles in the national newspaper Kompas in July 2010 which focused on the role of not-for-profit hospitals, their current difficulties, and the comparison with Australian not-for-profit hospitals.

Further policy briefs were developed in August 2010 exploring policy options to address the complexities of the regulations (which will need to refer to both Health and Finance laws), and a website and online discussion forum established.

Policy seminars were held with MoH and MOF officials in Jakarta between August and November 2010, to discuss the policy options. Drafting groups formed to develop the new regulations in relation to social benefit and taxation, while other seminars discussed the issues of governance and other revenue sources.

Product Two – 2010 Outputs

- A draft working literature review of frameworks for analysing relationships between state and non-state providers, to be published in early 2011;
- A draft Working Paper synthesising the results of mapping of non-state hospitals in Vietnam and Indonesia;
- A book on mapping, regulatory review and case studies of non-state hospitals in Indonesia. (currently at proof stage);
- A draft report on the in-depth case study of non-state hospital providers in Vietnam; and
- A draft report on a research framework to characterise the regulatory environments of mixed healthcare systems in India.

Product Two - Next Steps

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

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

Objectives for the three main areas of work are:

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

Product 3: a) Pacific Focus: Health Financing and Policy Development in the Pacific Region and b) Non-state providers in PNG

In 2010, the HPHF Knowledge Hub began to integrate two streams of work from earlier work plans. In Papua New Guinea (PNG) work emphasised the role of non-state providers and explored the role of out of pocket contributions to primary health care service provision, and in other Pacific Island Countries, focused on issues of aid effectiveness.

Product 3 - Activities undertaken in 2010

- Regional Health Governance Mechanisms in the Pacific. This work aimed to examine the role of Pacific regional cross-country governance mechanisms, focusing on processes and representation, lessons, policy outcomes, health financing impacts and implementation. Interviews were conducted with development partners and Pacific government health officials, and a draft paper submitted to the quintilateral group in December.
- Governance and management arrangements for health Sector-Wide Approaches (SWAs) – Examples from Africa, Asia and the Pacific. This work aimed to identify ways in which Pacific SWAs can improve their functioning based on examination of global and regional SWA examples. A Working Paper was finalised and published in 2010, providing examples of governance and management arrangements of health SWAs and similar arrangements in a number of countries in Africa, Asia and the Pacific, to inform discussion of options for the Government of the Solomon Islands. This complements the work published in three Working Papers on SWAs drafted in 2009 which were finalised and published in early 2010.
- Analysis of national health accounts (NHA) procedures and the tracking of health funding flows in Fiji. This work initially aimed to provide regional analysis, beginning with Fiji and was to be undertaken by Fiji School of Medicine's Centre for Health Information, Systems and Policy Research (CHIPSR). Once the work began and local complexities emerged, the primary focus shifted to support NHA processes and then to analyse country-level funding flows. A regional expert in NHA provided one visit to support analysis of NHA processes, and CHIPSR researchers continued to work on funding flows analysis. Further work to complete and follow-up is planned for 2011.
- World Bank Institute Flagship course on Health Sector Reform and Sustainable Financing for the Pacific. The HPHF Knowledge Hub collaborated with the World Bank Institute and the Fiji School of Medicine to deliver a short-course on health financing and health reform to Pacific Island government officials based on the World Bank's Flagship Course on Health Sector Reform and Sustainable Financing.
- Strengthening partnerships to improve health service delivery to the rural majority in PNG. This ongoing work has reviewed the international literature on what makes church health service provision different to government service provision and also the characteristics of best practice operational relationships between Government and non-Government providers of health services in LMICs. Valuable lessons and implications from this research for Church and Government stakeholders in Papua New Guinea is being written up in a Working Paper, which is expected in the first quarter of 2011.
- Public-private partnerships (PPPs) in Health - global evidence applied to current trends in PNG. Consultations undertaken in the first quarter of 2010 indicated likely overlap with work being undertaken by other institutions, so this work did not proceed.

- The role of out of pocket expenditure in primary health care in PNG. This work explores the extent and impact of user fees on access and primary health care service provision in PNG. Including discussions on the contributions these revenue make to service operations and the dissonance between policy creation and implementation. A paper has been submitted for journal publication.

Complementary activities

- A PhD student analysed data collected through an earlier ADB-funded research activity to uncover the surprisingly high rate of user fees levied

Product 3 - Context and relevance

It has been important to distinguish work in the Pacific region from work in Asia for many reasons, including the relative size of national entities, and the proportionately greater engagement by external development partners in the Pacific region.

Important themes for health policy analysis in the Pacific region have been shaped firstly by review of national situations, development partner suggestions, and current evidence; and by identifying areas where the HPHF Knowledge Hub can make a distinct contribution. It has been useful to plan work in PNG separately to that in other Pacific Island Countries because of differences in size of population, the nature of health needs and the different partnerships we have in those countries.

(a) Pacific – Aid effectiveness. In the Pacific, where health aid is a dominant force in many health systems, we have prioritised work towards greater aid effectiveness, better information around the allocation of financial resources and the setting of health priorities. This priority, especially the focus on regional health mechanisms, emerged from workplan consultations in 2008, further focused by a consultation with Pacific partners in early 2010, as well as direct discussion with a number of bilateral and regional development agencies such as SPC, AusAID, NZAID and the World Bank.

(b) PNG – PHC service provision and access, and non state providers. Thematic direction for HPHF Knowledge Hub work in PNG has been informed by the direct experience of Nossal Institute staff in PNG, and their discussions with national and provincial health planners. This was strengthened through a cross-hub workshop in the third quarter of 2009, contributing expertise and viewpoints from all Knowledge Hubs for Health, as well as from the World Bank, WHO and AusAID. This identified the themes of access to care, particularly maternal health care, and non-state providers of health services (predominantly Church) as priorities for the HPHF Knowledge Hub. The role of the non-government sector (for-profit and not-for-profits) in PNG is very different from their role in countries in Asia, with a strong reliance on small health systems managed by faith-based organisations that often correspond to individual Church denominations.

