

HEALTH POLICY AND HEALTH FINANCE KNOWLEDGE HUB

Work Plan January 2012 - June 2013



THE UNIVERSITY OF
MELBOURNE

THE
NOSSAL
INSTITUTE
FOR GLOBAL
HEALTH

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Cover photo: Flagship Training Course participants and trainers, Suva Fiji.

List of Acronyms

ALA	Australian Leadership Awards
ANHSS	Asian Network for Capacity Building in Health Systems Strengthening
ANU	Australian National University
AUD	Australian Dollar
AusAID	Australian Agency for International Development
CBHI	Community-based Health Insurance
CDRI	Cambodia Development Resource Institute
CHIPSR	Centre for Health Information, Policy and Systems Research
CHSM-UGM	Centre for Health Service Management-Universitas Gadjah Mada
CMC	Churches Medical Council
CN3S	Centre for Non-state Sector Studies
DPs	Development Partners
DSF	Demand-Side Financing
DWU	Divine Word University
HEF	Health Equity Funds
HiT	Health Systems in Transition
HIS	Health Information Systems
HPHF	Health Policy and Health Finance
HRH	Human Resources for Health
HSPI	Health Strategy and Policy Institute
HSS	Health Systems Strengthening
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
iHEA	International Health Economics Association
KARS	Commission for Hospital Accreditation
Lao PDR	Lao People's Democratic Republic
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MoH	Ministry of Health
MoPH	Ministry of Public Health
MPH	Master of Public Health
NCDs	Non-communicable Diseases
NFP	Not-For-Profit
NGOs	Non Government Organisations
NHA	National Health Accounts
ODA	Official Development Assistance
PHFI	Public Health Foundation of India
PNG	Papua New Guinea
PSHON	Pacific Senior Health Officer Network
SEARO	South-East Asia Regional Office (of WHO)
SHI	Social Health Insurance
SHP	Social Health Protection
SWAps	Sector-Wide Approaches
ToT	Training of Trainers
UGM	Universitas Gadjah Mada
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
UQ	University of Queensland
WBI	World Bank Institute
WCH	Women's and Children's Health
WHO	World Health Organization
WP	Working Paper
WPRO	Western Pacific Regional Office (of WHO)

1. Executive summary

The Health Policy and Health Finance (HPHF) Knowledge Hub was established in 2008 at the Nossal Institute for Global Health with the aim of supporting regional, national and international partners to develop evidence-informed health finance and health systems policy.

In the extension phase in 2012-13, communication and dissemination will be the primary focus for the HPHF Knowledge Hub, with an ongoing emphasis on capacity building, - both making the results of our work accessible to a wider general audience of potential users, and using targeted communication methods to reach specific policy-makers or users.

Our strategic aims in 2012-13 are to:

- Increase engagement with policy-makers and potential users of evidence in different contexts;
- Increase synthesis from country studies;
- Increase in-country dissemination to policy-makers;
- Further engage in regional forums and with regional partners;
- Further develop links with international experts; and
- Engage students and new graduates in HPHF work.

The four thematic areas of work proposed for 2012-2013 are:

- 1) Pathways to universal coverage, through equity enhancing financing strategies;
- 2) Stewardship of mixed public-private health systems;
- 3) Policy challenges to address the rise of non-communicable diseases; and
- 4) Development assistance and health financing in the Pacific.

At a country-level, the HPHF Knowledge Hub will continue existing engagement in seven countries:

- Indonesia and Vietnam - primarily around the stewardship and regulation of mixed health systems;
- Cambodia and Laos - on equity of health financing strategies;
- Tonga - examining NCD issues;
- Bangladesh - identifying health systems issues to meet the upcoming demand for NCD-related services; and
- Papua New Guinea - examining the role of church-provided services.

At regional and international levels, the HPHF Knowledge Hub will build on our findings from in-country studies and compare these across countries and with regional and international literature, to identify new knowledge or policy implications. In the Asia region, our synthesis work will focus on health equity, stewardship and regulation, with communication and dissemination through regional and international conferences. In the Pacific, we will focus more on the role of development assistance particularly in terms of governance and impacts on health financing. We will continue seek to involve experts from regional institutions, international agencies and development partners.

Our communication and dissemination strategy will use a variety of methods and materials, appropriate to different target audiences. This will include more use of face to face communication, particularly through intermediaries, and targeted communication materials, for country level policy makers and stakeholders. At a regional level, we will make more use of the opportunities for presentation and discussion at regional forums and conferences, particularly through specific sessions on our thematic foci.

The capacity building focus for the extension period will be also have a regional and country level focus. At regional level, we will be contributing to increasing capacity to produce and use evidence in policy making, through support of the Asia Pacific Observatory on Health Systems and Policy, and through further adaption of the World Bank Institute Flagship course for the Pacific context. At country level we will continue to support partner research organisations, through technical support and supervision, collaboration on studies, reports, papers and policy dialogue, and training in specific technical areas.

2. Background

Based at the Nossal Institute for Global Health, the HPHF Knowledge Hub aims to support regional, national and international partners to develop effective evidence-informed health systems policy-making, particularly in the field of health finance and health systems.

Since it commenced operation in 2008, the HPHF Knowledge Hub has progressively built internal capacity, while continuing to engage with experts and practitioners in Australian and regional organisations, as well as country partners.

The HPHF Knowledge Hub initially commenced work in three areas and expanded to a fourth area in 2010. These areas will continue to be addressed during the extension phase.

3. Strategic approach to extension phase work plan

3.1. Work plan development.

The guiding principle in the development of the extension phase work plan has been to consolidate existing studies, and to focus on the dissemination and communication of the results to policy-makers and potential users.

As in previous years, our work is a combination of country level studies and communication and dissemination to country level policy-makers. Comparative and cross-country synthesis studies, and dissemination to regional and international researchers and policy-makers will also be undertaken.

