



Independent Progress Report

**Barbara McPake, Adrienne Chattoe-Brown and
Stephanie Doust**

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AusAID HRF
HLSP in association with IDSS
GPO BOX 320
15 Barry Drive
Canberra City ACT 2601
Tel: +61 (2) 6198 4100
Fax: +61 (2) 6112 0106
www.ausaidhrf.com.au

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AUD	Australian Dollar
AusAID	Australian Agency for International Development
CICH	Centre for International Child Health
CV	Curriculum Vitae
DFID	UK Department for International Development
EmOC	Emergency Obstetric Care
EU	European Union
HAG	Health Adviser's Group
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
HHTG	Health and HIV Thematic Group
L&M	Leadership and Management capacity
ODE	Office of Development Effectiveness
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MEF	Monitoring and Evaluation Framework
MNRC	Maternal, New born and Reproductive Care
MoH	Ministry of Health
MOV	Measurable Organisation Value
MoU	Memorandum of Understanding
MTR	Mid Term Review
NCD	Non-Communicable Disease
NCHIRT	National Centre for Information Research Training
NGO	Non-governmental organisation
NZAid	New Zealand Agency for International Development

PHRHA	Pacific Human Resources for Health Alliance
PIC	Pacific Island Country
PNG	Papua New Guinea
RF	Research Fellows
DFID RPC	Research Program Consortium
SEARO	South East Asian Regional Office
SPC	Sectary of Pacific Community
SPH	School of Public Health
SWAps	Sector Wide Approach
TA	Technical Advisor
WCH	Women's and Children's Health Knowledge Hub
WHO	World Health Organization
WPRO	Western Pacific Region
UNICEF	United Nations Children's Fund
UNSW	University of New South Wales
UQ	University of Queensland

Executive Summary

The Health Knowledge Hubs' initiative (the Initiative) was established in 2007 and officially launched in April 2008 with the aim to:

“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.”

4 Knowledge Hubs were funded from 2008 to pursue this aim in relation to 4 topic areas:

- Health Information Systems (School of Population Health, University of Queensland)
- Health Policy and Health Finance (The Nossal Institute for Global Health at the University of Melbourne)
- Human Resources for Health (The School of Public Health and Community Medicine at the University of New South Wales)
- Women’s and Children’s Health (The Burnet Institute, The Centre for International Child Health at the Royal Children’s Hospital, Melbourne and the International Health Division of Menzies School of Health Research).

The Initiative is young. Most of its technical work to date has been carried out since the start of 2009 with products becoming available from late 2009 onwards. Much of this is in principle useful. To varying degrees, Hubs have also initiated further work towards supporting the uptake of knowledge generated and synthesised in practice and policy.

The primary purpose of this evaluation has been to support learning on all sides from what has happened so far. We judge it too early in the Initiative’s life to judge the achievement of the overall aim and are focused rather on the potential for achievement and the extent to which the Hub model, at its current state of evolution is well adapted to this task.

The aim identifies Australia’s engagement in the health sector as the target.

Other AusAID initiatives also support aid effectiveness (such as the Office for Aid Effectiveness’ partnership with the Brookings Institution) but this one focuses on the contribution of actors in the university sector. The university sector has comparative advantage in particular respects over other potential vehicles for this objective. Recognition of these comparative advantages should guide what kinds of activity are appropriate, what outputs can be expected and potential impacts achieved.

The dominant question at this stage of the Initiative is how to ensure that useful outputs that have been and will be produced, are used. This relies on the central commitment and involvement of AusAID as well as the mobilisation of other key actors (in-country partners and other development agencies) in ensuring that evidence in health development policy and practice is used to support aid effectiveness. Once in place, the onus is on Hubs to make effective use of those mechanisms and in the interim to be proactive in approaching AusAID advisors and other technical staff with relevant material.

At present, there is no explicit guidance as to how knowledge-related outputs produced are supposed to be translated into potential impact, and capacities within AusAID to support the uptake of evidence in its own work and that of other development partners are emergent rather than established. Innovative mechanisms are needed to bridge the gap between the existing AusAID capacity and working

practices and those needed for AusAID to play a lead role in the knowledge to policy and practice pathway. A standard packaging approach to productising outputs with detailed versions, policy briefs and narrated powerpoint presentations is proposed.

A second key aspect of the Hub model that requires attention is the mechanism to ensure that country-identified needs play a greater role in directing the Initiative. The initial design of the Hub programme left academic input isolated from the development practice and policy arenas in three ways:

1. The scope to engage directly in country was constrained.
2. The scope of work was constrained to exclude capacity building and activities that might have seemed more appropriate to an initiative focused on technical assistance.
3. The Hub model was not premised on formal partnership between institutions such as universities and government departments in the region and the Hub institutions.

These constraints have combined to limit the buy-in the Hubs have been able to achieve with country partners. We recommend that all three constraints are relaxed without losing sight of the main aim of the Initiative. This involves the recognition that some flexibility around specific activities is necessary for the larger goal to be served and would enable Hubs to support the critical knowledge to policy and practice pathway at country level.

Research: The expectations of limited primary research activity on the part of Hubs was premised on the arguments that there was abundant research evidence that was not adequately synthesised for non-expert audiences; and that funding for research was available through other routes. Both assumptions are only partly valid. Depending on developments in AusAID research funding, it may be appropriate to allow the earmarking of some Hub funds (perhaps 20% of overall monies) for primary research.

Selection and recruitment: In the absence of a formal health policy and strategy, it is particularly important to devise a process by which key AusAID personnel reach consensus on the topics to be covered. The absence of a formal tendering process for the Hubs leaves a credibility gap, yet the existing investment may be wasted if tendering occurs after only three years of initial activity. If the Hub initiative is to be renewed, we recommend a non-competitive 'rebidding' involving the submission of a three year proposal by Hub institutions to be negotiated with AusAID with the support of external, anonymous, independent peer review to ensure technical credibility. In this proposal, Hubs should document what they have learned in the period of funding to date and how they will apply this in the period of funding requested; and how they will 'step up' activity in the next phase. However after this three year period, formal tendering should be instituted. Any new Hubs should be formally tendered from the outset. There is a greater need for expertise in social, economic and political sciences within the Hubs overall.

Convening: We suggest that convening should not be considered an end in itself, or an output as it has been currently under some Hubs, but should be justified through the lens of the comparative advantage of academic institutions.

Management: All Hubs have found the process of managing activity on the basis of annual workplan problematic. The suggested approach to commissioning a future three year workplan from existing Hubs would address this problem. There would be significant value added by a greater degree of joint working across Hubs which would enable a more holistic health systems approach to be applied.

Evaluation Criteria Ratings

Evaluation Criteria	Rating
Relevance	6
Effectiveness	4-5
Efficiency	4-5
Sustainability	4
Gender Equality	5
Monitoring & Evaluation	5
Analysis & Learning	4

Evaluation Criteria Ratings

Evaluation Criteria	Rating (1-6)	Explanation
Relevance	6	The project of building a communicable evidence-base so that knowledge can be better applied in aid could not be more relevant to the ever increasing emphasis on aid effectiveness in AusAID's and other development agencies' agendas. Aid effectiveness can only be enhanced by the improving application of evidence to aid activity.
Effectiveness	4-5	The review takes place at an early stage of a long process required to achieve effective application of knowledge in aid. It is too early to provide a score that reflects the extent to which the ultimate objective has been achieved – it has not. However the 18 month period since the Hubs were established has enabled most of the Hubs to identify appropriate expertise, establish appropriate structures, start to establish appropriate relationships and undertake appropriate initial technical work. The quality and depth of technical work should grow with growing maturity of the initiative. To varying degrees, Hubs have undertaken steps towards enabling the use of that technical work in different health development arenas and it is clear that they need more engagement in this process from AusAID and other development agencies and by adjustments to the Hub model which are recommended in the report. Once in place, the onus is on Hubs to make effective use of those mechanisms and in the interim to be proactive in approaching AusAID advisors and other technical staff with relevant material.
Efficiency	4-5	Since it has been judged too early to establish the extent to which Hubs have delivered on the ultimate objective, it is also too early to judge the extent to which the resources committed have provided value for money. Some comparison of the initiative with potential benchmarks was undertaken, but is confounded by the early stage of this one. Current levels of productivity are far below those of

Evaluation Criteria	Rating (1-6)	Explanation
		the benchmarks and while that is to be expected at this nascent stage, the benchmarks do provide guidance as to how far the Initiative has still to go. Ultimately an expenditure of \$24 million to render even slightly more effective expenditure of AUD\$550m (total AusAID health development expenditure in 2010/11) or the many billions of total health development aid globally is good value.
Sustainability	4	The initiative is dependent on AusAID funding and is unlikely to secure large scale funding from alternative sources, although agencies such as NZAID and ADB may be willing to co-fund under specific conditions. Other (public and private) bodies in Australia do not seem likely to support research and knowledge synthesis in this area in the future and universities can only build activity where funding exists. Nevertheless, the initiative creates capacity in Australia which will benefit this or a similar programme in the future, and can be designed to better support capacity in the region with the same effect. In the long run, it may build sufficient demand for research and knowledge synthesis in the region that co-funding (largely for associated local costs) can be secured, for example from Ministry of Health research units in countries.
Gender Equality	4	Gender issues are central to those addressed by the Hubs, clearly so in the gendered topic area of Women's Health, and centrally implicated in the others. All Hubs show an awareness of the importance of gender equality in their work although have generally not produced outputs with a specific focus on gender. The gender balance of Hub staffing is fairly even.
Monitoring & Evaluation	5	As the cross-Hub MEF stands it is used as the basis for tracking and other management tools by the Hub managers; these provide a varied source of data on what has been achieved under each objective. Whilst not yet able to provide evidence of achieving the overall objective (understandable at this stage) they were able to make some justifications as to how their work could lead to it being fulfilled e.g. through relevance. Dependent on whether the recommendations of this review are accepted, the MEF should be revisited to capture clarifications around capacity building and engagement with AusAID (indicators and the means of verification) and around primary research (as a separate objective with associated indicators etc).

Evaluation Criteria	Rating (1-6)	Explanation
Analysis & Learning	4	<p>The Hub Initiative seems to have been well informed by similar initiatives elsewhere, in particular the UK DFID experience with research programme consortia. There is significant potential for it to learn further from the now two decade long experience of knowledge policy and practice pathways in DFID RPCs (and their predecessors). In particular, it needs to learn from the experience of partnership in countries that can support those pathways and the approaches developed to turning knowledge generated or synthesised into usable products in the development policy and practice arena.</p> <p>The Initiative has the potential to support the learning of other development stakeholders, directly through its capacity building activities and by providing an example of taking evidence-based practice seriously, the mechanisms that can support this, and the significant level of investment required.</p>

Rating scale: 6 = very high quality; 1 = very low quality. Below 4 is less than satisfactory.

1. Introduction

1.1. Activity Background

AusAID's (the Australian Government's international development agency) overall goal in the health sector is to support achievement of the health-related MDGs (reduce child mortality - 4, improve maternal health - 5, combat HIV/AIDS, malaria and other diseases - 6). Strengthening health systems is the cornerstone of Australia's approach to health development, and includes support for basic health services as well as programs to address specific health concerns. MDG 5 is an area where global and regional progress is weakest, and is a particular priority.

The Health Knowledge Hubs' initiative was established in 2007 with the aim to:

“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.”

Four hubs were established, each concerned with a particular priority of the Australian aid program, namely health policy and health finance, women's and children's health, human resources for health and health information systems. Funding amounts to AUD\$24million (2007-08 to 2010-2011) or AUD\$6million per hub.

The objectives of the Hubs' initiative are 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 national, regional and international levels;
- 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 education institutes;
- effectively disseminate relevant and useful knowledge resources which aim to influence policy and practical application at national, regional and international levels; and
- 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.

4 Knowledge Hubs were selected in 2007 to pursue this aim in relation to 4 topic areas:

- Health Information Systems (School of Population Health, University of Queensland)
- Health Policy and Health Finance (The Nossal Institute for Global Health at the University of Melbourne)
- Human Resources for Health (The School of Public Health and Community Medicine at the University of New South Wales)
- Women's and Children's Health (Three institutions were invited to combine their efforts to support this area: The Burnet Institute, The Centre for International Child Health at the Royal Children's Hospital, Melbourne and the International Health Division of Menzies School of Health Research).

This Initiative represents a new way of working for AusAID and the selected Australian institutions. It is a multi-year partnership, which provides flexible funding

and scope for the Hubs to define, on an annual basis, their workplans as approved by the Steering Committee and within the broad thematic priority areas defined by AusAID. This approach is meant to create a space for innovative medium to long-term knowledge generation, and an ability to respond to emerging and “as yet unknown” issues.

AusAID has commissioned this review, building on preliminary work done in late 2009 to develop an overall monitoring and evaluation framework (MEF) for the initiative and strengthening the M&E arrangements of individual Hubs.

1.2. Evaluation Objectives and Questions

The purpose of this review is to assess appropriateness of the Hubs’ model for achieving its objectives, assess progress of the Health Knowledge Hubs’ Initiative towards its objectives, and recommend to AusAID changes and improvements to the initiative going forward.