External consultants, funded variously by AusAID, WHO and ADB, have recently reviewed arrangements with the non-state sector (primarily Church services) to contribute to service provision in PNG, however significant knowledge gaps remain, particularly on how to use international and local evidence on strengthening the operational relationship between Government and non-government to improve service provision.

Additional opportunities to contribute to these areas emerged throughout 2010. In PNG, an important knowledge gap on the impact of user-fees of primary health care service provision and access was identified.

Product 3 - Key findings

The work on Regional Health Governance mechanisms highlighted the proliferation of regional health governance mechanisms – more than 60 mechanisms - and the burden in time and cost (over US\$3 million annually) that this imposes on senior health officials and other stakeholders. Many of these mechanisms were seen as useful, although perspectives differed between senior health officials and development agency staff. There are opportunities to condense some

mechanisms around common themes, and also to improve the processes used to make regional meetings more effective. Mechanisms that allow for local ownership of agendas and open discussion and sharing, were valued by representatives.

Work on governance and management arrangements for health SWApS highlighted the adaptation to local circumstances and local needs. There were a range of common governance arrangements, including annual or biannual sector reviews, sector coordination meetings, a SWAp secretariat and a formal Memorandum of Understanding (MOU) between development partners and the government. The persistence of disease-specific coordination mechanisms has been an ongoing challenge for health sector coherence. Most countries' governance and management arrangements have changed over time to respond to emerging challenges and shortcomings.

The application of user fees is common in PHC facilities in PNG, and can make an important contribution to a facility's operational budget. However, fees and exemptions are often applied on an ad-hoc basis and often in contradiction of national policies and reportedly create a barrier to access for some. The dissonance between policy formulation and implementation on this issue needs to be re-examined by policy makers and service providers.

International literature provides very useful lessons and insight for the PNG context on characteristics of relationships between non-government providers and governments that support and hinder service provision.

Product 3 - 2010 Outputs

- Draft Working Paper on Regional Health Governance Mechanisms, submitted to the quintilateral group of development partners;
- Working paper on Governance and management arrangements for health Sector-Wide Approaches (SWApS): Examples from Africa, Asia and the Pacific has been finalised and published in 2010;
- Policy briefs, based on 2009 work on History of PHC in Fiji; SWApS in the Pacific;
- Meeting report and recommendations for future courses of the World Bank Institute Flagship course on Health Systems for the Pacific;
- Presentations provided at Australian Association for the Advancement of Pacific Studies on health SWApS in the Pacific, HIV and NCD funding in the Pacific, and user fees in PNG;
- Policy briefs on SWApS in the Pacific and History of PHC in Fiji (based on 2009 work);
- Paper titled "*Fee or free? Trading equity for quality of care in Papua New Guinea*";
- Internal: report on current status and future directions for NHA systems in Fiji;
- Internal: collated literature review information on partnership and contracting arrangements between Government and Church Health Service providers in PNG and globally; and
- Internal: collated data on maternal health care provision by Church Health Services in PNG.

Product 3 - Next Steps

The selected focus areas for work in 2011 build on the activities of 2009 and 2010, and allow completion of work carried over from 2010. In 2011 we emphasise work on issues that impact on the ability of development partners (both government and civil society) and Pacific health managers to work together in policy making for Pacific health systems.

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

1. Aid effectiveness in the Pacific: particularly the degree to which regional mechanisms for governance, as well as national mechanisms for coordination and resource allocation (including SWApS), fulfil the regional consensus on aid effectiveness;

2. Health systems and their resources: supporting regional partners to improve national health accounts (NHAs), analyse the appropriateness of funding allocations, and make best use of World Bank and WHO technical support for health system strengthening; and
3. Primary health care policy and partnerships: describing past and current approaches to the provision of essential health services, emphasising local financing problems and solutions, partnerships with non-state providers, and the implications for PHC policies and reduction of maternal mortality.

Box 2: From Research to Policy Influence: a Case Study from the Pacific

In 2009, through a partnership with the Sydney School of Public Health and Menzies Centre for Health Policy at the University of Sydney, a preliminary assessment was undertaken of Sector Wide Approaches (SWAs) for health in the Pacific region. As a result of this research three Working Papers, which form part of the HPHF Knowledge Hub Working Paper Series, were developed and published in early 2010, to help inform debates about aid effectiveness and health policy development.

The first of the Working Papers provides a historical overview of the emergence of SWAs globally and in the Pacific, and examines how Pacific Island countries and donors have begun to endorse SWAs as a way of working in the health sector. The second explores the health policy making process in the Pacific region, where the dispersed and small populations of its 22 countries and territories, its strong regional actors and mechanisms, and the presence of influential donors and international partners constitute a unique forum for policy making. The third Working Paper in the SWA series provides a comparative case study of health policy development in Samoa and the Solomon Islands, assessing them against key elements of global experience.

As part of the peer review and quality control process for all Hub Working Papers the drafts were shared with the World Bank and other donor and Pacific Island stakeholders. Subsequently, in March 2010, the World Bank provided feedback on the drafts and in collaboration with other development partners, requested that further work be done to identify examples of governance and management arrangements from other global health SWAs to help inform a model in development in the Solomon Islands. This subsequent analysis has been documented in a HPHF Knowledge Hub Background Briefing Paper and a WP which was published in 2010.