This workplan was developed in close consultation with our regional and in country research partners, and responds to the issues collectively identified as high priority and where evidence provided by the HPHF Knowledge Hub could make a difference.

Proposed activities in the workplan were presented at the HPHF Knowledge Hub Annual Technical Review meeting, where members of our technical advisory group, our research partners, and representatives of regional development organisations provided comment and suggestions.

The initial draft workplan submitted to AusAID received further review and comments at the Annual Knowledge Hubs forum, and has been significantly revised on the basis of these comments. Additional information has been provided, and the number of activities reduced to achieve more focus.

3.2. Thematic areas of focus.

We propose to continue studies in the four thematic areas (previously referred to as ‘products’) of our previous work plans, with a focus on identifying and exploring the policy implications and options of the earlier studies.

3.2.1. Theme 1. Pathways to universal coverage through equity enhancing financing strategies.

This thematic area is consistent with the principles of the World Health Report 2010 and builds on work previously carried out principally in Cambodia and the Lao PDR and continues to support the policy objective of universal coverage. It focuses particularly on the equity implications of universal coverage, defined as providing access to quality health care for all without financial hardship. This area of work supports Pillars 2 and 4 of the AusAID Health Strategy: Closing the funding gap to provide essential health services for all; and Empowering the poor and vulnerable to improve their health.

3.2.2. Theme 2. Stewardship of mixed public-private health systems.

This thematic area has developed as a result of earlier studies on the role of non-state actors in hospital services in Indonesia and Vietnam, and of church providers in PNG. The studies in Indonesia and Vietnam identified new characteristics of mixed health systems in larger Asian economies, such as the lack of clear boundaries between state and non-state, the growing commercialisation of the health sector, and the lack of effective regulation. An important implication for policy-makers is the need to shift from a perspective of separate state and non-state systems, to stewardship and regulation of a

complex, commercialised mixed system. While in PNG, the focus has been on how the state can best manage relationships with church providers. This work also links to Pillar 2, and how the non-state sector can contribute to closing the funding gap to provide essential health services for all.

3.2.3. Theme 3. Policy challenges to address the rise of non-communicable diseases.

This thematic area builds on initial work undertaken in 2011 on reviewing the literature on the policy challenges of addressing non-communicable diseases, and a country study in Bangladesh of how policy-makers were putting this into practice. This area addresses Pillars 4 and 5 of the AusAID Health Strategy: Working with other sectors to address the causes of poor health; and Reducing the impact of global and regional health threats.

3.2.4. Theme 4. Development assistance and health financing in the Pacific.

Work in this thematic area builds on studies undertaken during the 2009-11 period, and recognises the unique characteristics of Pacific Island countries and their relationships with development partners. Further studies will be undertaken examining new development assistance policy and its implications for the Pacific, as well as dissemination through the Flagship course. This thematic area addresses particularly Pillar 6 of the AusAID health strategy: Maximising the impact of Australia's Official Development Assistance (ODA) investment in partner countries.

3.3. Strategic approach to dissemination and communication.

Our approach to dissemination and communication distinguishes between:

- Dissemination – making the results of our work accessible and available to a wide general audience of potential users and those with an interest in this area; and
- Targeted communication – development of specific materials and using targeted communication methods to reach specific policy-makers or users.

In order to strengthen our communication and dissemination efforts, we have chosen to focus on three key groups of target users:

- 1) Country-level policy-makers, principally Ministries of Health in the countries where we have undertaken in-depth country-level studies;
- 2) Regional / international level policy-makers, principally development organisations, such as WHO, UNICEF, World Bank, but also regional networks and structures that involve representatives from country-level policy-makers; and
- 3) Development funders, principally AusAID.

Thus for each of our thematic areas of focus, we identify which of these three user groups are the key targets for each activity. Our communication and dissemination strategy then consolidates our communication methods and materials for each of the user groups.

In particular we are keen to explore the potential for 'policy dialogue' opportunities where policy-makers and stakeholders can explore evidence and policy options in contexts outside the usual political environment, something which we and our country partners are well placed to arrange through the convening power of academic institutions.

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

Knowledge Hubs for Health Aims and Objectives	Key HPHF Knowledge Hub Strategies	Application to HPHF Knowledge Hub Products in 2012-13
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.	Engagement with policy-makers/ potential users of evidence in different contexts	Country specific policy engagement in Indonesia, Cambodia, Laos Vietnam, Bangladesh, PNG and Tonga New focus on synthesis and cross country comparison, and on identifying development assistance implications for AusAID, and development partners
Objective 1: To increase the critical, conceptual and strategic analysis of key health issues relevant to the Asia-Pacific region that can be used to inform policy thinking and practical application at the national, regional and international levels	Increased focus on synthesis from country studies	Synthesis papers on stewardship & regulation of mixed systems Implications of independent review of aid effectiveness for Pacific
Objective 2: To expand convening powers and engagement (e.g. communication, networks and partnership) between the Hubs, Australian institutions and Asia-Pacific national, regional and international researchers, development partners and educational institutes	Strengthen engagement with regional networks Collaborations with Australian partners	Build engagement with regional networks such as Asia-Pacific Observatory, Asia Network for Capacity Building in HSS Joint work plan with other Hubs Invite collaboration with relevant Australian experts on synthesis studies
Objective 3: To effectively disseminate relevant and useful knowledge resources which aim to influence policy thinking and practical application at national, regional and international levels.	In-country dissemination to policy-makers Engage in regional forums / with regional partners	In-country forums and specific policy briefs/option papers Updated and improved website Presentations at regional conferences
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.	Develop links with international experts Engage students and new graduates in HPHF work	Presenting at Australian, regional & international health forums International level visiting fellow Pacific flagship course Short course at masters level on health systems

4. Program of work for 2012 - 13

4.1. Theme 1: Pathways to Universal Coverage through equity enhancing finance strategies

Activities under this theme will continue at country level with a focus on two countries (Cambodia and Laos) and on providing the research and evidence needed by policy-makers to progress health financing strategies to progress towards universal coverage.