The objectives of this review are to:

- a. assess the appropriateness of the Hubs’ initiative as a model for knowledge generation, dissemination and use;
- b. assess progress towards the four objectives of each individual Hub and the Hubs’ initiative as a whole; and
- c. provide recommendations to AusAID regarding:
 - key considerations and issues to be addressed in remainder of the current program and any future program; and
 - funding for the Hubs’ initiative beyond 2011.

1.3. Evaluation Scope and Methods

The evaluation involved a comprehensive document review and stakeholder interviews with key personnel in AusAID, the Hubs and other external partners.

Broadly, the team’s evaluation methodology was as follows:

Central level inquiry showed which points/areas had to be further clarified during the field phase.

Document Analysis: Comparison of Hubs and AusAID’s strategic documents yielded a first picture of the coherence and shared objectives of both parties. Review of the Hubs’ products enabled an assessment of their scope. Review of the Hubs’ internal monitoring documents helped to verify their progress against outcomes.

Key informant interviews: Interviews with Hubs enabled them to provide a self assessment of progress against the MEF and in relation to the quality of their outputs, and gave insight into the development and implementation process and issues for the Hubs model as a whole. Feedback from AusAID officials, partner country and government representatives and staff from selected institutions (stakeholders) helped to clarify and substantiate initial observations on coherence of AusAID and Hub objectives and quality and relevance of outputs.

Follow-up interviews: Interviews with AusAID officials in Canberra by phone helped clarify and support document analysis and field reporting.

1.4. Evaluation Team

Evaluation Team

Name	Position	Areas to cover in the evaluation
Barbara McPake	Team-leader, Health expert	Health policy and systems, human resources and maternal and child health research and the experience of DFID knowledge programmes
Adrienne Chattoe-Brown	Capacity Building Expert	Design of the initiative Programme management processes and implementation M&E Partnerships and capacity building
Stephanie Doust	Communication Expert	Knowledge management processes Internal and external communication processes and systems stakeholders and partners Product/output quality from communication perspective Suitability and quality of dissemination mechanisms

The team has had particular exposure to the UK experience of seeking to enhance the application of knowledge in its development aid programme, including through the research programme consortia and their earlier knowledge programme incarnation (especially McPake) and through the resource centre model (especially Chattoe Brown). These team members have had less prior exposure to the Australian aid and universities' environment (although Chattoe Brown was previously engaged to support the monitoring and evaluation systems for the knowledge hubs). Balancing this Doust has had extensive experience of the Australian aid environment.

2. Evaluation Findings

The main evaluation report focuses on the overall achievement in the Hub Initiative, the lessons learned over its two years of operation, the scope to increase the likelihood of achieving its objectives and the mechanisms that might support that. Annexes A to D provide feedback on the performance of individual Hubs and Annexes E to K provide feedback on communications and knowledge management, templates for knowledge products and specific suggestions for the improvement of websites.

2.1. Relevance, effectiveness and impact

This section considers all three review objectives (a to c above) in relation to the overall aim, which we see as a higher level objective of the aid programme, focusing on the appropriateness of the model, the progress to date and the recommendations in the short and long terms to better achieve relevance, effectiveness and impact in

this respect. Hence, this forms the main part of the report with further comments under the remaining headings following.

The Initiative is young. The six months of 2008 after the initiative was fully launched was used as a period for establishing appropriate staffing and structures. This was largely achieved by most. In 2009 to mid 2010, a body of technical outputs was produced by all Hubs. Many of these are in principle useful, contribute new knowledge or synthesise knowledge for non-expert users, where such synthesis is lacking. They have been published in a range of formats such as working papers and academic articles and disseminated through various channels including seminars, newsletters and executive-focused policy briefs.

To varying degrees, Hubs have also initiated further work towards supporting the use of the knowledge generated and synthesised in practice and policy. Approaches to this task have differed in part due to Hubs' previous dissemination experiences, the differing natures of outputs and their most likely users.

The primary purpose of this evaluation has been to support learning on all sides from what has happened so far. We judge it too early in the Initiative's life to judge the achievement of the overall aim and are rather focused on the potential for achievement and the extent to which the Hub model, at its current state of evolution is well adapted to this task. Annexes review issues that relate to performance of individual Hubs.

The aim identifies Australia's engagement in the health sector as the target. This can be broken down into AusAID's engagement in the health sector; and Australian experts' engagement in the health sector. The Initiative should support the quality and effectiveness of both, and ensure that the two are aligned and mutually supportive.

Other AusAID initiatives also support aid effectiveness (such as the Office for Aid Effectiveness' partnership with the Brookings Institution) but this one focuses on the contribution of actors in the university sector. The university sector has comparative advantage in particular respects over other potential vehicles for this objective. These include the taking of a questioning approach (not assuming that the received wisdom is correct), objectivity, political distance, academic rigour, taking time to achieve depth of analysis, long term engagement and relationships, specialist expertise and cost-effectiveness relative to achieving the same level of input, range of outputs and quality of outputs using consultancy. Recognition of these comparative advantages should guide the nature of capacity that is expected to be built within the Universities selected and in the region as a whole, and the type of knowledge that this Initiative should marshal for use in development policy and practice.

The dominant question at this stage of the Initiative is how to ensure that useful outputs that have been and will be produced, are used. In line with the previous paragraph, this relies on the central commitment and involvement of AusAID as well as the mobilisation of other key actors (other development agencies, line Ministries in country partners, community groups, private and public donors) in ensuring that evidence in health development policy and practice is used to support aid effectiveness. The current Hub model sees AusAID as one of a number of equal stakeholders but given that it is AusAID that has recognised the need for a vehicle that supplies and supports the use of evidence in health development practice and policy and has funded the Initiative, it falls to AusAID to champion the Initiative more widely, and take a leading role in the uptake of its outputs. Once in place, the onus is on Hubs to make effective use of those mechanisms and in the interim to be proactive in approaching AusAID advisors and other technical staff with relevant material.

At present, because the model does not privilege the role of AusAID in this way (and has made it rather more difficult for Hub staff to work with AusAID than other development agencies in some ways), there is no explicit guidance as to how this is supposed to happen, and capacities within AusAID to support the uptake of evidence in its own work and that of other development partners are emergent rather than established. The Health Thematic Group (HTG) will be central to this process which requires dialogue between the academic experts and AusAID development practitioners to ensure mutual understanding of the task and the relevance of new, and newly synthesised evidence. The Office of Development Effectiveness, the Research Directorate and the Thematic Knowledge Service and the AusAID communications function should also be involved.

Innovative, systems-based, Agency-wide mechanisms are needed to bridge the gap between the existing AusAID capacity and working practices (characterised by 'oral culture' and project management rather than policy development) and those needed for AusAID to play a lead role in the knowledge to practice and policy pathway. Both Hub and AusAID staff will need to work together to find the right bridging mechanisms, tailored to different categories of staff including the Canberra-based HAG and HHTG, country-based health and other advisers, knowledge management and communication staff and research areas, amongst whom capacities and working practices differ. The mix of mechanisms is likely to include knowledge-focused (in addition to work plan-focused) meetings involving senior staff; seminars (real time and simultaneously web-broadcast) offered in Australia and available (recorded and in the form of narrated power points) online; 'piggy backs' on larger meetings and seminars in the region convened by other development partners; opportunistic face-to-face engagement between Hub and country-based AusAID staff and with policy makers operating at national and more local levels in the region, and perhaps the judicious convening of larger evidence backed harmonisation-type meetings by Hubs themselves.

Some concerns have been expressed by AusAID staff as to whether the incentives are strong enough to motivate an adequate focus on knowledge products beyond academic publications. Hub staff members do appear strongly motivated to respond to this central objective of Hub activity but are generally at quite early stages of doing so. The evidence of DFID programmes is that a sufficient emphasis on this in tender evaluation criteria and the understanding that Hub provision is contestable and that those who fail to make plans for effective communications and deliver on those plans will lose funding has been sufficient incentive to motivate a range of effective and innovative products. Lack of incentive and motivation is unlikely to hinder delivery of such products through the Hub model when the initiative is fully mature.

It should be expected that all Hub outputs are accompanied by versions designed for accessibility and suggest the following configuration both available as web downloads and on CDs that can be circulated in locations with poorer web access: 1) Working Paper; 2) Policy brief; 3) Case study; 4) Narrated powerpoint - with most expected also to generate 5) an academic paper. See Annex E for further detail. Standardisation of terminology for these should be agreed across Hubs and for policy briefs, a standard set of headings should be adhered to so that seasoned users can easily locate sections required.

A second key aspect of the Hub model that requires attention is the mechanism to ensure that country-identified needs play a greater role in directing the Initiative. The initial design of the Hub initiative left academic input isolated from the development practice and policy arenas in three ways:

1. The scope to engage directly, including through Hub staff members travelling to countries in the region on Hub business was initially and deliberately

constrained as a mechanism to manage demands on staff in country posts. These arrangements constrained Hubs in the formation of country relationships (although many were able to rely on pre-existing relationships or relationships forged on the basis of other areas of work of Hub providers). It led to perceptions among some stakeholders in countries that Hubs extracted material from countries but did not deliver commensurate benefits – which the model conceived as filtering back through other routes in which the Hub's role would not be easily perceived.

2. The scope of work was constrained to exclude capacity building and activities that might have been more appropriate to an initiative focused on technical assistance. The logic here was that other AusAID activity covered those objectives. However it constrained Hubs from being able to respond to demands from regional colleagues and this was often not understood as being a constraint of their funding model but rather as an absence of good will on their part.
3. Unlike the UK DFID research programme consortia and their predecessors, the Hub model was not premised on Hubs, with AusAID's backing, forming institutionalised/formal partnerships between institutions such as universities and government departments in the region and the Hub institutions. Such partnerships create champions of DFID RPCs in countries which are critical to the development of good will towards their activities.

A key lesson from the UK DFID experience is that this shared ownership and resources of an RPC creates genuine engagement of country partners through their shared stake in achieving the goals of the initiative, securing positive evaluation and refunding. We recommend that all three constraints are relaxed without losing sight of the main aim of the Initiative. This involves the recognition that some flexibility around specific activities is necessary for the larger goal to be served. Those Hubs which have more activities in the region that are strongly related to the Hub topics have been better able to navigate the three constraints, by allowing the boundaries between Hub and non-Hub activities to blur.

Relaxing the constraints would:

- allow Hubs the scope to be present in-country formally on Hub business building face-to-face relationships with important country-based clients, including AusAID Post staff;
- enable circumscribed scope to do things in response to partner demands irrespective of their meeting a narrow definition of Hub appropriate activity
- requiring, in a future round of Hub agreements, specified local partners who would be funded to support the activity country based data gathering of Hubs and would be expected to benefit from capacity building investments.

Hubs can then also support the critical knowledge to policy and practice pathway at country level without relying solely on opportunities arising from other work, on the basis of strengthened dissemination strategies.

Sharing the country engagement task with national level partners who:

- are able to secure resources through the initiative so that a thin resource base is not simply further strained;
- already engage in national policy arenas, allowing the initiative to support the quality of that engagement, rather than adding another voice to the existing array of voices

should minimise the burden and avoid the Hubs appearing as an additional development partner in country and should allow for the Initiative to be more sensitive to country processes and demands.

This approach for selection of national partners was used by the DFID RPCs which had the added benefit that it led to a more equal relationship and better engagement with the national institutions.

A number of other features of the Hub model could benefit from more minor amendment:

Research: The expectations of limited primary research activity on the part of Hubs was premised on the arguments that there was abundant research evidence that was not adequately synthesised for non-expert audiences; and that funding for research was available through other routes. Research evidence is in practice patchy in relation to the demands of development policy and practice. Globally, this reflects the lack of connection between the funding of research agendas and development needs. Biomedical research is everywhere better funded than social science research relevant to health systems development and although only a fraction of biomedical research addresses health issues most important in the low income world, it dominates relevant health system research in the stock of research evidence. It is particularly the case that the human resources for health literature is dominated by repeated synthesis of a very limited evidence base. At present, the Australian research environment appears to reflect the global situation, though plans to develop the scope of AusAID-supported research may have a considerable impact. Those plans may substitute for the alternative of earmarking some Hub funding for primary research but are far from fruition. In the immediate term, AusAID should advocate for a wider geographical remit of social science research funding through Australia's research councils and also allow for a limited investment, perhaps up to 20% of total monies provided in primary research by the Hubs. On an approximate estimation, 20% would allow for small scale research projects that would fill gaps in reviewed evidence without turning the Hub initiative into an alternative source of major research funding. Hub providers will need to be nationally and internationally competitive in securing research funds from elsewhere to fully deliver on their remit.

Selection and recruitment: The existing themes for the Knowledge Hubs are particularly well aligned with the health policy guidance of the time of their establishment which was captured in the document 'Helping Health Systems Deliver', and focused on the importance of health system building. As the Millennium Development Goals became more important to the Labour administration after 2008, this emphasis has been reflected in how Hubs have prioritised activity, for example in a stronger emphasis on maternal health within the Women and Children's Hub. While political distance is a comparative advantage of operating through academic institutions, it will be necessary to periodically review the emphases of the Hub initiative with those of current policy. In future there may be an interest in adding a Hub on Non-Communicable Diseases and there is a question mark around the word 'policy' in the Health Policy and Health Finance Hub's remit (what areas of work are intended by this?)