This initial work has already proved to be useful and has been utilised in a number of ways. The World Bank has reported for example, that the SWA research has been shared with the Ministry of Health and Medical Services and other key development partners in the Solomon Islands to help inform discussions on what arrangements might be most appropriate. In addition, the findings have been shared with those reviewing the SWA in PNG for the National Department of Health, AusAID and others. The papers have also been requested by those in the World Bank undertaking a review of SWAs in the region.

The Pacific Senior Health Officials Network meeting also provided opportunity for distribution of policy briefs and Working Papers, including those on SWAs, to Secretaries and Deputy-Secretaries for Health in the Pacific, as well as a facilitated discussion on related topics, particularly regional governance mechanisms and the World Bank Flagship course.

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.

Since its inception, the HPHF Knowledge Hub has progressively positioned itself with key stakeholders and potential users of Hub products through convening and consultation activities. During 2010, existing relationships were strengthened, and several new connections developed.

(a) Cross-Hub

Regular communication has continued among the Hubs following earlier collaboration on developing the M & E Framework, and a joint Knowledge Hubs for Health Initiative leaflet. This particularly focused on preparations for the Independent Review, including inputs into the Terms of Reference for the Review. Collaboration has also continued on specific studies, such as the Investment case for achievement of MDGs 4 and 5 (led by the University of Queensland).

The HPHF Knowledge Hub's relationship with Burnet Institute has been important both to the development of the PNG activities and to the maintenance of continued cross-hub collaboration, particularly in the area of maternal health, and is strengthened by sharing of a staff member across the two institutions.

The Knowledge Hubs for Health have participated collectively in a range of events, such as Pacific Senior Health Officials Network meeting, and the Global Symposium on Health Systems Research in Montreux in 2010. We have attended consultation seminars organised by other Knowledge Hubs for Health (e.g. the Human Resources for Health consultation), and representatives have attended our Annual Technical Review meetings.

(b) National

The Nossal Institute for Global Health, as the host for the HPHF Knowledge Hub, is a relatively new institute at the University of Melbourne, and represents the University's investment in building multi-disciplinary engagement from the expertise of the various faculties and schools of the University, in the challenges of global health. As such it is well placed to foster collaboration and convene engagement both within the University of Melbourne and from the wider Australian University sector.

The HPHF Knowledge Hub explored possibilities of collaborating with a range of Australian universities and research groups involved in health financing and policy in Asia-Pacific countries. These included the Centre for Health Policy, University of Melbourne, Faculty of Business and Economics, Monash University, Commonwealth Department of Health and Ageing, Australian Institute of Health and Welfare; and the Australian Centre for Health Economics at the Australian National University).

We have found some difficulty in engaging health economists in Australia in the problems of low and middle income countries in the region, as they tend to focus on the health systems of Australia and OECD countries. However, we have continued to build collaborations with some institutions, including Curtin University School of Population Health, Menzies Centre for Health Policy, University of Sydney, the Centre for Health Economics, Monash University and the International Branch, Commonwealth Dept of Health and Ageing.

A particular opportunity to raise the exposure of the health financing issues of LMICs occurred during the annual Australian Health Economics Society (AHES) conference, when we were successful in presenting a session on health financing issues in LMICs.

Two pieces of work from Product 3 were presented at the 2010 Conference of the Australian Association for the Advancement of Pacific Studies (AAAPS), where Joel Negin presented on HIV and communicable disease funding in the Pacific and Rohan Sweeney on user fees in PNG.

(c) Regional

We have continued to build and expand our relationships with regional health system research groups, and with national policy makers in focus countries in the region. We have found that the engagement with national country partners has been very effective in ensuring our research maintains its relevance, and that we can access the policy systems and institutions of the countries involved. In-country partners have also played a major role in dissemination, through their existing networks and contacts with key stakeholders and policy makers.

We currently have partnerships with the following institutions:

- Fiji School of Medicine;
- Health Strategy and Policy Institute, Vietnam;
- Centre for Health Service Management, University of Gadjah Mada, Indonesia;
- Divine Word University, PNG; and
- Public Health Foundation of India.

We are strengthening existing relationships with:

- National Centre for Health Promotion, Cambodia; and
- National Institute of Public Health, Laos.

We have also maintained regular contact, through email and face-to-face meetings with regional partners including World Bank East Asia and Pacific office, World Bank Institute, the Asia Network for Capacity Building in Health Systems Strengthening, WPRO and SEARO. In particular, we have been actively involved in the discussions around the formation of the Asia-Pacific Observatory, and in contributing ideas to the proposed structure and governance arrangements.

(d) Global

While the in-country partners bring an in-depth perspective and engagement in their own health systems, the HPHF Knowledge Hub has also benefited from engagement with international groups, regular review of recent literature and publications, and cross-country comparative analysis. This has enabled us to place the country findings in an international perspective, and to maintain relevance with regional and international policy debates. Our in-country partners have also appreciated the international perspective that we bring, and also our capacity to contribute the perspectives of commonly excluded countries, such as PNG and the Pacific, to international discussions.

The HPHF Knowledge Hub has had representation in global forums such as the First Global Symposium on Health Systems Research in Montreux in 2010.

Engagement of institutions internationally, including:

- Links with London School of Hygiene and Tropical Medicine;
- University of California, San Francisco;
- R4D (Research for Development, DFID);
- International Health Economics Association; and
- Oxford Policy Institute.

One of the Hub staff (Peter Annear) has been invited to join the preparatory committee for the pre-symposium on the private sector, to be held in conjunction with the International Health Economics Association next biannual conference in 2011.

Box 3: Convening the Annual Technical Review meetings

The Annual Technical Review Meeting was initially an opportunity to present Hub work for review by our Technical Advisory Group and other stakeholders. However, our approach in 2010 was further developed, to focus more on key technical issues, and to combine Hub contributions with contributions from other researchers, stakeholders and policy makers.