Results and experience from these countries will be presented and disseminated at regional and international level through key regional and international conferences.

4.1.1. Country level activities

Cambodia

In Cambodia, different pro-poor demand-side financing schemes have been implemented to target the needs of different population groups (urban/rural, employed/informal, rich/poor, male/female). Strengthening social health protection (SHP) mechanisms is one of the four objectives of the Ministry of Health's (MoH) Strategic Framework for Health Financing (2008-15).

The 2011 HPHF Knowledge Hub work 'Institutional strengthening for universal coverage in Cambodia: barriers and policy options' proposed the establishment of an autonomous agency for the informal sector through which Health Equity Funds (HEF) and Community Based Health Insurance (CBHI) will be managed and implemented. The research identified key policy barriers in regard to institutional arrangements and health financing functions of the schemes. As part of the continuation of activities of 2011, the 2012 activity focuses on support for a proposed feasibility study of the establishment of this agency. This study will provide clear specification of design and policy issues for the management and implementation of HEF and CBHI through an autonomous independent agency.

While the conduct of the feasibility study is beyond the scope of the HPHF Knowledge Hub, we will support preparatory activities and assist in the development of arrangements for conduct of the study. This will include review of international evidence and gathering opinions from the health financing stakeholders of Cambodia, as well as defining more rigorously the key design features of social health protection schemes in relation to integration. The overall findings of these activities are expected to strengthen institutional arrangement decisions for an independent autonomous agency.

In relation to above mentioned work, the HPHF Knowledge Hub researchers are currently discussing with AusAID (both Phnom Penh and Canberra) funding of the feasibility study to set up an independent autonomous agency for the informal sector in Cambodia.

The HPHF Knowledge Hub is also having discussions with the Asia-Pacific Observatory to include Cambodia in the Observatory work plan for 2012-13. This would enable integration of previous HPHF Knowledge Hub work into the broader health system assessment undertaken by the Observatory using the Health in Transition templates.

Outputs:

- Policy brief highlighting key design features and policy recommendations;
- Study report/working paper describing findings of the study; and
- Dissemination report.

It is anticipated that the outputs will be of value to the MoH, development partners, the WHO Western Pacific Regional Office and AusAID.

Dissemination/policy engagement:

- The planned work will be implemented at the country-level in close collaboration with the senior officials of the Ministry of Health, Cambodia and other relevant health financing stakeholders of Cambodia, which will assist dissemination and utilisation of results. A dissemination workshop will be organised at the country-level to share the findings and get feedback from the stakeholders.

Lao PDR

The proposed activity will present and discuss a case study of Health Equity Funds in the Lao PDR. Currently, there are four social health protection schemes in the Lao PDR and Health Equity Funds (HEF) is one of them. HEFs were first implemented in a small number of districts by international donor agencies from 2004 and later expanded through the Ministry of Public Health with assistance from the different development partners. Different donors and contracted agencies have different implementation models of HEF. There has been relatively little empirical examination of the HEF implementation models and coverage of HEF in the Lao PDR.

Our activity for 2012-13 aims to contribute towards filling this gap by analysing the factors facilitating or constraining the contributions of HEF to the goal of equity. Lessons will be drawn from the different implementation models for Lao and international health financing stakeholders seeking to strengthen approaches to implementing pro-poor health financing strategies such as HEF.

This activity will also contribute to deliberations of the government of Lao PDR on the integration of the four different social health protection schemes including HEF. The HPHF Knowledge Hub 2011 work identified the main policy barriers to integration and provided some recommendations to reduce or overcome those barriers. Our work aims to strengthen the integration of HEF with the other three insurance schemes from the perspective of institutional arrangements and design.

Outputs:

- A briefing paper aimed at policy-makers;
- A technical report/working paper on the implementation models of HEF targeting program policy-makers, program managers and development partners; and
- Dissemination report.

Dissemination/policy engagement:

- A direct channel of communication between the HPHF Knowledge Hub researchers and policy-makers has been established in the Lao PDR. Two researchers from the HPHF Knowledge Hub attended the Health Planning and Financing Technical Working Group meetings in Lao PDR which brought together several health financing stakeholders. Results will be shared with policy-makers, HEF implementers, non-governmental organisations, international organisations, and service delivery bodies. Findings will be disseminated via a workshop, conducted with a range of in-country stakeholders

4.1.2. Regional and International Dissemination

The findings from these studies and the implications for policy will be presented at specific sessions during the Health Systems Research Symposium in Beijing (2012), and the International Health Economics Association Conference in Sydney (2013).

4.2. Theme 2: Stewardship and regulation of mixed public-private health systems.

Our work in this theme is now shifting from the studies and evidence of the role of the private sector in specific countries, to the implications for policy, particularly for stewardship and governance of mixed public-private health systems. This is now reflected in the change of name for this thematic area.

As a result, country level activities will focus more on engaging with policy-makers and relevant stakeholders on dialogue and discussion of the policy implications, and increasing the engagement of non-state sector actors in the policy process. These country level activities will be used as operational research case studies, and become the basis for further synthesis and learning across countries. Communication and dissemination will continue at country level, while the results of the synthesis and cross-country learning will be disseminated at regional and international level.

4.2.1. Country level activities

Studies of the growth and role of non-state providers particularly in the hospital sector in Indonesia and Vietnam undertaken in 2009-10 identified the lack of clear boundaries between state and non-state, the growing commercialisation of the health sector, and the lack of effective regulation.