In the absence of a formal health policy to guide a future round of Hubs, a more formal mechanism within AusAID by which Hub topics are agreed is warranted to ensure priorities are widely agreed. This will also be important in further facilitating policy to practice. The existing topics and the 'Helping Health Systems Deliver' document are well aligned to current thinking regarding priorities for evidence to support effective policy. The tension for AusAID is to ensure Hubs continue to reflect AusAID priorities which are inevitably subject to change, while allowing a long term strategic approach. On this basis, we would recommend the retention of the existing

topics – a further three years will enable the promise of the existing Hubs to be delivered. The end of a further three year period may provide a suitable moment for review, especially if a new AusAID health policy is by then agreed. If it is clear that AusAID needs support in marshalling evidence for policy in the area of NCDs on which there is likely to be a sustained emphasis, then a new Hub in this area makes sense, and would be best introduced at the beginning of the next funding round when its timing will co-ordinate with that of others. While it would be inappropriate for Hubs to divide along disease classifications in general, or for one Hub to focus on evidence in clinical practice alone, a cross cutting Hub emphasising health policy, financing, human resources for health and health information system dimensions of NCDs would ensure this area secured sufficient attention. The alternative would be to ask the existing Hubs to show how they would address NCDs in their plans for further three year programmes.

The geographic focus of the Hubs has been appropriate, in particular the Pacific; we would propose that this remain for future iterations on the basis that this is where the greatest added value can be made. There is no strong argument for expanding into Africa, even though AusAID plans to engage there more, as that region is much better researched and Australian institutions do not have comparative advantage historically or geographically.

The process by which the teams who are currently delivering the Hub programmes were selected was not an open tender process. A list of 24 universities and research institutes and a further list of 19 research institutes and professional associations, understood to have some involvement in international health and development were initially asked to provide profiles of their activities. From the first group of 24, 14 returned profiles which were graded by an AusAID team for their relevance to the Initiative, from which the current Hub providers were selected. While the rationales for the decisions made are documented, the process fell well short of an open tender process, and may be seen to lack credibility as a result. Nevertheless, if further funding of the Hub initiative as a whole is approved, open tendering at this point may not be advisable. The institutions have started to build towards long term objectives and much of the investment that has been made to date would be wasted with significant turnover of institutions. We would suggest that each institution or group of institutions seeking renewed funding after the end of this funding period submits a formal three year proposal to form the basis of negotiations, supported by formal, independent and anonymous peer review to ensure technical credibility, which if successful would lead to a further funding period. In this proposal, Hubs should document what they have learned in the period of funding to date and how they will apply this in the period of funding requested; and how they will 'step up' activity in the next phase. This should largely substitute for the annual work plan process which is too short for initiatives with the long term objectives of this one. Annual work plans should rather serve as a check on the delivery schedule of the agreed three year programme and should be capable of approval on a much quicker turnaround as only deviation from the substance of the three year proposal should require expert review. This does not imply that external experts including those in the Steering Committee should be any less engaged. We consider the opposite to be the case, but their involvement should be advisory and focused on long term strategy rather than short term planning cycles.

After a further two or three years of funding (i.e. either at the end of the next round, or preferably, one year earlier to allow for a smooth transition), formal, public tendering will be necessary. The transparency and credibility problems of the more informal selection approach will outweigh the benefits of continuity after a further 2 to 3 years and institutions that have used the investment well to that point will have a significant advantage in open competition, suggesting that continuity will largely be achieved. Whilst opening up a tendering process would lead to international competition and

the likelihood is that Australian universities would still be involved even if not necessarily as lead institutions, lower and middle income countries would also have the opportunity to tender.

However, if new Hubs are initiated (for example in non communicable diseases), it would be advisable to formally tender from the outset, for a period of not less than 5 years, to enable advantage to be established and the probability of continuity. Other donors may be willing to contribute to the support of formally tendered programmes. If the objective of developing Australian expertise continues to be important, this can be stipulated and only Australian and non-Australian bids that give this objective sufficient weight could succeed.

A third aspect of selection and recruitment has been the Hubs' own recruitment to their teams which has been characterised by a tendency to recruit within the dominant disciplines of the host institution. If a health systems approach is understood to imply a focus on how technical interventions can be supported to reach those who need them, then there is a greater need for expertise in social, economic and political sciences alongside those of epidemiology, public health and medical sciences that are in greater abundance within the Hubs overall.

Convening: An explicit objective of 'expanding convening powers and engagement' has been set for the Hub initiative. We interpret the term 'convening' as meaning the securing of a significant role in support of the priority and policy setting processes of Australian, Asia Pacific regional and national, and international agencies and research and education institutions. Many modalities of 'convening' are available from electronic communications to the hosting of large international meetings. Large international meetings clearly need to be very well justified given their costs both in financial and in opportunity cost terms for their participants. More importantly though, we suggest that convening should not be considered an end in itself. As an end in itself it may encourage inappropriate activity. Convening, under the Hub initiative needs to be justified through the lens of the comparative advantage of academic institutions. Among these, the perceived neutrality of academic institutions may allow them to mediate among agencies towards the end of better aid harmonisation: this potential advantage was noted by a World Bank stakeholder. The type of convening activity this initiative should engender should be quite different from the kind of convening AusAID or another bilateral or international development agency might do.

Management: The initiative has been constrained by the AusAID management structures in place which are more appropriate to the management of projects. All Hubs have found the process of managing this activity on the basis of annual work plan problematic, with approval for a year's work often arriving several months into the year in question. As with other constraints, this has affected less those institutions that are able to blur the boundaries of Hub and non-Hub work and who have continued on the basis that if an activity is not approved it can be allocated elsewhere. Those institutions in which the Hub work is more detached from other activity have found this most difficult. The suggested approach to commissioning a future round of Hubs would address this problem, with major approvals for activities and expected outputs secured at the outset of a three year programme.

In the longer run, if the Hub initiative survives past a further three year funding round, moving to a five year cycle would enable more consistent focus on longer term objectives and also the offering of longer contracts to those employed with Hub funding, which would in turn enable easier recruitment of the appropriate expertise. This would also allow for a clearer picture to emerge about the actual and real time links between making knowledge available and tracking its impact on, or incorporation into, policy and programmes.

Some joint Hub work has taken place around maternal health between the HRH, HPHF and WCH Hubs, and this is valuable. There would be significant value added by a greater degree of joint working across Hubs which would enable a more holistic health systems approach to be applied. Incentives to achieve this could be strengthened, for example by earmarking a proportion of each Hub's resources to be used for this, although it is likely also to be effective to expect new proposals to contain a section indicating how this will be done.

2.2. Efficiency

An investment of AUD\$6 million per Hub and AUD\$24million in total (AUD\$2 million per Hub per annum) appears large to some stakeholders. Establishing benchmarks is fraught. The most recently tendered DFID research programme consortia (RPCs) will be funded at UK£6million per RPC (approximately AUD\$10.5) over 6 years, or £1m (AUD\$1.75m) per year. This funding is intended to cover primary research and the activities of partner institutions in low income countries of which there are typically 4 or 5 per RPC. Against this benchmark, the Hub funding appears generous. On the other hand, co-funding of RPCs is normally anticipated with additional research funding and the institutional funding of key personnel usually considered part of the overall envelope. This formulation is not ruled out by the current Hub model but AusAID Hub provider institutions tend to draw firmer boundaries around Hub activity.

Comparisons of outputs are even more fraught given the long established institutions and partnerships RPCs are able to build on, and that some of them have been re-funded this year for a fifth round, having operated continuously for the past 20 years. Over this period, DFID has established a research and knowledge management function which is better able to capitalise on the outputs of RPCs than is currently the case in AusAID. All this makes it inevitable that the level of achievement of RPCs is currently higher than that of the AusAID-funded knowledge Hubs and any comparison invalid. Given the similar level of funding, it might be more useful to use an assessment of the RPCs as a reasonable expectation of the Hubs after a decade or so of continuous funding. In this light, the Hub funding is likely to look good value, although delivering on that potential will require the right initiative, effort and expertise on the part of Hub and AusAID actors and is by no means assured.

An alternative benchmark is provided by the 'observatory' model pioneered in the European Observatory of health systems and policies, and currently under replication for the Asia Pacific region. The European Observatory receives about US\$3m (AUD3.4m) per annum in core funding and approximately a further US\$1m (AUD1.1m) in additional, earmarked grants. The Asia Pacific Observatory is in a pilot phase since December 2009, funded at the level of US\$100,000 for this phase. The observatory model appears to support a thinner, broader coverage of health system and policy issues in its region than the RPC or Hub model, but as with DFID RPCs is operating at maturity (established c. 1994) rather than infancy. Both models are very well regarded as providing evidence for more effective policy. Arguably the observatory model is better able to support international agencies' demands for internationally comparable evidence and data than individual countries' demands for evidence to inform local policy making.

Current levels of productivity are far below those of the benchmarks and while that is to be expected at this nascent stage, the benchmarks do provide guidance as to how far the Initiative has still to go. After 10 years, it should be expected that Hubs have made widely recognised impacts in key areas of policy and practice and are internationally identified as institutions to go to for high quality, evidence based, practical policy advice. Reputation, rather than output metrics should be used to judge this and will be reflected by citations of individuals and publications primarily in

international and national policy documents. While individuals and institutions hosting Hubs already have that reputation in some cases, the Hubs themselves are not yet in that position and the reputations not specific to Hub themes in all cases.

Those universities that have benefited from Hub funding have mostly been able to integrate Hub activity into their structures and systems well. Some commented on the relatively low rate at which academically valued outputs can be produced under Hub funding compared to under traditional research funding. The opposite case might be made: Hub funding provides an alternative source of core funding to teaching, and offers more scope for production of academically valued outputs than teaching does. Some Hubs accepted that this was reasonable. The main issue for universities is that the relatively short life of the Hub awards has made it difficult to recruit the most expert staff, as they are unlikely to be attracted by limited term employment. Academic appointments can normally be made on a long term basis because they are funded through relatively stable flows of income from teaching. Hub activity has been most easily integrated where a university had previously identified the need for building activity that links academia and policy arenas.

Since the Steering Group is not a decision-making body, it might be better termed an Advisory Group, perhaps Knowledge Hubs Advisory Group (KHAG) to distinguish it from Technical Advisory Groups (TAGs) and the Health Advisers Group (HAG) in AusAID. The terms of reference (TORs) for the Steering Group are appropriate but there is an absence of explicit mechanisms by which the TORs should be achieved. In practice, the main activity of the Steering Group is engagement in the meeting timed to review annual work plans, and relying largely on material presented just prior to or at the meeting. This timing has been problematic as by the time of work plan review, comments that require further revision cause delay to timely release of funds. This ties the hands of all involved from suggesting and accepting major change. Assuming the recommended changes are made that would downgrade the role of the work plans (i.e. a three-year funding process as opposed to the current annual process), this timing would make even less sense. The process has also not enabled wider engagement with those representing other organisations (the World Bank, the Australian Department of Health and Ageing and the WHO Pacific Regional Office) to consult and draw on the resources of those organisations as presumably intended. Representation in the Steering Committee is at very senior level, inevitably limiting the extent to which it can engage in depth in individual Hub work. Its role (or the role of the KHAG) should therefore be more strategic in relation to the Initiative as a whole (reviewing and advising on the implementation of recommendations from this and future reviews for example) and less involved in the detail of individual Hub plans. The timing of meetings and the pre-circulation of relevant material should follow from this function: around review timings and other points of strategic importance such as receipt of Hub proposals for re-funding and associated peer reviews, recommendations for new Hub topics (or discontinuation of existing Hub topics) and future tender drafting and awarding. As part of this more strategic role, the Group's remit should be extended to advocacy and support for dissemination.

The Technical Advisory Groups (of which there are currently one per Hub and in some cases, one for each Hub product) need members who are technical experts and can make time available to review proposals, implementation plans and outputs in depth. It will often be necessary to pay for an adequate allocation of time and Hubs should budget for this in their proposals and tenders. At present, not all TAG members appear to have the relevant expertise and in some cases they operate at levels of their organisations that are unlikely to allow sufficient time allocation. Once TAG membership better fits this recommended specification, TAGs should be facilitated to have greater oversight of the technical operations of Hubs. Hubs should schedule at least annual meetings of TAGs, which could connect to some members

by videolink or similar, at times when they can most benefit from the advice offered. Where there are not individual product TAGs, allocation of completed products to specific TAG members for peer review is advisable. In between TAG meetings, Hubs should seek to achieve a regular dialogue with TAG members, soliciting their advice from horizon scanning to technical detail according to their specific expertise.

2.3. Sustainability

The institutional capacities being built under this initiative will wither without the continuous availability of financial support. In the absence of AusAID contribution, the current funding environment in Australia would not support the maintenance of the kind of capacity being built under the Hub initiative. It would not be clearly in the remit of any other body to fund such an Initiative, at such levels, although some agencies such as NZAid and ADB might be willing to co-fund to a limited extent under some circumstances. There is overlap with the remits of research funding bodies although the emphasis on knowledge synthesis and dissemination and on support to the knowledge to practice and policy pipeline is unlikely to be considered worthy of funding by those bodies. The current biomedical and Australian *topical* focus of the relevant Australian research councils may change but their preference for primary research over secondary and synthesis - and for academic and theoretical research over applied work - is unlikely to do so.