The 2010 review meetings were held in two stages:

(a) The initial meeting, which was attended by representatives from the Pacific, Cambodia and Laos, regional development partners, technical reviewers and policy makers, and fellow Hub representatives. This meeting focused on the issues of universal coverage and aid effectiveness, and included presentations from Soonman Kwon (technical advisor, Seoul), the WPRO health financing section manager, Head of Planning, MoH Cambodia, and UNICEF representative, Fiji. Discussion identified the need for more guidance on policy pathways to achieve universal coverage, and simplification of regional aid coordination mechanisms and structures in the Pacific.

(b) The second meeting was attended by representatives from Indonesia, Vietnam and India, as well as technical reviewers and experts, and AusAID. This meeting focused on the issues of the role of non-state providers, and regulatory policy options. One session explored different approaches to regulation (such as responsive regulation as presented by Judith Healy from ANU), and another discussed the potential application of the analytic framework for regulatory capacity developed by the PHFI.

The meetings provided a good opportunity not just to review and input into the Hub workplans, but also to identify policy needs and evidence gaps, and to exchange ideas and approaches to addressing policy problems. Many participants valued the opportunity this forum provided for debate and discussion between disciplines: public health, economics, development practice; and between professional groups: government health officials, academics, development practitioners, and senior staff in bilateral and multilateral development agencies.

Objective 3: To effectively disseminate relevant and useful knowledge resources which aim to influence policy thinking at national, regional and international levels.

During 2010, the HPHF Knowledge Hub was able to significantly increase its dissemination activities, as internal capacity was built and outputs from the activities from previous years were finalised and published, and new outputs produced.

Working Papers produced and disseminated in 2010 included:

- Working Paper 1 - Funding for HIV and Non-Communicable diseases: Implications for Priority Setting in the Pacific Region;
- Working Paper 2 - Sector-wide approaches for health – an introduction to SWAPs and their implementation in the Pacific region;
- Working Paper 3 - Sector-wide approaches for health – a comparative study of experiences in Samoa and the Solomon Islands;
- Working Paper 4 - Sector-wide approaches for health – lessons from Samoa and the Solomon Islands;
- Working Paper 5 - Conceptual frameworks, health financing data and assessing performance: a stock- take of tools for health financing analysis in the Asia-Pacific region;
- Working Paper 6 - The Evolution of Primary Health Care in Fiji; Past, Present and Future;
- Working Paper 7: Health-seeking behaviour studies: a literature review of study design and methods with a focus on Cambodia;

- Working Paper 8: Governance and management arrangements for the health Sector-Wide Approaches (SWAs): Examples from Africa, Asia and the Pacific; and
- Working Paper 9: A comprehensive review of the literature on health equity funds in Cambodia 2001-2010 and annotated bibliography.

Dissemination of these and other documents produced by the Hub is summarised in the table in Annex 3.

Summary Papers were also produced on:

- The Evolution of Primary Health Care in Fiji; and
- Sector Wide Approaches for Health in the Pacific.

Conference Papers and Presentations in 2010 included:

- Sector wide approached in health: Pacific experiences and lessons learned;
- External funding for HIV and NCD activities in the Pacific: Implications on priority setting and aid effectiveness; and
- User fees in PNG.

Case Studies included:

- Research to Policy: A Case Study from Cambodia and the Lao PDR;
- Policy Development in Indonesia: a Case Study of not-for-profit hospital providers;
- Building capacity and creating and strengthening networks: a Case Study from PNG; and
- From Research to Policy Influence: a Case Study from the Pacific.

Dissemination mechanisms

(a) Importance of intermediaries.

Through our analytical work within products we have noted the need for a variety of methods and intermediaries in influencing policy. In Indonesia, the role of the not-for-profit hospital associations was vital in influencing parliamentary debate about the new hospital law. However, in both Vietnam and Indonesia, the crucial task is translating provisions of laws into implementable regulations. While this is a good opportunity to influence policy, it has to be done within the framework and structure of policy making within each country. The complexity of this process is illustrated by the case study in Indonesia (Box 1).

In future work, the Hub has the opportunity to work with in-country partners that have already been appointed key roles in the drafting of regulations to influence their content and approach. In PNG, the approach to locally-owned analysis of options for improving government agreements with the non-government sector involves HPHF Knowledge Hub support to both an academic department and to policy staff within the Department of Health.

(b) Regional institutions, development partners and AusAID

Engagement of key officers from regional institutions, development partners and AusAID in the technical review meetings and as technical reviewers, has been a useful mechanism to gain their interest and engagement in the Hub product outputs. (See Box 2). The technical review meeting is also a good opportunity to disseminate findings.

We have had some success with dissemination at regional forums and meetings, notably at the Pacific Senior Health Officers Network (PSHON), where we were able to present findings from Hub studies together with other Hubs. While still at a formative stage, we see considerable opportunity arising from the conduct of the Flagship course in health systems for the Pacific as a forum for the presentation, discussion and dissemination of Hub study results and findings. (Box 4)

AusAID attended our two Technical Review Meetings and provided an opportunity to present on our non-state sector work in Indonesia at AusAID Canberra, during a visit by our senior Indonesian partner, Professor Laksono. Exchange of information with AusAID on health sector developments in Cambodia has been ongoing.