During the extension phase, we will focus more on the dissemination of these findings, and on engaging policy-makers in addressing the policy frameworks and regulatory mechanisms needed to manage and regulate these mixed systems. A particular focus will be on the need to better engage with other stakeholders and actors in the health system, including providers and non-state hospital managers, to develop more effective regulatory approaches.

Indonesia

Key challenges in Indonesia are the decentralised nature of government and the capacity of provincial and district government agencies to undertake the regulatory roles and functions devolved to them from the central government. The more open and pluralistic political process raises opportunities to better engage non-state actors and organisations in the policy-making and regulatory process.

(a) Engagement with not-for-profit (NFP) stakeholders.

Initial studies found that 50% of all hospitals are provided by the non-state sector, with 85% of these managed as NFP foundations. Dissemination of the study findings resulted in lobbying for new clauses in the Hospitals Law 44/2009, opening the way for tax exemptions for NFP hospital providers.

Our Indonesian country partner, the Centre for Health Service Management at the Universitas Gadjah Mada (CHSM-UGM) supports a working group formed by the MoH and the NFP associations to develop regulations to implement the provisions of the law. Draft regulations have been submitted to the MoH for review and approval. However, the approval process within the MoH appears to have stalled and there is little support from the Ministry of Finance for the tax exemptions.

During the extension phase we will continue to engage with the NFP stakeholders and the MoH on developing policy in regard to the role and function of NFP providers.

Outputs:

- Analysis of services provided by NFP hospitals, and comparison with state (perhaps also for-profit hospitals) in similar contexts, to identify the influence of an explicit public benefit mission on the services and practices provided by hospitals, and whether this can justify financial and payment incentives from government;
- Case study documenting the issues faced and the strategies adopted by the working group in developing the regulations for implementation of the tax exemptions proposed in the Hospitals Law. The study will include interviews with the participants to obtain their perceptions and experience, and differentials between men and women/mothers. The case study will contribute to better understanding of the role non-state sector organisations can play in policy-making in the health sector

Dissemination/policy engagement:

- The main target users are MoH policy-makers and NFP hospital associations;
- The findings will be disseminated back to the NFP working group to further support policy development;
- Development partners and MoH within Indonesia, and also through regional and international dissemination mechanisms; and
- Presentations at the Indonesian National health policy network annual forum.

(b) Engagement with medical professional associations.

The initial country study in Indonesia identified the key role played by the medical profession, particularly specialist doctors, in the establishment, management and service provision of non-state hospitals. The study also documented some of the key challenges facing the medical profession, including management of dual practice to ensure provision of quality services in state facilities, and the disparities in distribution of doctors.

Dissemination of these findings has focused on the medical professional associations, which are active in Indonesia. During 2011, a study visit by medical professional associations and MoH policy makers identified collaborative opportunities to address these public policy issues. During the extension phase, our Indonesian partner will focus on further developing and supporting this dialogue between the medical professional associations and regulators, and their engagement in the health sector public policy issues.

Outputs:

- Case study considering the potential role of medical professional associations as partners of government agencies in addressing public policy issues in the health sector.

Dissemination/policy engagement:

- Main target users are MoH and medical professional associations in Indonesia;
- Meetings and seminars with MoH policy-makers and association leaders;
- Presentations to policy-makers and development partners in Indonesia, as well as to the region and internationally; and
- Presentations at the Indonesian National health policy network annual forum.

(c) Accreditation and impact on quality improvement.

A third area of engagement in public policy by non-state actors that has been identified by CHSM-UGM is that of accreditation and activities to improve the quality of services, particularly in hospitals. Indonesia has established a policy framework for accreditation of hospitals and a Commission for Hospital Accreditation (KARS). However, the accreditation system faces a number of challenges including building and supporting the capacity of surveyors, and supporting hospitals to implement the recommendations resulting from the accreditation process.

While expanding engagement in this area is beyond the scope of the HPHF Knowledge Hub extension activities, we propose to support our CHSM-UGM partners to undertake an initial preparatory step through a review of the implementation of accreditation, focusing on two or three provinces where there has been some progress in terms of developing institutional capacity, to identify implementation weaknesses. As a complementary activity, the Nossal Institute has submitted an application for funding from the Australian Leadership Awards for a study visit from KARS and provincial level regulatory bodies to further examine hospital accreditation procedures.

Outputs:

- Initial Documentation of review;
- Policy dialogue with the key stakeholders, proposed to be undertaken through an Australian Leadership Award Fellowship in late 2012 (complementary activity).

Dissemination/policy engagement:

- Presentations at the Indonesian National health policy network annual forum; and
- Presentations at the Indonesian National health quality forum.

Vietnam

Dissemination of the initial in-depth study of three non-state hospitals has been delayed while the regulatory framework analysis is completed. Our Vietnamese partners, the Health Strategy and Policy Institute (HSPI) also raised some concern that the findings from this limited sample of six hospitals may be questioned by MoH policy-makers.

HSPI has recently received funding from the Rockefeller Foundation to establish a Centre for Non-state sector Studies (CN3S). While this Centre will focus more on the primary health care level, it is proposed to coordinate the studies of the non-state hospital sector with the work of the new centre.

Activities proposed for the extension period will focus on dissemination of the findings of the hospital studies, and examination of the policy implications.

(a) Seminar/feedback to non-state hospitals and MoH.

Non-state hospital managers involved in the case studies and MoH policy-makers will be invited to a seminar to discuss the results of the initial studies and the policy implications. Policy implications to be explored include:

- responsibilities of non-state hospitals to provide public benefit/contribute to public good;
- gaps identified in the policy framework; and
- potential need to expand the study to a larger sample to verify findings.

Outputs:

- The outcomes of the seminar and the policy recommendations will be documented in a report and policy brief.

Dissemination/policy engagement:

- In-country seminar with hospital managers and MoH; and
- Meetings and consultation with MoH policy-makers (through HSPI).