The benefits of this activity are permanent in that knowledge created or better understood cannot be wiped out and that expertise, once established, persists. Hence limited lasting benefits would be sustained after funding ceased. To the extent that the Hubs are able to engage effectively in country, they may in the long term create sufficient demand for the type of information they are generating or synthesising to encourage national governments in the region to start to fund equivalent, national activity. The need for Australian expertise may ultimately be supplanted by the availability of experts in countries but the experience of DFID programmes suggests that even with the establishment of local partners to champion the initiative, and a strong emphasis on local capacity building for most of the 20 year history of RPCs and their predecessors, this is a slow process, subject to reverses as well as advances.

2.4. Gender Equality

Gender issues are central to those addressed by the Hubs, clearly so in the gendered topic area of Women's Health, and centrally implicated in the others.

All Hubs show an awareness of the importance of gender equality in their work and examples of knowledge that further advances understanding of how gender equality issues play out in relation to the Hub topics were identified by all Hubs particularly in the women's and children's health, human resources and health policy and financing Hubs. It is unlikely that these advances have had recognisable impact on the understandings of end users at this stage of the Initiative, and this is not unexpected.

Hubs have generally not produced outputs with a specific focus on gender or disaggregated data by gender as a matter of routine and it does not appear that they have been guided to do so.

The gender balance of Hub staffing is fairly even.

2.5. Monitoring and Evaluation

Chattoe-Brown carried out an initial review of the cross-Hub monitoring and evaluation framework in November 2009. Several of the recommendations have been taken on board.

There is good shared understanding between the Hubs of the objectives of the Initiative. The process of developing the MEF helped with this.

As the cross-Hub MEF stands it is mostly used as the basis for tracking and other management tools by the Hub managers; these provide a varied source of data on what has been achieved under each objective.

It is not clear that the MEF is referred to by anyone else in the Hubs beyond a reminder of what the objectives are. However all the senior Hub staff members are well aware of the objectives and the need to be able to demonstrate the fact that they have been met. In her previous report Chattoe-Brown stated that “At the time of the MTR I would suggest that whilst the Hubs should not be expected to have achieved the aim, they should be expected to justify how their work could lead to it being fulfilled, to be able to ‘tell the story’ of how their products are sufficiently relevant and in demand that there should be uptake in the future if not already, and to propose how their convening, dissemination and capacity building activities are geared towards better processes for policy development”. All the Hubs were able to meet this challenge.

It is still a complicated task to map products onto objectives particularly as some Hubs have their activities to meet the dissemination and capacity building objectives listed as separate ‘products’ whereas others link them to the written products. However, overall it is now easier to map products and activities onto objectives now that most of the Hubs are using the matrix suggested by Chattoe-Brown.

Dependent on whether the recommendations of this review are accepted, the MEF should be revisited to capture clarifications around capacity building and engagement with AusAID (indicators and the means of verification), around primary research (as a separate objective with associated indicators etc) and around convening (removal of objective)

If the recommendation for future funding is adopted the MEF should be revisited for the Initiative as a whole by AusAID and proposals from Hubs should be required to contain Hub specific MEFs (in line with the revised cross-Hub MEF) with more specific indicators, MOVs and assumptions clearly tied to individual Hub outputs.

2.6. Analysis and Learning

The Hub Initiative seems to have been well informed by similar initiatives elsewhere, in particular the UK DFID experience with research programme consortia. There is significant potential for it to learn further from the now two decade long experience of knowledge policy and practice pathways in DFID RPCs (and their predecessors).

In particular, it needs to learn from the experience of partnership in countries that can support those pathways. DFID RPCs are expected to ensure that the balance of funding favours partners in low income countries, that capacity building in partner institutions is given significant weight in plans, and that there is a significant role for these partners in supporting the knowledge to practice and policy pipeline. The importance of these features of the programmes has been well established and there is anecdotal evidence that the partnerships have increased policy relevance and uptake of findings. However the quality and organisation of these partnerships has a major impact on how effective they are; various RPCs have adopted different approaches to these which could provide useful learning.

DFID is also preoccupied with how to make itself a better user of RPC products, tied in with its increased emphasis on the role of evidence in DFID policy making and the internal transformation this requires.

The Initiative has the potential to support the learning of other development agencies. With the exception of DFID, the World Bank, WHO and a few other development

agencies, little investment in establishing evidence-based practice and policy takes place. AusAID has the opportunity to significantly inform practice and underline the significant level of investment required to support this.

The opportunity offered by the Initiative is also one of practising what is preached. As AusAID increasingly supports SWAps and general budgets rather than projects through which its own identification of appropriate activities drives priority setting, it will increasingly need to advocate for a greater role for evidence in the policies of partner countries. If it is not seen to take this advice seriously itself, this task will be more difficult and there is a danger of accusation of hypocrisy.

The capacity building objectives of the initiative are a further way in which it engenders learning. This will be enhanced by the extension of these objectives to partner countries' institutions.

3. Conclusion and Recommendations

The Knowledge Hubs Initiative is an innovative and exciting new way of working for AusAID. Globally, development agencies are recognising that traditional approaches to aid have had disappointing results and that as volumes of aid increase, the duty to ensure that investments made are evidence-based is inescapable. Only a few development agencies are recognising the nature and level of investment required to do that. One of our respondents (World Bank) argued: *'The initiative is an exemplary one, and one that other development partners could and should learn from'*. Example setting is important beyond development agencies in the countries with which AusAID works. If it is expected that AusAID partner countries' should justify their use of AusAID funds on the basis of evidence of effectiveness, and argued that their health and other policies in turn should be informed by evidence, it is helpful if AusAID itself can showcase its own commitment to evidence-based policy and practice, and the mechanisms it uses to achieve this in its own work.

The scope to benefit from the Initiative is significant. The most comparable initiatives with similar levels of funding are the DFID research programme consortia and the observatories on health systems and policy, of which the European one is the most established and the Asia Pacific one the most recently set up. These initiatives achieve significant profile and have had documentable impacts on development practice and policy. This profile of outputs and impacts provide a benchmark against which the Hub initiative should expect to compare itself once fully mature. However, they are not particularly useful benchmarks at this very early stage of review.

Some stakeholders have considered the amount spent on the Initiative large. At a total of AUD\$6 million per annum, the spend is considerably less than DFID's total, albeit over a larger number of programmes each funded at slightly less than each Knowledge Hub. It is considerably more than the total expenditure on the European Observatory. If the Initiative is eventually able to make a significant contribution to its long term objective of improving the quality and effectiveness of Australia's engagement in the health development sectors of its regional partners, it might be considered a rather small investment. If this improves the efficiency of AusAID's total health spend of AUD\$550million by 1.5%, it effectively covers its own costs and other benefits (to the efficiency of other aid programmes and other sectors, to Australia's standing in the global community, to Australian academic institutions among others) cost nothing.

Therefore the potential for the Initiative to prove an efficient investment is unarguable. This potential is not achievable in the first two years of the Initiative and has certainly not yet been achieved. However, most of the Hubs have identified appropriate expertise, established appropriate structures, started to establish

appropriate relationships and undertaken appropriate initial technical work. In these respects, the Initiative is on track towards the achievement of the larger objective.

At this stage, the critical concern is to ensure that potentially useful products emerging from the Hubs are actually used. For many reasons, this cannot be the sole responsibility of Hubs. The initiative relies on engagement by AusAID to ensure use of Hub products in its own aid programme, to support use of Hub products in the development policy dialogues that AusAID engages in with government partners, and to support the engagement of other development partners with the messages emerging from Hub work in those arenas in which it has influence. Hub staff members have the responsibility to promote their outputs with the same groups of stakeholders and to produce outputs in formats that are most likely to be used. We recommend a standard set of outputs to accompany each product that will support a range of communication styles and engage stakeholders with different levels of technical capacity.

At this stage, AusAID has not formally established the mechanism by which Hub work should embed in its processes. We recognise limits to the extent of this in the short term, owing to structural capacity constraints but emphasise the opportunity offered by an expanded roster of health advisers and a recognition throughout the organisation of the need to incorporate a stronger knowledge base across the organisation's activities, not only through the Hub programme and health. Building towards the point at which evidence flowing from all sources including Hubs is routinely channelled to support practice and policy is already a goal of current organisational reform. Integrating the Hub initiative into this thinking is a relatively small step.

The main respect in which the Initiative is not wholly on track to achieve its potential, is the reception of the Hubs and the initiative in partner countries. A significant number of stakeholders contacted from partner countries were lukewarm or even overtly critical of the activities they have engaged with. We see this has largely resulted from the isolation of Hub providers from country partners in the original Hub model (which has been modified somewhat over the first two years) and the absence of core partnerships between Hub provider institutions and research and government institutions in partner countries. Both problems can be resolved.

4. Recommendations

1. The Hub initiative should be supported for at least a further round. The next round should be negotiated around a three year proposal submitted by the existing providers. For any new Hub topics added, and for further funding beyond the next three years, we recommend competitive tendering. Once competitive tendering has been introduced, a five year funding cycle is recommended.
2. AusAID should work towards developing an explicit mechanism that will embed Knowledge Hub outputs in its own processes in order to (a) ensure the use of knowledge generated and synthesised in AusAID's own development programme; (b) support the engagement of other development agencies in the Hubs' products; and (c) engage government partners with the messages emerging from Hub work. AusAID needs to be more engaged in the following areas: using outputs, disseminating outputs, identifying and communicating its own needs, internal harmonisation of all the different aid effectiveness agendas (ODE, research office, thematic knowledge services etc)

3. Before the end of this round of the Initiative, Knowledge Hubs need to focus particularly on encouraging the use of the products they have already developed. Hub specific guidance on this is provided in the relevant appendices/annexes. Hubs should largely be opportunistic about larger fora for presenting work, convening meetings themselves only very judiciously, and where there is a clear case, based on the comparative advantages of academic institutions. All Hub outputs should be available in the following formats: 1) Working Paper; 2) Policy brief; 3) Case study; 4) Narrated powerpoint with most expected also to generate 5) an academic paper. These should be available to download and distributed on CDs to countries with limited internet accessibility.
4. Restrictions on the use of Hub funds for travel to partner countries should be lifted, and Hubs encouraged to liaise with AusAID country Post officers who express interest in involvement in this activity. At the same time, Hubs should ensure sensitivity to the pressures on AusAID country Post officers and that they do not exploit relationships unduly beyond legitimate Hub business.
5. Greater flexibility in the range of activities (for example, capacity building and training) that Hubs may engage in should be enabled to the extent that these activities can be justified in pursuit of the objective of the initiative and the case made in the annual work plan (this round of funding) and the three year proposal or tender (future rounds of funding). Capacity building in partner countries' institutions is an essential part of delivering its primary objective. Further justification of relationship building through response to local demands should also be acceptable if there is sufficient evidence.
6. Future rounds of the Initiative should require Hub providers to partner with a limited number of institutions in Asia Pacific countries with the expectation that a fair share of Hub funding should be allocated for partner institutions, and work in these countries should form the core of their programmes.
7. Overall AusAID should review the balance in the funding environment for research (knowledge generation) and knowledge synthesis. To the extent that relevant knowledge generation is clearly under-funded, a more sympathetic attitude to limited primary research undertaken with Hub funding should apply (perhaps allowing up to 20% of Hub funds for primary research). However, AusAID is likely to plug the current gap with other mechanisms.
8. To decide on the topics for Hubs in future rounds, AusAID should define and initiate a formal process of consensus building among its senior health staff. This is particularly important in the absence of a formal health policy document.
9. A greater degree of joint working across Hubs is recommended. Incentives to achieve this could be strengthened, for example by earmarking a proportion of each Hub's resources to be used for this, although it is likely also to be effective to expect new proposals to contain a section indicating how this will be done.
10. The Steering Committee, which might be renamed the Knowledge Hubs Advisory Committee to reflect its non-decision making status should operate at a higher, strategic level, guiding the Initiative as a whole. The Group's remit should be extended to advocacy and support for dissemination.
11. Technical Advisory Groups require some review of membership for relevant technical expertise, and likely ability to make time available to engage in depth in Hubs' activities. Hubs need to achieve more regular dialogue with

TAGs, including scheduling at least annual meetings at a time when TAG advice can best be used.

5. High level communication recommendations:

*NB this list is not exhaustive. For the entire list of recommendations, please see pages 40-59, Annex E

Short term:

1. Hubs to create summaries and policy brief documents for each existing product. If necessary, hire short-term communication expertise to do so.
2. Hubs to make more overt and high-level links to information outputs on its website and to draw attention to new products as they become available.
3. Hubs to begin proactively dissemination of products (hard copy and CD)
4. Hubs to undertake stakeholder research to understand the best way of getting information to stakeholders.
5. AusAID and Hubs: Host 1 learning forum/Hub with AusAID staff in Canberra, offering the opportunity for Posts to participate via video conference, or providing a resource film of the event to Post staff.
6. AusAID to identify one person with knowledge liaison responsibilities within AusAID who can be the link between the Hubs' outputs and AusAID staff.

Long term:

1. Hubs to apply productising approach: working paper to policy brief to case study supported by narrated powerpoints, summary statements and headlines.
2. AusAID and Hubs to create one website and knowledge management portal for all Hubs.
3. Hubs to create common branding and template approach to generate consistent and recognisable visual look and feel to all outputs.
4. Hubs to hire 2 communications specialists to manage the a) work of transforming research outputs to more general communication pieces, b) maintain websites and c) manage stakeholder engagement mechanisms including dissemination and relevant convening activities.
5. AusAID to invest in Agency-wide knowledge management audit (understanding how staff prefer to access and use knowledge), and invest in Agency-wide tools, systems and resources (human and financial).