HPHF Knowledge Hub representatives participated in and presented papers at a number of important international meetings and conferences, including:

- National Forum on Health Equity Funds in Cambodia with the Ministry of Health, WHO, GTZ (Phnom Penh March 2010);
- Improving Health Sector Performance conference organised by the Cambodia Development Resource Institute (Phnom Penh April 2010);
- Australian Health Economics Society Annual Conference (Sydney September 2010);
- Inaugural meeting of the Asia Pacific Observatory on health systems with WHO, World Bank, ADB and others including AusAID (Bangkok October 2010);
- Collaboration with colleagues at the London School of Hygiene and Tropical Medicine and Institute for International Health and Development at the Queen Margaret University in Edinburgh (October 2010);
- Institute of Tropical Medicine Annual Symposium and Emerging Voices competition (Antwerp, Belgium November 2010);
- WHO Alliance for Health Policy and Systems Research first Global Symposium (Montreux, Switzerland November 2010); and
- WHO Inter-ministerial Conference on Universal Coverage and launch of the World Health Report 2010 (Berlin November 2010).

The Independent Review has made a number of recommendations about improving communication materials and dissemination mechanisms, which we will incorporate into our work for 2011.

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.

The Nossal has sought to combine building capacity within the Nossal through the appointment of additional academic staff and looking to the future through bringing on PhD students and researchers; and engaging and collaborating with institutions and individuals in Australia and in the region. Locally-relevant capacity development is a strong focus: expanding the work the HPHF Knowledge Hub can undertake while also contributing to health policy analysis capacity in the region.

Internal capacity

Within the Nossal Institute for Global Health, the HPHF Knowledge Hub has increased awareness of issues of funding for NCDs in the Pacific and also on issues of funding for Global Health Initiatives.

The HPHF Knowledge Hub provided academic supervision for a Cambodian national PhD researcher at the Nossal Institute (AusAID funded), for PhD research on internal contracting in the Cambodia public health system. Two PhD students continue to be supported through the HPHF Knowledge Hub: Research Fellow, Rohan Sweeney, a health economist who is undertaking a PhD under supervision of the Centre for Health Economics, Monash University, relating to user-fees in PNG and Ahmer Akhtar undertaking a PhD at the London School of Hygiene and Tropical Medicine, who is studying regulatory approaches to achieving equity goals in mixed public-private health systems, with a focus on Indonesia.

Existing staff have also increased their capacity through professional development. For example, one HPHF Knowledge Hub team member, together with a Fiji School of Medicine representative,

attended the World Bank Flagship Course on Health Sector Reform and Sustainable Financing, increasing their capacity to develop and lead courses on this topic in the Pacific region. Another HPHF Knowledge Hub team member, together with a representative from the Cambodia Development Resource Institute, attended the World Bank Institute Flagship Course on Equity and Health Systems, enabling them both to contribute to HPHF Knowledge Hub equity-related projects, and also regional equity initiatives such as Equitap.

Teaching next generation of Public Health practitioners

Teaching students on courses within Australia is an opportunity to combine the goals of engaging with partner institutions in Australia, disseminate knowledge learned from Hub work and develop the health financing and policy knowledge and capacity of both Australian and International students.

In 2010 we were engaged in a number of teaching sessions, which included presentations at the Monash University and Burnet Institute's collaborative postgraduate unit "Introduction to health economics and health financing", Melbourne University's programme for Medical Students and a Burnet Institute short course called *Effective responses to HIV in developing countries*. Relevant topics presented included:

- Introduction to health financing in Low and Middle Income Countries;
- Paying for health services; and
- Introduction to economic evaluation for resource allocation decisions.

Partner Capacity

Our collaboration with the World Bank Institute and Fiji School of Medicine has delivered an introductory version of the World Bank Flagship Course on Health Systems Analysis, while helping to tailor future extensions to Pacific needs. Joint work also commenced with Fiji School of Medicine to both undertake analysis and improve national health accounts preparation, and tools for use in Fiji and to offer to other Pacific Island Countries.

In PNG, a one week training course in Madang, PNG on *Searching and Reviewing Literature* was run by Nossal and Divine Word University (DWU) for DWU Health Science Faculty staff and health policy officers from the National Department of Health. From this training a small team of NDoH, DWU and Nossal researchers was formed and has been working on a paper together (including focused team sessions in Madang and Melbourne), improving capacity in research skills, evidence-informed policy and teaching and writing skills. Supporting staff time and provision of technical oversight for policy research in CHIPSR at Fiji National University helps build expertise and ensure that research involves the best informants.

Through the study of non-state hospital providers in Vietnam and Indonesia, the Health Strategy and Policy Institute in Vietnam, the University of Gadjah Madah and the Centre for Health Services Management in Indonesia increased their capacity to conduct literature reviews, analyse findings and prepare reports.

Box 4: Building capacity and creating and strengthening networks – Introducing the World Bank Flagship course to the Pacific

The Flagship Course on Health Systems Strengthening and Health Financing was held for the first time in the Pacific region, in Suva, Fiji from 13th – 17th June. The course was a joint initiative of the Fiji School of Medicine, the World Bank Institute, the Asia Network for Health Systems Strengthening, and the Nossal Institute for Global Health (through the AusAID-funded Health Policy and Health Finance Knowledge Hub).

Adapted from the World Bank Institute's Flagship Course held annually in Washington D.C., this course was designed to provide policymakers and other stakeholders in the Pacific region with a basic introduction to the 'Control Knob' framework for health sector reform and financing. The course also provided opportunities for participants to discuss the framework's applicability to specific issues they face within their own country contexts.

There were 43 participants from Vanuatu, Tuvalu, Tonga, Solomon Islands, Samoa, Papua New Guinea, New Caledonia, Nauru, Kiribati, Fiji, Federated States of Micronesia, and Australia. Government health departments, the WHO Regional Office, UNFPA, SPC, AusAID and NZAID were all represented.