(b) Role of medical professional associations – standards of conduct

We will explore with Vietnamese policy-makers interest in combining with the Indonesian studies on examining the potential role of medical professional associations, particularly in regard to establishing and supporting standards of conducts for their members

Outputs:

- The findings will be documented as a case study of the role of medical professional associations.

Dissemination/policy engagement:

- Meetings and consultation with medical professional associations; and
- Meetings and consultation with MoH policy-makers.

Papua New Guinea

Drawing on the findings of the joint study with Divine Word University (DWU) from 2011 in which we looked at the opportunities for strengthening the relationship between church and government health service providers we propose a range of activities which will focus on further analyses and dissemination. The focus will be on the following questions:

- What has been the global experience of changes to funding for Church Health Services and the impact on primary health care service delivery with the implementation of sector-wide approach (SWAp) funding mechanisms?
- What has been the impact on funding for Church Health Services in PNG from the implementation of the Health Sector Improvement Program Trust Account?

Outputs:

- Working paper/brief on the implications of SWAps for the funding of mixed health systems (specifically church/government primary health care service provision).

Dissemination/policy engagement:

- Seminar at DWU with research, stakeholder and development partners (National Department of Health, Churches Medical Council, AusAID, World Bank and others); and
- Working paper/case study dissemination.

Partners:

- Divine Word University;
- National Department of Health; and
- CMC.

4.2.2. Comparative and Synthesis Studies

An initial comparative paper was developed in 2011 which compared the findings of the studies of the non-state hospital sector in Indonesia and Vietnam, and explored their relevance to conceptual frameworks proposed in the literature. This paper identified the concept of ‘mixed commercialised public-private systems’ as a potential framework for further examining the growth of the non-state sector in the mixed systems of these Asian countries.

These findings and ideas were presented to researchers and policy-makers in the region at the Hub technical review meeting in October 2011 and at a special session of the Health System Reform in Asia conference in Hong Kong in December 2011. While there was general recognition of the relevance of the mixed commercialised concept, the implications for policy and stewardship need to be further explored.

Key issues for further exploration include:

- What approaches to regulation might be effective in the context of Asian low-middle income countries, with weak regulatory frameworks, weak regulatory institutions, low capacity of government regulators and strong financial incentives from current market operations?
- How can governments shift their focus and approach from managing the delivery of government programs through state facilities, to the stewardship and oversight of both state and non-state providers, and ensure better outcomes for the poor?
- What are the implications for the governance of health systems and the role of government, private sector and civil society organisations, in this shift towards stewardship?

Proposed activities to address these issues include:

- Comparison and synthesis of the findings of the case studies on involvement of the not-for profit sector and medical professional associations in Indonesia and Vietnam;
- Review of international and regional experience in stewardship and regulation of mixed health systems, with a view to identifying effective approaches and mechanisms; and
- Preparation of a working paper which summarises the results of these activities, and provides guidance on effective approaches to stewardship and governance of mixed health systems which support improvements in outcomes for the poor.

Collaborating partners for this work:

- Colleagues at the Public Health Foundation of India, who have been investigating regulatory frameworks and performance in India; and the Centre for Health System Governance at the Australian National University.

Outputs:

- Working paper on stewardship and regulation of mixed public-private health systems: expanding the range of regulatory approaches; and
- Presentations and policy briefs based on the working paper.

Dissemination/engagement:

- Development partners (AusAID, WHO, World Bank);
- other international institutions engaged in these issues; and
- Ministries of Health and governments in Asian countries with mixed health systems.

Methods:

- Presentation at regional conferences, such as the Health System Research Symposium in Beijing;
- Policy paper for the Asia-Pacific Health Systems Observatory; and
- Engagement with Asian Network on Health System Strengthening and potential inclusion as case studies in Asian Flagship courses.

4.3. Theme 3. Policy challenges to address the rise of non-communicable diseases

4.3.1. Country level activities

We commenced activities in this area in 2011 with a policy framework paper and an initial country study in Bangladesh. As a complementary activity, we also undertook a literature review of studies on management of NCDs in the Asia Pacific region for the WHO regional office.

We plan to continue work in this area in 2012-2013 with the documentation of country policy responses in two countries facing rising NCDs in quite different contexts. This work contributes to policy debates at a global level following the high-level UN meeting in 2011.

Bangladesh

Non-communicable diseases (NCDs) are emerging as a significant factor in the burden of disease in developing countries, with significant future expenditure risk. However, NCDs have received little attention in national health planning, health financing and service delivery approaches in Bangladesh.

The proposed activity is built on the 2011 HPHF Knowledge Hub Work “Bangladesh Case Study on non-communicable diseases” which assessed the country situation and the preparedness of the health system to respond to the increasing NCD burden. Based on the findings of the NCD case study, the activity will focus on identifying health systems strengthening issues (particularly in HIS, health resourcing and health care financing areas) to meet the upcoming demand of NCD related services.

Outputs:

- Working paper on the NCD case study in Bangladesh;
- Policy briefs aimed at policy-makers; and
- Report highlighting health systems strengthening issues to meet the demand of NCD.

Dissemination/policy engagement:

- In-country dissemination at the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), with research and development stakeholders;
- Ministry of Health in Bangladesh; and
- Presentation at Second Global Symposium on Health Systems Research, Beijing, 2012.

Tonga

Recent HPHF Knowledge Hub discussions with a Tonga Ministry of Health (MoH) representative identified that documenting Tonga’s NCD work to date, including the evolution of the national strategy and implementation, health systems and health financing responses, would be useful.

Tonga was the first country in the Pacific, in 2004, to launch a national strategy to prevent and control NCDs, identifying strategies at national, community and clinical level under each risk factor. A national NCD committee was formed to advise cabinet through the Minister of Health.

Outputs:

- Report documenting Tonga’s NCD work to date; and
- Issues brief highlighting strengths and lessons learned.