Annexes A-D (Restricted access only – removed from this document)

For a copy of these annexes, please contact the Knowledge Hubs Initiative Manager. As at March 2011 this is Tamara Khosla.

Annex E: From Research to Aid Effectiveness

A communications perspective of AusAID's Health Knowledge Hub initiative.

Purpose of this annex

“From African schoolrooms to Southeast Asian fishing villages, from Latin American trade policy to Middle East water management, hard evidence proves the point that development research, done right, can improve public policy and help accelerate development progress. When research is well designed and executed—and skillfully communicated—it can inform policy that is more effective, more efficient, and more equitable. But experience proves another point just as certainly; in all the confusions and frustrations of making policy in developing countries, development research frequently fails to register any apparent influence whatsoever. What explains those successes and the failures? And to put the question more directly, how best can researchers and policymakers bring timely, relevant, and reliable new knowledge to bear on policy decisions in developing countries?

The urgency of that question is plain to see. For researchers—and the organizations that fund researchers—the overarching objective of development research is to improve the lives of people in developing countries. More often than not, public policy is an indispensable instrument for converting new knowledge into better lives and better futures. And the urgency is equally pressing for the policy community. After all, systematic access to evidence-based research advice can dramatically improve the chances of deciding and carrying out policy that achieves intended results and attracts durable public support. Researchers and policymakers do not always speak the same language. But they can find a common cause in the pursuit of development policy that is just and sustainable.”

Knowledge to Policy: Making the most of development research.

The report template provided by AusAID doesn't provide a specific opportunity to look at the communications issues related to the Health Knowledge Hubs initiative.

This annex provides that additional information. It seeks to briefly:

1. set out the broader communication context within the aid effectiveness agenda within which both AusAID and the Hubs are operating; basic principles of knowledge management and policy influence;
2. outline the current operating situation for both the Hubs and AusAID and provide some recommendations to moving forward to improve the communication aspects of the Hubs' work and to support increased engagement with (and within AusAID).

1. Communications and aid effectiveness

1.1 Importance of research communications

Communication is a cross-cutting issue that underpins not only the process of achieving aid effectiveness through building stakeholder support for policy change and development interventions but also in sharing and exchanging lessons learnt. It should improve development opportunities by ensuring equitable access to knowledge and information to all sectors of society – especially to vulnerable groups and the information poor.

‘...development research, where it is well designed, conducted, and communicated, can improve public policy in ways that advance sustainable democratic development.’¹

A significant investment in solid communications work has to be part of any successful research programme.

AusAID’s intention in establishing the Health Knowledge Hubs (Hubs) is that by generating knowledge and building a culture of evidence-based policy, it aims to improve the quality and effectiveness of Australia’s investments in health- particularly in the Asia Pacific region. The identification, collection and synthesis of knowledge is just the start. Producing, tailoring, disseminating, incorporating and measuring influence is the continuation. The Hubs and AusAID share responsibility for making sure this continuum functions.

1.2 AusAID’s changing role: from administration to policy influence

Both AusAID staff and external stakeholders describe AusAID’s past and current function variously as ‘administrators’, ‘project managers’ and ‘book-keepers’. But this is changing. AusAID’s budget is expected to continue to increase in the next few years, and together with increasing domestic public, country government and development partner scrutiny and demand for aid effectiveness this points to the need for the Agency to refocus. Program management will continue –obviously- but there is a need now to take on a policy formulation, innovation and agenda setting role. This requires new skills, beefed up knowledge reserves and access to evidence-based information. It requires a careful balance between bringing in specialists to sit within AusAID as technical subject matter experts and also improving engagement with external experts. In involves giving thought to how to bring information in, use it and also send it out again in relevant products, tools and human capacity. It involves building AusAID’s capacity to identify, create, use and measure knowledge. It involves a significant investment in building knowledge capital both within and external to AusAID.

1.3 New game, new rules: knowledge management & moving beyond Chinese whispers

If AusAID wishes to take a position on the global policy stage then knowledge is its new currency. That implies establishing and maintaining coherent external interfaces that allow the collection of knowledge and ways of identifying gaps and suppliers, consistent internal systems that absorb, process and disseminate and staff who know where to find what they need in a timely manner. Importantly, it also means that there will be room for and an expectation around application of new knowledge.

¹ Carden, F. (2009) ‘Knowledge to Policy: Making the most of development research.’ Sage Books: International Development Research Centre

Very simply, knowledge management can be defined by development practitioners as ‘the creation, organization, sharing, and use of knowledge for development results’.²

A simple knowledge management continuum may look something like Figure 1 below. Of course, there are many other more complex interconnections that could be included. Different parties have different responsibilities within this continuum, with some shared responsibilities.

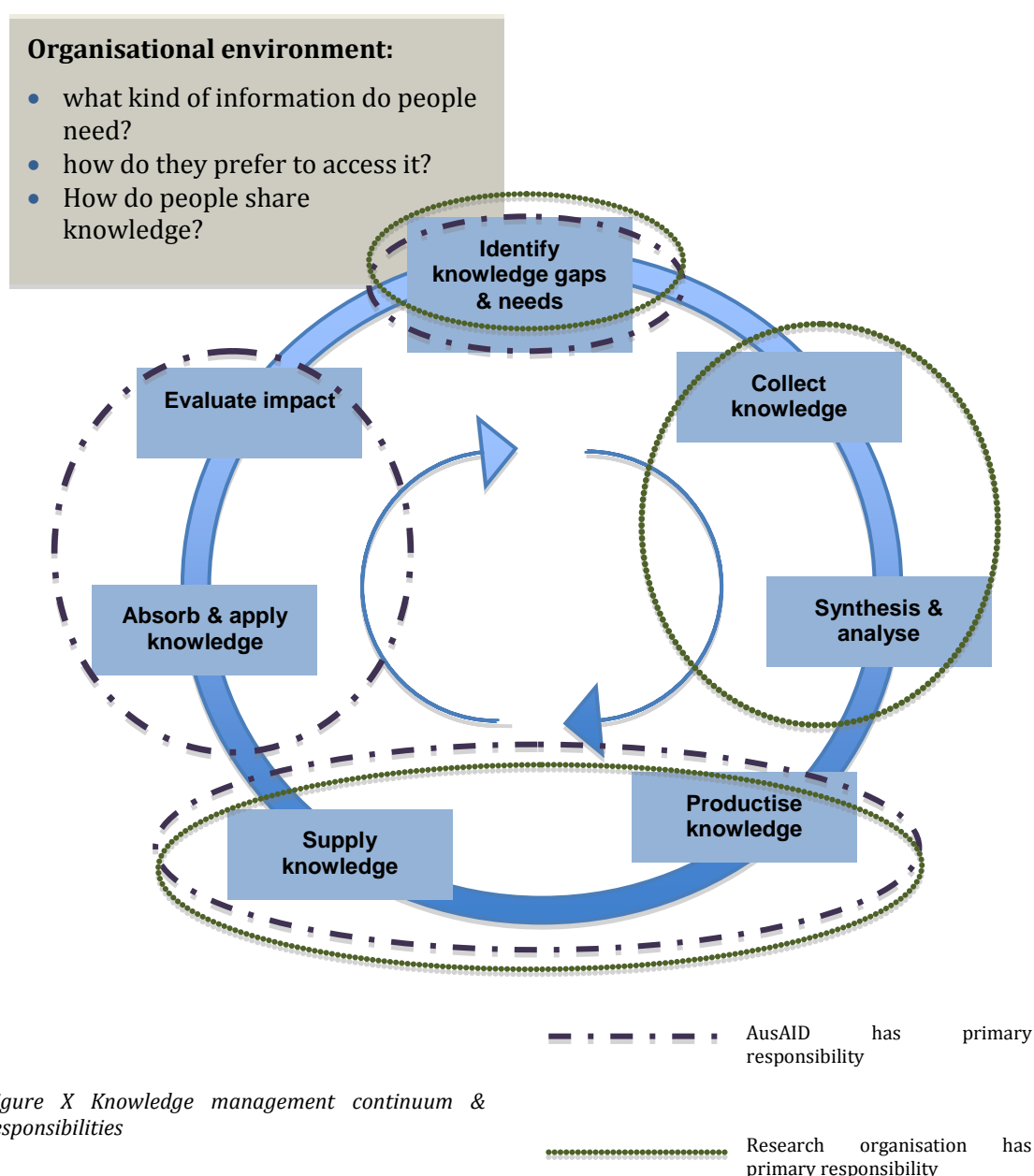


Figure X Knowledge management continuum & responsibilities

Most people practise some form of knowledge management in their day-to-day work, but an organizational approach to managing knowledge means strengthening informal networks with institutional, common networks. AusAID needs to structure

² BCPR Knowledge and Information Management Strategy for the Crisis Prevention and Recovery Practice Area, 2005, UNDP 'Knowledge Management Toolkit for the Crisis Recovery and Prevention Area.

internal processes and tools to support people in creating, sharing and using knowledge across and up and down the Agency.

Knowledge management is not the remit of communication staff or IT staff; it involves the entire work force and in particular, the following work processes:

- HR (because responsibility for building, sharing and evaluating knowledge should be built into job responsibilities),
- business and strategic planning (because building, sharing, evaluating and reporting on knowledge should be captured in work plans and performance management initiatives),
- IT (because organizational-wide system support is needed),
- finance (because budgets need to be allocated to creating or buying in software that supports KM processes),
- KM planning supported by specialist KM staff (because KM is a discipline and needs to be supported with expertise and strategy)
- program and program management (because workers at the coal face need access to knowledge), and
- advocacy and communications (because dragging (and repackaging) knowledge out of an organization and into the light is necessary for public understanding and impact).

AusAID needs to answer the following questions:

- How does it identify knowledge needs and gaps?
- How does it acquire knowledge, corporately and individually, to fill those gaps and meet needs?
- How does it assess the validity and quality of knowledge it receives?
- How does it build on knowledge that it receives through external processes and that which is available internally?
- How does it contribute to broader knowledge needs and gaps in the external world in which it operates?
- How does it apply knowledge to what it does to achieve better aid outcomes?

Currently, AusAID's approach is ad hoc and inconsistent across the Agency. It has no particular knowledge of how its staff currently access information, and how they would prefer to. It does not have a system-based approach to connecting people with knowledge and helping them to incorporate it in their work practices.

Complete answers to the above questions are beyond the scope of this Review and require a separate and broader (beyond health) exercise involving significant investment of AusAID staff time as well as other resources. This review identifies the relevant questions and makes preliminary comments on current processes and initial steps to address problems.

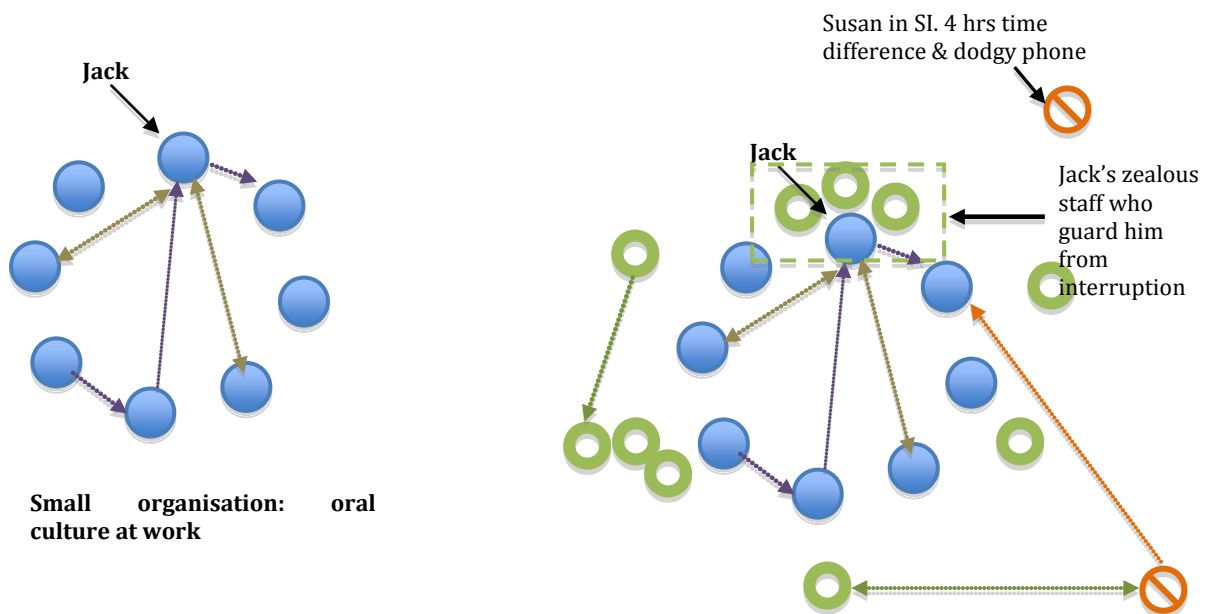
"We are drowning in information while starving for wisdom. The world henceforth will be run by synthesizers, people able to put together the right information at the right time, think critically about it, and make important choices wisely."