Dr Chen Ken, the WHO representative for the Pacific Region, delivered an opening address. Other guest presenters were Professor Philip Davies from the University of Queensland, Dr Mahendra Reddy from the University of the South Pacific and Dr Graham Roberts from the Fiji School of Medicine. The course curriculum was taught by faculty of the Nossal Institute for Global Health, the World Bank Institute and the Asia Network for Health Systems Strengthening.

For this first presentation of the Flagship principles in the Pacific region, five expert reviewers from the Solomon Islands, Samoa and Fiji stayed for an extra day to provide critical reflection on the course content and presentation and its relevance to the Pacific context.

Feedback indicated that additional Pacific Flagship Courses would be of interest, to address more of the 'Control Knob' concepts. The Nossal Institute for Global Health and the Fiji School of Medicine, plan to gather a library of Pacific case studies to integrate into future course curriculum. It is anticipated that a 'training of trainers' course will be held in 2011 and another Flagship course will be held in the region sometime in mid-2012.

The Flagship course is well recognised as a learning opportunity for health system managers and policy makers, and will attract participants from the Pacific if adapted to address the issues raised in the evaluation. It will also provide a good opportunity to disseminate findings and discuss issues raised by Hub studies (including all of the Hubs), while building capacity in using evidence to make policy decisions.

4. Reporting against the overall aim

(a) Overall aim: 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 that is of practical value and used by stakeholders in development.

We are reporting progress against the overall aim using a modified 'outcome mapping' approach to identify changes in structures, mechanisms or stakeholder behaviour in the use of evidence for policy making.

The influence of HPHF Knowledge Hub work on the overall aim has been challenging to document, partly because results are difficult to directly attribute to our work. The influence of HPHF Knowledge Hub work often occurs incrementally (not as a result of one activity), and informally (e.g. via conversation/dialogue).

Outcome mapping was proposed as a useful methodology in describing relationships between HPHF Knowledge Hub work and the desired changes outlined in the Cross-Hubs M&E Framework. As a part of the outcome mapping process, the stakeholders of HPHF Knowledge Hub work have been identified as being: AusAID; Multilaterals; Research Institutes and Partner Governments.

Since mid-2010, outcome mapping has been integrated within the HPHF Knowledge Hub monthly reporting format. Product Coordinators and the Program Management team consider specifically how AusAID, Multilaterals, Research Institutes or Partner Governments have been involved in management, liaison/consultation, activity implementation and communication/dissemination during the month. In the process of Annual Reporting, we have reviewed the monthly reports and mapped how these different involvements have led to policy and capacity building outcomes. However, after six months of implementing this process, the mapping is still at an early stage.

There are four areas where we can report on some changes, contributions from the HPHF Knowledge Hub and how these changes relate to the Australian aid program.

(1) Policy making in respect of not-for-profit (not-for-profit) providers in Indonesia.

There have been significant changes in the attitudes and behaviour of the not-for-profit provider associations, particularly following the study visit. Several commented that they had been feeling powerless and unable to address their problems, and they now had a sense of working together and of how they might resolve their problems. There has also been increased recognition in the MoH of the situation of not-for-profit providers, and the need to develop regulations that go beyond the state sector and address the issues of the non-state sector. It is very likely that the major contributor to these changes has been the studies undertaken by the HPHF Knowledge Hub and our Indonesian partner.

While this has not been a major concern of the Australian aid program, one of the results of this increased engagement with not-for-profit providers has been their involvement in the provision of support and capacity building to district hospitals in NTT, as part of the Australia-Indonesia Partnership for Maternal and Neonatal Health (AIPMNH), an AusAID funded program. This introduces an innovative approach, termed the 'sister hospital partnership' to address the shortage of skilled specialist doctors in rural Indonesia. not-for-profit providers have the potential to make a significant contribution to improving availability and access to health services, including to the poor and those in remote areas, given a supportive policy framework.

(2) Establishment of the Asia-Pacific Observatory for Health Systems

The agreement between WPRO, SEARO, WB and ADB to support a single Health System Observatory on the model of the European Observatory, is a very significant step forward in improving evidence informed policy making in the region. The Hubs (the HPHF Knowledge Hub and the HIS Hub in particular) have actively participated in the discussions, consultations, and preparatory planning for the Observatory. This has included membership of the preparatory planning group, and contributing to decisions on the structure, membership and arrangements for the Observatory. While clearly the Hubs are just one contributor to this process, the Observatory is dependent on the support and participation of research groups in the region, and the involvement of the Hubs provides an important source of that support.

AusAID has been involved in the discussions to form the Observatory from the early stages, and this is clearly an important aspect of Australia's support for improving health systems in the region.

(3) The Flagship Course on Health Systems Strengthening and Health Financing for the Pacific region.

The Flagship course provides a globally recognised and consistent approach to understanding and managing health systems for health systems managers around the world. Health system managers trained in this approach are now managing health systems and introducing health system reforms in many countries in the region. However, the providers of the Flagship course, notably the World Bank Institute (WBI) and trainers from the Asian Network, have not been sufficiently aware of the particular characteristics and consequently, special needs, for health system managers in the Pacific. The introductory course conducted with the HPHF Knowledge Hub support identified the opportunities and benefits from the course to Pacific participants, but also demonstrated to WBI and Asian Network trainers, the importance of adapting the course to the Pacific context. This has led to agreement for further involvement of Pacific representatives in adapting the course and undertaking training as trainers in order to provide future courses. In this case the HPHF Knowledge Hub was a key contributor to the changes in attitude through providing the administrative and technical base for the conduct of the introductory course.

AusAID has been kept informed of the outcomes and, together with other Pacific development partners, is likely to become a key support of future courses, as part of the efforts to improve Pacific capacity for health system management and reform. The Flagship course is a potential new mechanism to increase PIC health system managers' familiarity with and understanding of the evidence about health systems in the Pacific, and their capacity to use this evidence in policy making.