Dissemination/policy engagement:

- Ministry of Health partners in other Pacific countries;
- WPRO;
- AusAID Canberra and Posts; and
- In-country partners: MoH in Tonga; WHO.

4.4. Theme 4. Development assistance and health financing in the Pacific

Development assistance continues to make a much larger contribution to health financing in Pacific Island countries than in other regions. This creates a unique set of policy challenges both for development partners and partner countries.

Work in this thematic area will build on studies previously undertaken and examine the implications of new approaches and players in development assistance in the Pacific.

We will also continue the development and adaptation of the World Bank Institute Flagship course for the Pacific regional context.

4.4.1. The Independent Review of Aid Effectiveness and the Australian Government response – implications for Health SWAps, health financing and regional governance in the Pacific

The Independent Review of Aid Effectiveness and the Australian Government response to it, make several recommendations about the Australian Government's approach to aid in the Pacific region and Papua New Guinea. These recommendations address issues such as the sectoral spread, and the distribution of aid through bilateral arrangements, multilateral agencies, and partners. These documents also critically discuss aid modalities such as general budget support and SWAps. Reference is also made to issues such as donor crowding; fragmentation and the need for health systems strengthening.

Previous HPHF Knowledge Hub working papers have addressed a range of aid effectiveness issues, including analysis of SWAps, funding flows, regional health governance, the role of Church Health Services in PNG, and adaptation of global frameworks for governments and development partners investing in health. The papers present a range of new ideas and assessments of the situation in the Pacific region and aimed to encourage further discussion in the debate on aid effectiveness.

The proposed study for 2012 will further examine SWAps, other analyses of health sector financing, and other themes that emerged from the HPHF Knowledge Hub work so far in PNG and the Pacific, in light of the Aid Review and Government Response.

The nexus of these documents with the Pacific Aid Effectiveness Principles (as they relate to the health sector) will also be examined. The study will reflect on how Australia's aid contribution may helpfully contribute to increased health sector harmonisation among donors in PNG and the Pacific and transparency and predictability in health sector financing, governance and other determinants.

Outputs:

- Policy/issues brief (strategic and operational levels); and
- Potential working paper or article for publication.

Dissemination/policy engagement with:

- AusAID;
- Ministries of Health in the Pacific and PNG; and
- Development partners. (Potential partners: Joel Negin, Stephen Howes).

4.4.2. Study on aid effectiveness of Cuban engagement in the health sector

Based on work conducted by the HPHF Knowledge Hub in the Solomon Islands and cross-Hub discussions over the past year, the HPHF Knowledge Hub will aim to be involved in ongoing analysis of the opportunities, modalities and impact of Cuban engagement in the health sector. Examining medical workforce training specifically, the analysis will look at how Cuban assistance fits into wider Pacific health and development issues. This is an area of analysis that is still taking shape and that will be conducted with other Hubs – especially the HRH hub.

Outputs:

- Policy/issues brief; and
- Potential working paper or article for publication.

Dissemination/policy engagement with:

- AusAID;
- Ministries of Health in the Pacific and PNG;
- Development partners. (Potential partners: Joel Negin, Rob Condon.)

4.4.3. Donor health funding in Pacific Island countries

Based on previous work carried out through the HPHF Knowledge Hub, this study will investigate the level and nature of donor financing to the health sector in a sample of Pacific Island countries and its relationship to government financing, looking at sustainability issues and policy impacts.

Outputs:

- Case study and background brief on policy issues in donor funding; and
- Case study materials for the Pacific Flagship course.

Dissemination/policy engagement:

- Pacific Flagship Course participants;
- PSHON; NHA network;
- Pacific Health Ministers' Meeting; and
- Development partners.

5. Capacity building

5.1. Regional Capacity Building

The HPHF Knowledge Hub will contribute to two regional initiatives which aim to build capacity across the region in evidence-based policy-making:

5.1.1. Pacific Flagship Course on Health Systems Strengthening and Health Financing

This World Bank Institute (WBI) developed course has already been adopted in the Asian Region as a training course for national health policy-makers, through the Asian Network for Capacity Building in Health Systems Strengthening (ANHSS). The HPHF Knowledge Hub has been assisting in adapting the course for the Pacific. The course was held for the first time in the Pacific region in Fiji in June 2010, as a joint initiative of the Fiji School of Medicine, the WBI, the Asia Network for Health Systems Strengthening (ANHSS), and the HPHF Knowledge Hub. Feedback from the course indicated that additional Pacific Flagship Courses would be of interest, to address more of the ‘control knob’ concepts.

Following this Pacific course, and after a meeting with ANHSS and donors in Manila in December 2010, a Flagship *Training of Trainers* (ToT) course was held in Melbourne, with around 20 health and economics professionals from the Asia and Pacific regions, including Ministry of Health officials.

Resulting from this ToT course, several Pacific case studies were proposed for development.

The Pacific group agreed that it would be helpful to re-convene before the next Flagship course is delivered as an opportunity to review case studies, and for course resource persons to practise delivery of lectures and facilitation of cases. The next Flagship Course for the Pacific region will be held in the final quarter of 2012, and convened by the HPHF Knowledge Hub, together with CHIPSR at the Fiji National University.

Outputs:

- Course material - diagnostic tree exercise on NCDs;
- Case studies on Ethics of Overseas Treatment Program; Alternatives to donor financing (for use in role play activity);
- Flagship preparation meeting –April 2012; and
- Pacific Flagship Course – final quarter of 2012, dates to be confirmed.

5.1.2. Asia-Pacific Observatory on Health Systems and Policies

The Asia-Pacific Observatory aims to strengthen regional capacity in evidence-based health system policy making through standardised assessment of health systems, and policy recommendations. It is modelled on the European Health System Observatory, and is led by WHO (both WPRO and SEARO), with support from the World Bank, Asian Development Bank, development partners (including AusAID), and national governments of the region.