E.O. Wilson

An observation about oral culture

As organisations grow – as AusAID has done over the past few years and may continue to do so- what used to work in how people shifted and accessed information throughout the organisation, may not work as well any longer. A small, intimate staff team where people have similarly ranked positions makes it relatively simple for each member to access information accurately and pass on information verbally. An ‘oral culture’ may be used to describe this kind of communication or style of managing knowledge. When this kind of organisation needs to store knowledge it does so in people’s heads or in individual filing systems. It’s no problem when you have a staff of 12 people at a similar level of status to pop your head round the door and ask ‘Jack’ for a printout of an interesting article or if he remembers what the Minister said at the last meeting, or what he learnt from his visit to a forestry project in Vanuatu. If ‘Jack’ leaves the organisation, it’s not beyond possibility that you may even feel free to ring ‘Jack’ at his new place of work and ask him where he left a certain file.

But relocate ‘Jack’ in a staff team of 400 people in a central head office with another 300 scattered around the world in different time zones and the picture changes dramatically. How does ‘Susan’ in Solomon Islands pop her head round Jack’s door to ask him for a printout? How does ‘David’s’ lower-ranked staff member phone Jack to ask him what the Minister said? Now times ‘Susan’s’ request to Jack by 20. How does he deal with remote requests and lots of them? An oral culture will no longer suffice. It may well work for the 3 or 4 people who sit round ‘Jack’s’ desk in head office, but it’s frustrating and unworkable for anyone else. Now suppose ‘Jack’ is a grumpy old man who doesn’t like sharing information and heads out of the office every 2 hours to have a smoke? Not even the 3 or 4 people sitting round his desk can access what he knows now. And heaven help the external researcher who can’t get Jack’s number from the switchboard.



Small organisation: oral culture at work

Larger organisation: multiple layers, complex needs. How do information flows work here? Can everyone talk to everyone easily?

For AusAID to collect, share and use knowledge it needs more than an organizational form of Chinese whispers. It needs to invest in researching how people learn, what they need to know and how they need to access it. It needs to invest in radical knowledge transformation systems, resources and tools, and by embedding a culture of incentivizing and rewarding knowledge transfer for better results.

Fortunately, it's not the job of the Thematic Health Group team to do this! But what they've learnt through the process of establishing the Health Knowledge Hubs is very valuable in helping the broader organisation think about how it 'brings in' knowledge, circulates and percolates it internally, and then 'sends it out' for impact.

1.4 Influencing policy: from knowledge to impact

AusAID wishes to reposition and reorient as a policy setting, analysis and innovation organisation. The investment in Health Knowledge Hubs is one method of starting to realize this ambition. Of course the impact of the Hubs could be and may be greater than providing AusAID and other development partners with evidence-based information which can be used to inform better policy making. The Hubs will also be useful in over the horizon scanning in relation to identifying information needs the Agency may need filled to deal with emerging issues; the information Hubs provide may have direct programme design influence or it may be used for advocacy purposes. There is a broad spectrum of potential engagement opportunities for the Hubs. But to focus on policy influence and impact firstly, the following thoughts may be useful.

Public policy exists to solve problems affecting people in society.³ Making public policy means deciding what is and is not a problem, choosing which problems to solve and deciding on solutions.⁴ And it's not a simple process. The process often occurs in a context of political pluralism with different and competing agendas sponsored by different actors.

1.5 Communications in the context of policy-making

The process of policy-making requires both general know-how and specific communication skills. The policy communicator must consider contexts strategically and ethically. He/she must be able to judge a communication's potential impact and specific skills for composing specific types of communication are necessary.

Communication within the public policy-making context functions in two fundamental ways:

1. Communication produces useful information

In public policy-making communication is expected to be useful. What matters most is not how much the communicator knows but how much the target audience needs to know. So information needs to be clear, concise, correct and credible.

2. Communication makes information intelligible in context

Context may mean action in a particular policy cycle, or broadly a political environment or government framework. It provides what people need to know when they need to know it. So information needs to be relevant, timely and particular.

³ Coplin, W.D., and O'Leary, M.K. (1998). *Public policy skills* 3rd ed. Washington DC: Policy Studies Association.

⁴ Smith, C. (2010). *Writing Public Policy: a practical guide to communicating in the public policy process*. 2nd ed. New York: Oxford University Press, pg 1

AusAID, if it is to have influence within the global policy environment, will need to begin investing in policy communication expertise.

1.6 Research and communication: influence at work

'Influence is more process than product, a current of activities and relationships interacting with each other.'⁵

Policy-makers do not sit around waiting for a piece of research to fall into their lap. Often – heaven forbid- policy-makers themselves think they have a pretty good idea of what is needed, or a lobbyist has just taken them out to lunch, or their son turned up something interesting in a university project. Trying to get research into policy into practice is hard slog and it involves trying to understand influence.

AusAID's aim in creating the Hubs, and the overarching aim of all development research is to improve the lives of people in developing countries. The obvious symbiosis of the relationship between researchers and policy makers is clear: for policy makers access to systematic evidence-based research and new knowledge can support them to create meaningful public policy that may translate into better lives and better futures.

'Ultimately, research can affect the way government decisions are made. This is an interaction that benefits researchers and policymakers alike. For researchers, it means doing and disseminating development research that has real effects on public policy and action. For the policy community, it means having a ready supply of evidence-based options for timelier, stronger, and more responsive policy decisions.'

Knowledge to Policy: Making the most of development research.
Fred Carden (2009) International Development Research Centre

At best, though research will only count for one among many influences in the policy process. And researchers and policy makers do not always speak the same language. AusAID and the Hubs need to create a shared understanding and language around products, policy and pathways of influence.

⁵ Carden, F. (2009) 'Knowledge to Policy: Making the most of development research.' Sage Books: International Development Research Centre, pg 13

2. Current observations & recommendations

2.1 HUBS

Pursuing a stakeholder-informed agenda

Currently, most stakeholder engagement occurs the 'push' end of providing information, that is, around product dissemination and this is limited.

Stakeholders reported little, if any, engagement at the 'pull' end of providing information. An AusAID staff member said 'the first time I knew what the Hubs were planning to do in 2010 was at the annual work plan meeting...and then it was too late to really feed in what would be useful for me'. One stakeholder made the comment that 'unless they have walked in my Ministry, how can they know what I need?' Another stakeholder observed that 'the product is very helpful, but we had already begun work on something similar, and would have preferred the Hub support us to do it our way so that we had something that we didn't need to tailor further.' AusAID staff said they were not sure about how to engage with the Hubs around their needs for information. Many were confused about the Hubs initiative and its fit with the Health Resource Facility.

Hubs have varying types of stakeholder lists and some have conducted a limited form of stakeholder needs analysis.

The Review recommends that in order for Hubs to output products that are relevant and have immediate uptake, they must improve engagement with the stakeholders, both within AusAID and more broadly. The Report already refers earlier to why this hasn't happened – to some extent- so this will not be investigated further here, but it must change.

Short term:

- Develop common Hub stakeholder list, with specific sections relevant to each Hub. Share between Hubs.
- AusAID to supply list of all relevant AusAID contacts, at Desk and Post.
- Contact all stakeholders, in a common email, to alert to latest products, where to find them and what to expect in 2010. This will need to be concisely worded.
- Undertake stakeholder research of their own (agreeing on which Hub will contact who), using structured telephone or face-to-face interview to determine information gaps and needs, ways and means of accessing information, product utility. Suggest doing this at beginning of 2011.
- Both the Hubs and AusAID must create an opportunity for having a joint dialogue around knowledge needs and over the horizon emerging issues planning. This could be informed by the list of research questions collected by the Research Department and referred to in the August Review Meeting. It could be a day's forum with relevant AusAID staff and Hub staff to discuss potential topics and share information. It could be a brief survey undertaken by the Hub staff, but with access to AusAID staff.

Next round:

- Build in stakeholder feedback as part of the M&E system
- Retain the Steering Committee concept but broaden to include them in the dialogue for planning what products are needed – not just to review them at an annual work plan meeting

- Utilise the Steering Committee and Technical Advisory Groups (TAGs) to disseminate products and act as endorsers or organizational champions for the Hubs' work
- See convening not as a product but as an influence mechanism. Hubs act as 'harmonisation facilitators' pulling together a range of donors and development partners around topics of common interest and investment to investigate and recommend common, harmonized approaches to health issues in the Asia Pacific.
- Importantly, AusAID should also facilitate a more broader information gathering exercise in partner countries. This could be handled by Post staff, and take the form of a structured face-to-face questionnaire with Ministry, other development agency and regional health organisation staff.

The Review is not urging a consensus driven approach to deciding what Hubs will work on, the beauty of the initiative is that the Hubs have independence and are able to determine – given their own particular access to information and research- their own direction, however, some form of input from stakeholders is necessary to help guide the Hubs' agenda. Otherwise there will be disconnect from product and relevance.

Improving engagement with AusAID

Only one of the Hubs has a list of relevant AusAID staff members. It was difficult for Hub staff to specify what would be the logical entry points and people to improve engagement with AusAID. Just as Hubs must identify where they go to find research information, they must also identify where they go to in AusAID to get and ultimately to provide information.

As discussed at the August Review Meeting, AusAID is the Hubs' main client. There are many beneficiaries (including Ministries in partner countries, other development agencies, multilateral health organizations etc), but primarily it is AusAID's job to set its development policy. The Hubs therefore have responsibility for feeding into this process, including providing information that will allow AusAID to determine its policy setting agenda.

This means that Hubs must make a concerted effort to understand what AusAID's strategic direction is in health development and either align their outputs to support this with evidence-based information or challenge it by supplying evidence-based information that may point to another strategic direction being necessary.

The Hubs must also understand how AusAID –corporately and individually- prefers to access and share information. Outputs must be packaged to inform clearly and quickly, without losing their credibility. This Review makes some recommendations in the **Product** section about how Hubs might consider packaging and delivering information to AusAID.

Short term:

- AusAID and the Hubs to partner in hosting 1 learning forum/Hub with AusAID staff in Canberra, offering the opportunity for Posts to participate via video conference, or providing a resource film of the event to Post staff.

Next round

Other long term initiatives are included on pages XX in the section about AusAID's responsibilities.

Proactively ‘pushing’ products

Most stakeholders reported being unaware of any Hub products apart from the ones on which they had worked. Many stakeholders – including AusAID staff reported not knowing when products are available unless they visited the Hub websites, or else receiving so many products all at once that digesting them was impossible. Some AusAID (including in the health sector) staff did not know about the Hub initiative.

The Review recommends that Hubs need to develop active stakeholder lists that are reviewed regularly. Products need to be delivered in a staggered manner throughout the year (this is an issue with the current yearly calendar-based approach to product development), rather than all at once. For some stakeholders in Pacific countries where internet access is slow and downloading large documents is near impossible, then Hubs need to consider delivering products in hard copy or in a different electronic format, i.e. on CDs through the post.

Hubs also need to consider value-adding to events: forums, meetings, congresses etc that take place in target countries. Providing products for the Pacific Health Ministers Forum is one thing that could happen relatively easily. But this needs to be coordinated between all the Hubs, so that recipients aren't overwhelmed with many Hub products from different sources.

Whilst all Hubs have developed websites, none of them use a proactive push mechanism for new information, i.e. an RSS feed. On most sites it is very difficult to tell what product is new, or when to expect 2010 outputs. More work needs to be done to drive traffic to the websites, but this assumes that websites are user friendly – and most need work in this area. *For more information on websites, please see Annexes G-K.*

Short term

- Develop common Hub stakeholder list, with specific sections relevant to each Hub. Share between Hubs.
- Each Hub to ensure that their stakeholders have copies of all products.
- Each Hub to make more overt and high-level links to information outputs on its website and to draw attention to new products as they become available.
- Each Hub to identify forums, events and congresses (domestically and internationally) to provide their products. One Hub to take responsibility for ensuring this happens.

Next round

Initiatives relevant to the Next Round in terms of pushing products better are captured in the section on developing product portfolios and improving websites.

Investing in communications expertise

Just as Hubs have invested in finding high quality research expertise, they must also commit to high quality communications expertise. Turning research into communication products – beyond peer-reviewed journal articles – is a specialist skill. Researchers should focus on doing what they do best, and turn over the (often laborious) task of turning 119 pages of dense research into 10 PowerPoint slides and accompanying bullet points to communication specialists.

Several stakeholders commented positively on the rigour of the research presented in various products but also lamented that that very rigour meant that it sometimes took them weeks, in time poor environments, to ‘make it through’ a single paper. One

stakeholder said, 'they're producing the raw stuff of ammunition, now they just need someone to turn it into bullets!'

One of the Hubs has employed a full time communications staff person whose responsibility it is to take research products and convert them into communication products. The communication products could be many and varied: policy briefs, white papers, talking points, case studies, conference presentations, background briefing papers, and for the media: opinion editorials and human interest stories.

The Review recommends that Hubs need to take the next step of turning analysis into application, that is, turning knowledge into usefulness. To do this, hiring in communications expertise is essential.

Short term

- Short term initiatives are covered in the next section on creating a product portfolio.

Next round

- Hubs should commit to bringing on board 2 full-time communication staff to work between the four Hubs. Ideally, these specialists should have policy development expertise, be media savvy, understand emerging health development issues, be top-notch writers and able to develop and manage stakeholder engagement initiatives. Their role should be to:
 - take the longer research working papers and distill them into other communication products [60%],
 - maintain the website [20%],
 - manage stakeholder lists and engagement strategies and events (forums, conferences etc) [10%],
 - work out methods for distributing products and maintain a dissemination schedule [5], and establish and maintain media relations [5%].