(4) Regional governance mechanisms in the Pacific.

The studies on regional governance mechanisms undertaken by the HPHF Knowledge Hub have attracted considerable interest and attention from development partners, regional organisations, and PIC Ministries of Health. There has been close involvement by the quintilateral group of development partners (including AusAID) in the terms of reference for the investigation and the presentation of the draft report, although this has not been allowed to affect the independence of the results reported or conclusions drawn. The report is still under consideration, with final draft submitted in December 2010, but the work has already resulted in increased attention to the burden and costs incurred by regional coordination, and to the need for improvement in the processes used by such mechanisms. While these studies are only a partial contributor to these changes, they have provided some of the evidence and information that has been used in discussions.

Australia has been engaged in these discussions both through AusAID and the International Strategies Branch of DoHA, and through the quintilateral group with other development partners.

(b) Unanticipated outcomes

It is also worth commenting on some unanticipated outcomes noted in our work.

(1) Increased awareness and understanding of the health systems and policy approaches used in other countries of the region, and comparison with own systems, among country partners. This has been particularly evident among the country partners in the non-state sector studies. The Indonesian team has become aware of the investment support provided by the Government of Vietnam to private investors wishing to invest in the health sector in Vietnam, and contrasts this with the lack of support and indeed taxes levied in Indonesia. On the other hand the Vietnamese team has become aware of the role of the not-for-profit providers in Indonesia, and contrasts this with the lack of not-for-profit providers in Vietnam. This has considerably enriched discussions, and led to invitations from the Indonesian partner for the Vietnamese partner to participate in the seminar proposed for 2011.

(2) Another unanticipated outcome again related to Indonesia has been the increased recognition of the role and importance of independent academic research in contributing to policy making. This

was commented on by both the MoH and the not-for-profit provider groups. It was because the studies had been carried out by a reputable, independent, third party group that their findings were given credibility and weight. This has also increased the capacity and interest of our Indonesian partner to engage in and contribute to policy relevant research.

(3) A third outcome has been the impact of the readiness and willingness of Australian health sector groups to contribute to discussions on policy issues relevant to regional countries. This was particularly evident during the not-for-profit study tour, when the open discussions with not-for-profit hospital managers in Australia, and the visit to an Australian not-for-profit private hospital (Cabrini), contributed significant new insights and ideas to the Indonesian visitors. Further useful insights were obtained from presentations by the private sector regulatory branch of the Department of Health and the Royal Children's Hospital Foundation. While the Australian groups operate in quite different contexts, their willingness to provide time and engage in discussion with the Indonesian health system representatives enabled the Indonesians to understand and adapt their experience and approaches.

5. Issues, risks and challenges

Progress has been made in relation to some of the challenges identified in the Annual Reports of 2008 and 2009. Previous delays in finalisation and distribution of Working Papers are being addressed, particularly since the recruitment of a full team in early 2010. The HPHF Knowledge Hub has succeeded in producing and disseminating the results of initial analytic work, and strengthened partnerships with regional and country individuals and institutions. This has enabled engagement with policy makers and some policy uptake, as well as capacity building within the Nossal Institute itself, and through collaborators and networks. The HPHF Knowledge Hub's capacity to contribute has improved, as relationships have strengthened and our profile within the field has increased, including credible engagement in regional and global forums and networks, and contributions to regional and country policy making. Similarly, this increasing engagement and the quality of evidence and research in health financing, is gradually increasing recognition and interest in health financing issues of regional countries among Australian colleagues. Previous difficulties in identifying and attracting appropriate health financing expertise are gradually being addressed as the HPHF Knowledge Hub increases its evidence base and convening activities.

Issues, risks and challenges identified during 2010 include:

(a) The challenge of moving from country specific studies of issues, to synthesis and identification of relevant lessons and learning for other countries and the region. One of the main constraints here is the absence of an agreed comprehensive framework for comparison of performance on health financing between countries, as identified in our Working Paper on performance frameworks. Another aspect of this challenge is the importance of context in determining the effectiveness of different interventions in different countries, and how this can be accounted for in comparisons and synthesis. On the other hand, it has been through in-country studies that we have gained new insights and understanding of the issues and the policy options. The workplan for 2011 will focus much more on the synthesis level, and will enable us to explore in more detail this challenge.

(b) The long-term nature of building evidence and influencing policy, the risk that a focus on visible impact and short term funding will disrupt the progress being made, and the challenge of sustainability. This risk has been recognised by the Independent Review, and further funding has been recommended. But until this has been confirmed by AusAID, there is a risk that staff and relationships built up over the last three years will shift to other areas where funding is available. A key aspect of this is the partnerships built up with regional institutions. These take time to mature and develop trust, and premature cessation of funding could damage them. On the other hand, we need to look for options for more sustainable funding, particularly the core funding needed to maintain and build capacity and infrastructure, while seeking competitive funding for research activities.

(c) The challenge of demonstrating policy impact and the risk that the fluctuations in policy progress and lack of clarity on attribution may discourage ongoing funding from AusAID. We have found that changes in policy are somewhat unpredictable, and can appear stalled for long periods then occur suddenly in response to new opportunities. It can be difficult to attribute these changes to particular evidence inputs, although there is often some contribution. We will continue to document changes in policy at both country and regional level, and attempt to identify our contribution where relevant, through outcome mapping processes.

(d) The issue of relating the outputs from the Hub to Australia's engagement in the region, and particularly AusAID's programs. The Independent Review has commented on the relative disengagement of AusAID from the Knowledge Hubs for Health initiative, and recommended greater engagement from both parties. We support these recommendations, but recognise that the Knowledge Hubs for Health program and audience is also broader than AusAID, and that we can contribute to improvements in health programs in the region with other development partners.