The HPHF Knowledge Hub, through the Nossal Institute, is contributing to the Observatory as one of the research hubs, in conjunction with the School of Population Health at the University of Queensland. In this role we will be providing technical support and inputs to country teams in the conduct of analysis and assessment of national health systems in countries of the region, using the Health in Transition series templates.

We will be using some of our HPHF Knowledge Hub funded staff to provide these technical inputs.

For the 2012-13 period, the HPHF Knowledge Hub will be involved in studies in Tonga and Indonesia, with Cambodia and PNG proposed for 2013.

Outputs:

- Health in Transition reports of health systems in Tonga, Indonesia, Cambodia and PNG.
- Preparation of a policy brief, potentially on stewardship and regulation of mixed health systems.

Dissemination:

- Dissemination of the Observatory studies will be undertaken as specific publications; and also through country level and regional seminars and meetings.

5.2. Partner institutions in the region

During the coming contract extension period, our capacity building focus will be providing support to partners with whom we have already established relationships, such as the Centre for Health Service Management at Universitas Gadjah Mada, and CDRI in Cambodia.

Our partner institution in Fiji, the Centre for Health Information, Policy and Systems Research (CHIPSR) at Fiji National University, has identified a need for increased research capacity, which the HPHF Knowledge Hub will support through the provision of a funded research position. The position will focus on compiling and analysing data on donor funding for health in the Pacific region – efforts will be made to recruit a Fijian national to this position.

Collaborators in PNG, including Ministry of Health staff, have also identified the potential for a PNG-specific Flagship course to be delivered as a mechanism to practically generate leadership to put the National Health Plan into practice. The HPHF Knowledge Hub will work together with these counterparts to develop and deliver an appropriate course.

In relation to health financing, a short course will be arranged by the HPHF Knowledge Hub in Melbourne (or in Vientiane if more appropriate) for a team of policy-makers and leaders from the MoH and the National Institute of Public Health in the Lao PDR to work on issues related to universal coverage and the scaling up of health equity funds and community-based health insurance schemes to national coverage. After consultations with our partners in the region, we will also arrange a high-level policy dialogue with senior health representatives from Cambodia and Laos to consider the financing and policy implications of scaling up for universal coverage.

As detailed in our thematic work plan, study visits or short fellowships will continue to be an important means of capacity building for our partners in the Asia-Pacific region, and also as a means of knowledge exchange with Australian institutions.

5.3. Internal and Australian domestic capacity

We will also continue to build our own capacity and Australian capacity and engagement in health policy issues of the region, with a focus on health financing. This will include the development of a short Masters level course on health system strengthening for low income countries that will be provided as part of the University of Melbourne MPH course options, and open to both domestic and international students. We will also continue to engage with relevant Australian institutions on specific policy issues, such as health sector regulatory institutions.

6. Communication and dissemination strategy

As recommended in the Independent Review of the Knowledge Hubs, the HPHF Knowledge Hub will use the extension phase to place greater effort into dissemination and communication of our work.

Our approach to dissemination and communication distinguishes between:

- 1) Dissemination – making the results of our work accessible and available to a wide general audience of potential users and those with an interest in this area; and
- 2) Targeted communication – development of specific materials and using targeted communication methods to reach specific policy-makers or users.

In terms of general dissemination, we will focus on improving the availability of a range of materials aimed at general users, including:

- working papers and various summary papers
- internet publication
- publication in academic journals
- presentations at appropriate conferences and meetings, and
- a range of media to alert potential users to the available materials.

The publication of our HPHF Knowledge Hub working paper series will continue with plans to publish several high quality papers in the next period. The work will be supplemented through the publication of an increasing number of background briefs and policy briefs. We will continue to utilise our working paper editorial committee for quality assurance in the preparation of working papers and policy briefs and for additional publications in peer reviewed journals. We will also continue to seek regular feedback from our stakeholders regarding the usability and appropriateness of the products.

Different approaches are needed for targeted communication since this needs to take into account the particular interests, agenda, and perspectives of targeted users, and appropriate methods and opportunities for communication.

Our approach to targeted communication involves three aspects:

- 1) Identification of the implications from the HPHF Knowledge Hub studies and outputs that are relevant and likely to be of interest to the targeted policy-makers;
- 2) Development of appropriate communication materials, such as issue papers, policy briefs, case studies; and
- 3) Use of appropriate communication opportunities or vehicles, particularly face-to-face communication and intermediaries.

In terms of country dissemination, a key element of our strategy is to use appropriate intermediaries, in particular our research partners in-country. Much of this communication is done through face-to face communication, and with materials adapted to the country context and in the language of the country. Materials will include presentations, summary briefs and policy briefs. Methods will include national level meetings, forums and conferences; specific meetings with groups of key stakeholders and policy-makers; and general dissemination through public media and country websites.

Dissemination and communication at regional level will use a mix of targeted communication to key regional organisations, and more general dissemination through regional conferences, forums and meetings. Our engagement in regional capacity building initiatives such as the Pacific Flagship course and the Asia-Pacific Observatory provides opportunities to communicate some of our studies. We will also be strategically engaging in key regional conferences, including the Health System Research Symposium in Beijing (Alliance for Health System and Policy Research) and the International Health Economics Association conference in Sydney in 2013. In particular we will be seeking to convene specific sessions where we can provide a group of speakers to present our work and discuss the policy implications.

Communication requires that we also understand the perspective and interests of the development partner, so that we can identify the implications for development assistance. We recognise the importance of providing information to improve the effectiveness of aid delivery and that development partners such as AusAID have complementary perspectives. We will continue to support AusAID, through materials to alert AusAID staff to our areas of work and interest, and to provide more targeted materials and presentations on issues of interest.