Outputs: creating a product portfolio

AusAID has selected universities as partners in this initiative for many reasons: independence of opinion, research capabilities, the value-add of already established partnerships with other institutions, globally recognised academic rigour etc. The value-add of the academic environment is important to the success of this initiative. Acknowledging this, it is also important for Hubs to think a little less like universities when it comes to products and more like policy development organizations (such as <http://www.brookings.edu/>). Currently, the one consistent thing across most Hub products is length and density. Some products are in excess of 100 pages (including a so-called 'Briefing Paper'). One Hub has developed one-page case studies, but these seem more for internal purposes (providing an overview of methodology more than application) than for external audiences.

At this point in development, it is clear Hubs are thinking about creating useful knowledge but have not had the time to spend similar time about how to present knowledge usefully.

The Hubs need to clearly identify who are the potential users of the products they are producing, as this will impact both content and form and style of various outputs. The Hubs must know their audience and use a format and style that stands the best chance of reaching and being understood by that audience. In some cases one product can be translated into different products for different audiences. Very, very broadly, users generally fall into two categories: 1) the general group (maybe new

AusAID staff or generalist staff who are now expected to work in an 'expert' capacity) who need introductory and broad guidance type information and 2) the expert group who demand detailed and in-depth analysis and assessment.

Language capacities must also be addressed. Throughout the Asia Pacific region, English is a second language. Language used should be reviewed accordingly and applied differently to the suggested product portfolio below.

The Review recommends that the following way of thinking about and creating products be considered.

Short term

- Each Hub to write a 2-4 page policy brief (see #3 below) and a summary statement (see #6 below) for each current product. If necessary, external communications expertise should be retained to do this.

Next round

The following recommendation acknowledges that Hubs may wish to release a broader range of products than those mentioned below, such as meeting minutes, reports, etc, but the approach detailed below provides a framework that will provide a consistent approach to core Hub outputs.

Each output to have the following:

- 1) *A working paper*. This is the foundation document for all other products. This is a substantive document that contains all information about everything. It has a full resource list, suggested reading list, conveys in detail all methodological processes, in depth analysis of the issue, including constraints, other attempts to rectify it etc. It may be circulated to peers for comment. Once finalized, it may be housed online but will rarely become a full print document.

Language: as academic as you like.

Responsibility for output: researcher.

- 2) *A peer-reviewed journal article*. This may not be possible in all cases, but where it is possible to publish, then this should be pursued in order to maximize academic credibility and provide currency for researchers working within the university environment.

Language: as academic as you like.

Responsibility for output: researcher.

- 3) *A policy brief*. This is a two-four page document that provides a standardized presentation of relevant material: an outline of the problem, the context, analysis of options and recommendations. It should be an introductory, but still fulsome document that allows policy makers to understand the issue and start to think about what decisions he/she could make to address it. See Annex F for a draft template.

Language: plain English, suitable for ESL audience (if absolutely necessary to use longer terms, explanation should be provided)

Responsibility for output: communications specialist with support from researcher.

- 4) *A case study*. This is a one-page document that provides a standardized, very brief overview of the major points including recommendations. It can be provided to a Minister or compiled as one of a number of over-arching issues for consideration at a conference or forum. See Annex F for a draft template.

Language: plain English, suitable for ESL audience. Aimed at Year 10 level English.

Responsibility for output: communications specialist with review by researcher.

- 5) *A powerpoint (with accompanying notes).* This should be a maximum of 15 slides that is based on the policy brief. It should be intended to provide an accompaniment for a verbal brief or presentation. Ideally, for versatility, it could be narrated so that people are able to listen to it as well as read through it. This means that AusAID staff at Post then have a useable tool with which to engage their Ministry and other development agency counterparts.

Language: plain English, suitable for ESL audience. Aimed at Year 10 level English.

Responsibility for output: communications specialist with support from researcher.

- 6) *A summary.* This is a 1-3 paragraph summary of the problem the output addresses and the recommendations reached. This should be used on websites and in any brochures or promotional items used to describe the sum total of all outputs.

Language: plain English, suitable for ESL audience. Aimed at Year 10 level English.

Responsibility for output: communications specialist.

- 7) *A headline.* This is a 1-2 sentence descriptor that catches the essence of the issue in a catchy, memorable, make the reader want to know more type way. See any online newspaper for examples (<http://www.theaustralian.com.au/news/breaking-news/bashed-man-dies-for-not-sharing-his-beer/story-fn3dxity-1225910736161>) *Responsibility for output: communications specialist.*

Language: plain English, suitable for ESL audience. Aimed at Year 8 level English.

Items from 1-5 should be included on a CD or flash drive for practical dissemination when travelling in countries or attending forums or conferences.

This list is not meant to restrict what Hubs produce, merely provide a starting point, or an indication of a minimal 'productising' approach to outputs. Hubs should consider producing all, but not limiting themselves to, these products for each output/

This product 'portfolio' creates useful, diverse tools from one main resource. Importantly, it provides a range of resources from which AusAID staff can draw or distribute. If AusAID staff need to write a briefing paper about a particular issue for the Minister, then the policy brief and case study provide a good starting point. If an AusAID staff member needs to present in a pinch a SPC forum in Noumea on NCDs and HIV-related funding across the Pacific, then the narrated PowerPoint provides the escape from hours of preparation!

Creating a consistent brand presence

Early in the Hubs' establishment an attempt was made to provide standard design templates for products. This wasn't continued when this resource person left the Hub. In academic circles, an academic's name is their brand, and the journals in which they publish establish their credibility. In an information-saturated environment (such as the desk of Ministry of Health official, and AusAID Post staffer and the Minister for International Development), where many names won't be familiar, and without someone pushing a document across a table, demanding attention, then presentation is what buys attention. Consistent brand, a colourful, appealing look with supporting visuals will be picked up before a black and white 10 point Arial typeface document. When people are in a hurry, knowing that they can pick up any Hub product, read the summary, knowing that it will contain the salient points, and it's always at the top of every document, then a product becomes useful.

Short term

- The Hubs to develop a common look and feel for all information products. Logos can remain as is, but each product should have a common design approach and template.
- The Hubs to ensure that all products contain similar, standard details such as:
 - Website URL
 - Date when published or last reviewed
 - Contact details of author
 - Contact details for more information or hard copies
 - Statement about Health Knowledge Hub initiative

Next round

- Hubs develop a common branding position that is applied to all products. This should start with the development of a common logo and tagline that is applied to all publications. This is to raise the profile of the Hub initiative, so that it is clear it is an initiative of AusAID and not of the institutions in which it is housed, and also to create a brand that is consistent, meaningful and recognized as being bigger than the individual Hubs. The common branding elements should be supplemented by individual University logos, so that academic credibility is still associated with (but not dominating) all products. Where Hubs have developed separate logos, these should be replaced with a common Hub version. In the case of COMPASS, the 3 organisations' logos should replace the current graphic compass logo.
- A similar look and feel to all products should be developed and reinforced by common design templates available to each Hub and ideally maintained and applied by the recommended 2 full-time communication staff. Ideally the look and feel of all product should be visually stimulating: colourful, making good use of photographic images, clear bold headings, pullout text boxes etc. The COMPASS Hub currently supplies the best example of a visually engaging product (both print and online) and potentially could be used as a starting point.
- A standard tag 'This knowledge initiative is funded by the Australian Government's International Development Agency (AusAID) to provide evidence to support better health for all people' (or something similar) should be applied to all products.

Websites

Annexes H-K provide feedback on each Hub website, a comparison matrix and a list of 10 ideas for improvement.

Each Hub has developed its own website. In a sense this has led to the four Hubs doing the same work in thinking, preparing and maintaining four different websites. HIS, HPHF and HRH have located theirs within their respective University sites. They are constrained therefore by the University website design which impacts brand (they are all conspicuously University-branded, naturally) and ease of use (some Universities have invested in very weak content management systems). COMPASS has its own domain and this has enabled the team to invest in thinking about how people may best choose to access information in the absence of external constraints.

Whilst the COMPASS website demonstrates a somewhat more interesting use of web technology: the site has the capacity for a blog and uses a tag cloud to demonstrate what users have been looking at, it- and certainly none of the other websites have either- still has not really harnessed the utility of an online environment to facilitate 2-way communication, dialogue and convene.

The HRH Hub has plans to develop an online knowledge hub, beginning with a repository of electronic literature records. The Review team thinks that whilst this is – in time- the direction in which to head, it considers that doing this work now will divert resources and focus from taking its current products and deepening the product portfolio around them. In a sense, it is also reinventing the wheel. There are other good online knowledge management resources in this area already available, for example the Capacity Project (<http://www.hrresourcecenter.org/>) which has an online HRH Global Resource Centre, with a section capturing an East Asia and Pacific geographic focus. The Review Team recommends that HRH Hub works with the Capacity Project to augment the resources that currently exist in that environment.

Short term

- Each Hub to review feedback provided by the Review report.

Next round

- Communications specialists who support the work of the Hub develop a common domain so that resources and effort is pooled. Hubs should review some best practice models of online knowledge resources to plan this new site, for example:
 - <http://www.brookings.edu/>
 - <http://www.undp.org/oslocentre/flagship/huritalk.html>
 - <http://www.gsdr.org/>
 - <http://www.research4development.info/>
 - <http://www.capacityplus.org/>
 - <http://www.socialedge.org/>
 - <http://www.ted.com/>
- Amongst other things, the website should facilitate 2-way information exchange, provide a robust, searchable database repository of relevant resources, offer online convening opportunities and link to AusAID's website.

2.2 AusAID:

Investing in knowledge management

AusAID, recognizing its need for evidence-based and non-politically aligned information to inform decision-making and policy setting established the Hub model to operate with autonomy and self-sufficiency. It has never really grappled with the reality of being the Hubs' main client and its role in the knowledge continuum. It has not explored how to bring in, absorb, apply and disseminate the knowledge products that the Hubs generate for it. More particularly, AusAID as an organisation has not identified⁶ how it identifies knowledge needs and gaps nor how its staff learn and share knowledge. For AusAID to become a learning organisation and to engage with authority on the global policy stage, then it needs to act with speed to do just this. The Review recognizes that it is not the Health and HIV Thematic Group's (HHTG) responsibility to develop knowledge management processes for AusAID, but it does need to take action to maximize its benefits from establishing the Hubs' initiatives. Some attempts have been made (lunchtime seminars, the Coogee Beach Group and the McMullen MCH round table) but they have been ad hoc and of varying success.

The Review team recommends that AusAID, and in particular the HHTG, implement the following ideas:

Short term

- Conduct an in-house forum with all AusAID staff responsible for health development, perhaps facilitated by an external adviser, to determine future health information needs and identify gaps.
- Develop and request all AusAID health staff to fill in a questionnaire on how they access information currently (sources and mechanisms), how they would prefer to access it in the future, and how they learn best. This will stimulate staff to consider what place learning has in their work lives.
- Conduct a broader forum, hosted in conjunction with the Hubs, to canvas information gaps and needs from the wider development community. These two forums will provide information to help AusAID plan the next round of Hub funding and activity requirements, should they choose to continue funding. If AusAID chooses not to continue funding it will still provide valuable information.

Next round

- More broadly the whole of AusAID needs to undertake a knowledge audit, preferably managed by an external knowledge management specialist and supported by the in house KM team. This information should then be fed into an organizational strategy supported by resources (people and finances), systems and tools. This audit should also include an external audit of what structures, systems, mechanisms exist at country level and how they influence country strategies and policies; how to reconcile internal systems to external input and identify who has responsibility for communications within AusAID centrally and in country offices
- AusAID needs to develop one research portal, akin to the DfID R4D portal (see <http://www.research4development.info/index.asp>). The Research Department is currently investigating this idea but has not – to the Review team's knowledge –

⁶ The Review team understands that AusAID commissioned a 'knowledge management review and report' some months ago but this has not been disseminated or discussed with pertinent staff with the Agency.

consulted with the internal Thematic Knowledge Services section, nor the Health Thematic Group or the Hubs.

- An online repository is not the total solution by any means to AusAID's knowledge management issues. But it is still a fundamental building block. Without a central repository there is very little basis for any kind of document management, which is one of the starting points for organizational knowledge management.

Offering opportunities for engagement

As the main client of the Hubs, AusAID needs to be proactive about engaging with Hubs. This does not have to be onerous, but it should be institutionalized. After all, what benefits will AusAID realize from such a sizeable investment if it does not create ways and means of absorbing the knowledge products the Hubs have generated. That being said, the Review team recognizes the limited absorptive capacity that exists currently.

Short term

- AusAID to supply list of all relevant AusAID contacts, at Desk and Post.
- AusAID to provide an introduction and gateway to the Hub websites from its website, as per the Office of Development Effectiveness (<http://www.ode.ausaid.gov.au/>)
- The HHTG to speak with the ODE about the arrangement it has with the Brookings Institute and what mechanisms it has for absorbing knowledge created by BI. Perhaps opportunities exist to piggy-back on ways they have identified.
- Identify who amongst all health development staff in AusAID has a knowledge liaison responsibility with the Hubs. This person should remain constant for at least a year. This person may not be someone from the health team. It may be someone from the Thematic Knowledge Services group. This person should take responsibility for:
 - maintaining up-to-date information on the AusAID intranet, including posting hot topics or updates when new products are released.
 - liaising with other Canberra-based staff and Post staff to arrange forums and ensuring participation.
 - working with Communication Unit staff to develop a one-two page information update sheet for AusAID senior staff outlining Hub achievements and 2010 activities. This is an internal advocacy piece that will help to ensure decision makers know what's happening with the funding they've allocated.