(e) The global context of knowledge initiatives such as the HPHF Knowledge Hub deserves comment. Similar initiatives overseas, for example in the UK and Norway, which have been in place for many more years than the Australian Knowledge Hubs, are now developing conceptual and theoretical frameworks around the role of such institutional brokers of evidence for policy. Some of these were highlighted in the First Global Symposium on Health Systems Research, and it became clear at that meeting, that if the Australian Knowledge Hubs are to continue beyond 2011, there is likely to be great potential value in active participation in these emerging global networks of institutions engaged in the translation of health systems research for use in health policy and practice.

Annex 1: Acquittal of funds available in 2010

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

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

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

Annex 3: Dissemination of Product Knowledge Outputs, 2010

Product	Knowledge Product Output	Dissemination
1. Advancing Evidence and Strategies	Conceptual Frameworks, health financing data and assessing performance (Working Paper 5)	Disseminated to WHO Observatories, OECD, World Bank Cross country analysis a key issue for the Asia-Pacific Regional Observatory
	Global Health Initiatives, health systems strengthening and aid effectiveness (draft WP)	Draft shared with AusAID
	Methodological issues of cross-country comparison of health systems performance (draft Working Paper)	Proposed to disseminate through Asia-Pacific Health Observatory
	Health financing strategies in six Asian countries (planned Working Paper and possible publication)	Findings to be disseminated through WP series networks; possible journal publication
	An analysis of internal contracting in the Cambodia public health system (complementary PhD studies, conference presentation)	Presentation at an International Conference on the Health sector in Cambodia attended by representatives from CDRI, MOH, donor partners and international guests
	Methodologies for health seeking behaviour (Working Paper 7)	Findings to be disseminated through WP series networks
2. Non-state providers	Development of Product TOR	Through initial consultation with Dominic Montagu Peter Annear has been invited to join the steering committee for the symposium on the private sector role in the health system (IHEA conference)
	Literature review of frameworks for analysing relationships between state and non-state providers	Draft disseminated to country partners in the NSP work; to link to R4D website and work of UCSF when finalised
	Mapping of non-state hospitals in Vietnam and Indonesia (synthesis report)	Not-for-profit hospital sector study tour to Australia; Seminar at AusAID post in Indonesia by Prof Laksono and Kris Hort;
	Study of non-state hospital providers in Indonesia	Not-for-profit hospital associations in Indonesia; MoH in Indonesia
	Study of non-state hospital providers in Vietnam	Preliminary results discussed within HSPI and MoH – study still ongoing
3. Policy making in the Pacific	NCD-HIV funding in Pacific (WP1)	Working Papers 1-4 presented at consultation meeting with Pacific Partners in April 2010; AAAPS Conference presentation based on WP; presentation to all staff at the Nossal Institute; dissemination through Pacific networks including all AusAID Posts
	Studies on SWAPs in Samoa & Solomons (WPs 2-4)	Working Papers distributed through Pacific Consultation meeting and other Pacific networks as well as through participants at the WBI Flagship Course; AAAPS Conference presentation based on WP; Responses by government partners, such as Samoa have suggested the need for closer study in-country.
	Background Briefing Paper on governance and management arrangements for SWAPs (draft)	Paper utilised by the WB to (i) help inform discussions with the Ministry of Health and Medical Services in Solomon Islands, plus all the key development partners on appropriate arrangements for the Solomon Islands; (ii) to help inform work on the health SWAp in PNG in collaboration with the NDoH, AusAID and other

Product	Knowledge Product Output	Dissemination
		DPs with and (iii) internally in the WB to inform work on SWAps in the region
	Discussion paper on effectiveness and impacts of regional health mechanisms for governance and coordination	To quintilateral group of development partners in June 2010
	PHC evolution in Fiji (WP-6)	Findings to be disseminated through WP series networks; provided to Deputy Sec, MoH, Fiji and ADB. Submitted for publication in Pacific Health Dialogue.
	Preliminary PNG study findings related to role of user fees at primary care centres in PNG.	AAAPS Conference presentation based on preliminary findings; AHES presentation of findings from more detailed analysis. Paper co-authored by Rohan Sweeney and Navy Mulou (PNG NDoH), submitted for publication.
	Analysis of church primary health care service providers, and current analyses of government-church partnerships	Draft Working Paper by collaborative team of Nossal, DWU and NDoH researchers, to be completed first quarter 2011. Dissemination plan includes paper launch and presentation at DWU, Madang including guests from NDoH and Churches Medical Council of PNG.
	World Bank Flagship Course in the Pacific	More than 50 participants across PNG and Pacific can apply course outcomes in home settings. Post-course workshop to be disseminated across all development partners and participating governments.
	Typology of equity in health (planned contribution to WP series)	Findings to be disseminated through WP series networks and possible journal publication
4. Improving Equity	Understanding the unmet health needs of people with a disability in Cambodia (planned contribution to WP series)	Research report; possible WP publication; dissemination through WP series networks as well as CBM networks and NGO/Government stakeholders in Cambodia.
	Health Equity Funds – Annotated bibliography and literature review.	Presented at the National HEF Forum organised by the MoH, WB and WHO in Cambodia. Adopted for inclusion in national health planning. Working paper has been finalised and will be distributed through the WP series networks and the HPHF Knowledge Hub website.
	Linkages between demand-side financing schemes in Cambodia and Laos (complementary ADRA research)	Research report to be presented to AusAID; Journal publications; dissemination workshops for the MOH and donor partners in Cambodia and Laos
	Equity in maternal and neonatal health in Bangladesh (planned publication)	Dissemination through possible journal publication and presentation of findings at the International Health Economics Association Congress 2011.