The HPHF Knowledge Hub will be proactively involved in joint Hubs engagement with AusAID, including e-newsletters, joint dialogue, sharing of information and seminars as appropriate. This cross-hub collaboration on communication will be detailed in a joint work plan.

The following table provides more detail on indicative communication materials and methods for each of the main activities:

Communication and Dissemination Matrix

Topic / Studies	Communication Tools								
	Working paper	Case study	Issues Brief / Background paper	Policy Brief	In-country workshop/ Presentation	Regional workshop/ presentation	International workshop/ presentation	AusAID workshop/ presentation	HPHF Knowledge Hub website
Not -for-profit hospitals, Indonesia		•			•				•
Medical professional associations, Indonesia		•			•				•
Accreditation and impact on quality improvement, Indonesia		•			•				•
Non-state hospitals and med professional associations, Vietnam	•				•				•
Universal coverage, Cambodia	•		•	•	•				•
Universal coverage, Laos	•			•	•				•
NCDs, Tonga			•		•	•			•
NCDs, Bangladesh	•			•	•	•			•
Church-state partnerships and MCH, PNG		•		•	•	•	•		•
Stewardship / regulatory approaches, Asia	•		•				•		•
Pacific Flagship Course		•				•			•
Aid Effectiveness Review and for SWAps, financing and governance, Pacific	•		•			•		•	•
Aid effectiveness of Cuban engagement, Pacific			•			•		•	•

7. Monitoring and evaluation

A key strategic focus of the extension period is on monitoring and evaluation of the Hub initiative, and identification and documentation of lessons learnt.

Initially, we will work with AusAID and other Hubs to review the current Monitoring and Evaluation (M&E) Framework, and seek to clarify and reach a common understanding of the indicators and methods of measurement and reporting, particularly for the area of communication and dissemination. The aim will be to better document outcomes achieved through the Hub initiative that are consistent with AusAID Quality in Implementation reporting requirements, and to achieve greater consistency in reporting across the Hubs.

We then propose to review and strengthen through continuous improvement our internal documentation and data collection processes. A key focus of M&E during the extension period will be on identifying the lessons learnt from the Hub initiative, and their implications for the design of future AusAID support for policy relevant knowledge synthesis and communication in the health sector.

As a contribution to M&E and to identify lessons learnt, we propose to document and analyse through case studies two areas that we have identified as of particular significance:

- capacity building of partner health system research institutions, and
- convening of policy dialogue.

Case studies will explore the following:

- 1) Capacity building of in-country partners and the role of the Flagship course as an opportunity for policy dialogue.
- 2) Convening power and mechanisms to achieve policy dialogue. Case studies of policy dialogue opportunities and results. Examples include ALA's, study visits, Flagship course. What are the opportunities and mechanisms to encourage policy dialogue? What are the impacts?

8. Cross-hub activities

Following discussion with the other Hubs in September 2011, it was agreed that a common work plan be developed to include the activities that will be worked on collaboratively among the Hubs over the extension period.

This included the identification of policy issues for technical collaboration, each to be led by one of the Hubs. The aim would be to encourage sharing of information and discussion of ideas from different aspects of health systems, with a particular focus on lessons learnt relevant for development partners/AusAID.

The selected topic areas and lead Hubs are as follows:

- 1) Working in decentralised systems - HRH
- 2) Non-communicable diseases (HPHF Knowledge Hub)
- 3) Model of engagement in small states with multiple actors (Timor Leste as example) HRH
- 4) Maternal and Child Health - WCH
- 5) Disaster preparedness/response - HRH

The Hubs will also collaborate on the M&E approach as described above, including agreeing on common formats and approaches to reporting and to case studies.

Collaboration on dissemination was also agreed, through joint preparation of the e-Flash, but also on collective reference to each other's work on websites or at other dissemination opportunities, where relevant.

9. Budget

No.	Description	TOTALS 2012-13	2012				2013	
			Q1	Q2	Q3	Q4	Q1	Q2
			AUD	AUD	AUD	AUD	AUD	AUD
1	Personnel	1,988,898	331,483	331,483	331,483	331,483	331,483	331,483
2	Supporting country collaborators & product development	749,391	187,348	187,348	187,348	107,056	74,939	5,353
3	Training and education	188,250	12,200	23,750	82,500	53,000	16,000	800
4	Consultation	109,750	4,125	7,125	69,125	11,125	11,125	7,125
5	External communication and dissemination	378,703	72,950	47,950	47,950	47,950	47,952	113,951
6	Monitoring and evaluation	61,312	2000	6,000	6,000	6,671	20,321	20,321
7	Administration and management costs	386,256	64,376	64,376	64,376	64,376	64,376	64,376
	Total	3,862,560	674,482	668,032	788,782	621,661	566,196	543,409
	Funds available for extension period	3,862,560						
	Balance at end of 2011	862,560						
	Funding from AusAID for 2012-13	3,000,000						

Notes:

1. Personnel - includes Nossal staff only
2. Supporting country collaborators and product development - includes reviews & analyses & assoc. travel by consultants & Nossal staff
3. Training and Education - includes Flagship Course, other courses, some venue costs
4. Consultation - includes TRM, cross hub consultation, some venue costs
5. External communication and dissemination - includes publication costs, some venue costs, dissemination visit costs, end of Hub Program Forum costs
6. Monitoring and evaluation - M&E travel and fees
7. Administration and management costs

In 2012-13, there is an even greater emphasis than in previous years on external communication and dissemination. In the final six months, the costs of supporting country collaborators and product development will decrease significantly. This is in line with our strategic aims for the year. The budget for 2012-13 incorporates the balance remaining from previous years (AUD).

Appendix 1 – Work Schedule

See Attachment: 2012-2013 Schedule of Work_HPHF - FINAL.xls

END OF WORK PLAN

HEALTH POLICY AND HEALTH FINANCE KNOWLEDGE HUB

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