Next round

- AusAID also needs to define who has responsibility for health development communications with AusAID centrally and at Post. Those people need to be supported with systems to retrieve and store knowledge and products that are suitable for their needs.

Leveraging opportunities for external advocacy and engagement

If we revisit Figure 1 on page 39, we see that AusAID has responsibility not only for absorbing information internally, but also for percolating it and then sending it back out to have influence and impact in order to improve aid effectiveness. This is particularly true at country level where AusAID has presence through its Post staff and Hubs may not.

AusAID is a major aid and development-related convenor in the region. It hosts and funds workshops, forums and congresses at which it could provide opportunities for Hubs to participate and/or disseminate materials.

Short term

- Reposition the annual meeting with a strong ‘whip’ on attendance.
- Identify at least 6 different forums/events/congresses/bi-lateral meetings at which Hubs could either provide products or have a presence if economically feasible.
- Allow Hubs to engage with AusAID staff at Post level around knowledge needs and supply of product.
- AusAID to allocate space in an upcoming issue of Focus to profile the Hubs. Research could be given a permanent space allocation in all Focus editions.

Next round

- Engage and expand the Steering Group’s mandate to include a dialogue function about knowledge gaps and needs.
- Charge and support specific staff at Post as Hub liaison officers. These staff would have responsibility for disseminating directly or supporting Hubs to disseminate products to target audiences in country; identifying opportunities for potential Hub engagement; ensuring that other AusAID staff at Post know of the Hubs and have access to their resources.
- Consider co-funding the initiative with another development agency, i.e. NZAID or ADB. This would build greater ownership across the Asia Pacific and help facilitate better uptake of products and a more consistent approach to the harmonization agenda.

Investing in research communications expertise

DfID’s Research Strategy 2008-2013 makes the effective communication of research one of its top priorities (<http://www.dfid.gov.uk/Documents/publications/research-strategy-08.pdf>). It promises to ‘strike a balance between creating new knowledge and technology, and getting knowledge and technology – both new and existing – into use’. The strategy commits to investing up to 30% of its budget by 2010 in making research available, accessible, and useable through a range of means in order to increase the impact of research.⁷

No academically-recognised benchmarking exists for research communication, but DfID expects all directly funded research programmes to develop a Communication Strategy utilising at least 10% of programme funding. A set of Guidance Notes is provided to help research programmes to understand and respond to the call for more systematic communication

(<http://www.research4development.info/PDF/Publications/communication-research.pdf>)

The Review team recommends that AusAID expect a similar level of investment from Hubs in communicating their research.

⁷ For further information, see also the Research Strategy working paper on research communication: http://www.research4development.info/PDF/Outputs/Consultation/ResearchStrategyWorkingPaperfinal_communications_P1.pdf

Short term

- AusAID to request that each Hub has a dissemination strategy in place for 2010 products.

Next round

- AusAID to request all Hubs to include a communications strategy in their bids or proposals for future Hub funding and indicate what portion of their budget they will allocate to research communications. Hubs should be requested to develop a communications baseline in the first six months, indicating the awareness, knowledge and use of the relevant Hub's proposed research topic/hypothesis; what the relevant policy narratives are; and what the communications and policy influence strategies are. This will make it possible to track and attribute progress made during the research programme. The communication strategy should include a rigorous monitoring and evaluation process that prompts regular reviews and subsequent modification of communications activities.

AusAID should also identify and/or create its own internal policy generation and influence strategy & resource it appropriately with people, time and funding.

Annex F: Knowledge Product Templates

POLICY BRIEF TEMPLATE⁸

Policy makers seldom have the time to read through all the literature related to a specific policy question. To make well-informed decisions, they rely on short, tightly written briefs that quickly and intelligently relay the important policy facts, questions, and arguments about an issue.

Characteristics of a good policy brief

A policy brief must put forward a persuasive argument in a concise, clearly organized fashion. A policy brief does not include a lengthy analysis or review of the literature.

Recommended length for a policy brief

2-4 pages maximum. It can include interesting visual elements such as pictures, quotes and pull out boxes of key text.

Recommended general outline for a policy brief

** Please note, AusAID may already have a policy template in place, in which case it would be advisable to use it.*

HEADING/SEGMENT	CONTENT
Introduction	<ul style="list-style-type: none"> Begin with a brief overview and state the problem or objective. Outline the purpose of the brief by mapping where your argument will take the reader and explicitly outline your thesis.
Recommendations (initial recommended policy actions)	<ul style="list-style-type: none"> Clearly state your recommendations up front.
Background & context	<ul style="list-style-type: none"> Outline a brief history or background relevant to the theme. This may also include a brief overview of other interventions or policies.
Analysis	<ul style="list-style-type: none"> Constructively criticize arguments, ideologies, and the quality of technical evidence. Provide an evidence-base to support your perspectives and advance your recommendations.
Conclusion	<ul style="list-style-type: none"> Conclude with a persuasive argument and summary statement. This can include key messages.

⁸ Adapted from http://www.iste.org/am/template.cfm?section=templates_and_starter_kits&template=/taggedpage/taggedpagedisplay.cfm&tplid=34&contentid=2863

CASE STUDY TEMPLATE

Policy makers and their advisers seldom have the time to read through all the literature related to a specific policy question. Ministers certainly do not. If you want to put valuable information that stands a good chance to be read in the hands of Ministers, often a case study is the way to go.

Characteristics of a good case study

A case study should very concisely outline the problem, evidence for recommended action and the recommendations themselves. A case study offers only essentials targeted to a particular reader's need to know. They highlight only.

Recommended length for a case study

1 page maximum. It can include interesting visual elements such as pictures, quotes and pull out boxes of key text.

Recommended general outline for a case study

** Please note, AusAID may already have a policy template in place, in which case it would be advisable to use it.*

HEADING/SEGMENT	CONTENT
Document header	<ul style="list-style-type: none"> Begin with 1-2 sentence headline that summarises the problem. This can be in bold text and should be attention grabbing. Outline the purpose of the brief by mapping where your argument will take the reader and explicitly outline your thesis.
Opening summary	<ul style="list-style-type: none"> This is a summary providing a brief overview (not an introduction). It states the problem or objective and the importance of action.
Recommendations (initial recommended policy actions)	<ul style="list-style-type: none"> Clearly state your recommendations up front.
Analysis	<ul style="list-style-type: none"> Briefly provides reference to the evidence-base to support your perspectives.
Benefits statement	<ul style="list-style-type: none"> This concisely and engagingly outlines the benefits of taking action or conversely outlines what will happen if action isn't taken.
Conclusion	<ul style="list-style-type: none"> Conclude with a persuasive argument and summary statement. This can include key messages.

Annex G: 10 ideas to improve current websites

1	Each Hub to clearly state the overall aim of the initiative and the purpose of the website on the Home page.
2	Each Hub to indicate date of last revision on each page.
3	Each Hub to send stakeholders an email reminder about their website URL and how it will be useful to them.
4	Each Hub to make more overt and high-level links to information outputs and to draw attention to new products as they become available.
5	Each Hub to offer the facility for people to submit contact details so that they are alerted when new material becomes available.
6	Each Hub to provide summaries and contact details for all authors of each product on the website.
7	Each Hub to break down long products into shorter, more easily downloadable sections.
8	Each Hub to include a new section on their website that outlines achievements associated with each product (how it has been used, who has used it, how it has changed something).
9	The four Hubs to explore hosting at least one online convening type opportunity on one Hub during the remainder of their contract. This could be an e-discussion forum or a virtual policy forum which would provide the opportunity for practitioners to engage in an in-depth discussion or exchange on emerging issues and common challenges.
10	Each Hub to compile a report on usage: number of visitors, from where and what they have been interested in and submit to AusAID.

Annex H: Health Information Systems University of Queensland

AusAID Health Knowledge Hubs Review

Website feedback

Hub: Health Information Systems University of Queensland

Section 1	SCOPE
Qu 1	Is the purpose of the website clearly stated? Does it fulfil its purpose? Is the purpose reinforced throughout the site?
	<p>The HOME page contains a small snippet of stated purpose, but users need to click through to the second level (ABOUT US) to read the full purpose statement. HIS has translated the overall purpose into a specific HIS-related aim. There is no information given on the context of HIS in the target regions or countries, so the user is unsure what need this Hub is to fulfil, other than the high-level AusAID-related statement about better knowledge leading to better health outcomes. The HOME page could use a clear, concise statement about the purpose of the initiative, the HIS Hub and the role of the website.</p> <p>The purpose is most elaborated at http://www.uq.edu.au/hishub/working-paper-series however, it is information dense, development sprach that makes it difficult to plough through to understand the clear nub of the initiative and HIS' role within it.</p> <p>The purpose is not clearly referred to elsewhere in the site. The introduction to WORK PROGRAMS, which would seem a natural place to link a broad purpose to impact through outputs does not investigate this. The best attempt to link output to impact, in an overall context of HIS in the Asia-Pacific, is provided in the Rationale paragraphs attached to the 2010 WORK PROGRAM section (see http://www.uq.edu.au/hishub/work-programs), however some of the 2010 outputs are linked to a Rationale.</p> <p>HIS RESOURCES which contains links through to wider information about HIS also misses an opportunity to link back broader context and current thinking about HIS to the work of the HIS Hub.</p> <p>The role of the website in the broader purpose of the initiative is not stated anywhere on the site.</p>
Qu 2	Is the target audience or intended users clearly stated?
	<p>The target audience is identified on the ABOUT US page as being AusAID and 'other development stakeholders'. Potential working partners are listed on this page too. This is as far as the site goes in linking audience to context and then onwards to impact and outcomes. Information about how people may wish to use the site, what they will find in the different sections and how information provided will help them in their work in this area etc would be useful in immediately guiding users as to the helpfulness of the site.</p>
Qu 3	Are those involved, including authors of material, listed? Is it easy to find credentials for the authors or those involved?
	<p>Apart from the head banner clearly identifying the site as being (at least) hosted by the University of Queensland), there is no information provided on the HOME page</p>

	<p>as to who is the team or organisation or School behind the Hub.</p> <p>The ABOUT US section identifies the School of Population Health as being the academic partner. To find out who the team is, the user needs to scroll down the page (there is an unfortunate visual gap in information meaning that the user has to scroll quite far down to get to more information on the page) to OUR TEAM. This section then links through to SPH web pages, meaning that the user loses the Hub interface and is now navigating within the UQ website. If the user hits HOME at this point, he/she returns to the UQ homepage. Information on team members is varied. Some have full biographies, others such as Prof Maxine Whittaker (the Hub lead) have no information. Suggest that OUR TEAM section is located separately from SPH within the Hub site (it can link through to the SPH, but shouldn't be located there); biographies added and contributions to the products be made clear.</p> <p>Many HIS products have been developed by consultants. Authors should be clearly stated on the pages that contain (in table version) summaries of the products for 2009 and 2010 (see http://www.uq.edu.au/hishub//?page=104919) Even when the user clicks through to the specific 'home' of a Working Paper the author is sometimes not provided up front (see http://www.uq.edu.au/hishub//?page=123572)</p>
Qu 4	Can you contact the author?
	Contact details are provided for the general Hub administration but are not provided for authors.
Section 2	CONTENT
Qu 5	Is the content relevant to the audience?
	<p>At first glance it's difficult for a user to tell whether the content will be relevant. The user is not told what content is available and to whom it will be relevant. To access content, the user needs to go down 4 levels into the site, and then will only be able to access outputs if he/she realises that's what the Working Paper series is.</p> <p>As there are no summaries provided for any of the products, it is difficult to tell, as a user, whether it is worth his/her time to open the products or not.</p>
Qu 6	Is the content frequently updated? Is the date of the most recent update shown? Does the site have clear and obvious pointers to new material? Is there an email service letting people know when content is updated?
	<p>There is no date provided to indicate when the most recent update occurred. If you visit http://www.uq.edu.au/hishub//?page=104919 the user will see a message indicating that the Working Paper is undergoing formal editing but is not told when the Paper will be finally finished.</p> <p>The HOME page does not point the user to new content. The HOME page still refers to an event that took place in November 2009, which dates the site immediately. The NEWS & EVENTS section functions more as a calendar reference, pointing the user towards upcoming 'events', but does not provide dates, so the user is unclear as to how current the information is.</p> <p>There is nowhere to sign up to receive an email notification that new content has been added.</p>
Qu 7	Are various 'gathering' and traffic pulling tools such as bulletin boards, message boards, 'industry' news, databases and useful links used to make the site a real 'hub' or 'gathering space' for the audience?
	No. There is a calendar in the NEWS &EVENTS section that details when 'events'

	<p>are scheduled, but no specific space created to provide opportunities for interaction around content. Live discussions, email forums, the opportunity to provide comment on papers and outputs could all be used as a way of pulling traffic and linking users to online convening opportunities (see http://www.socialedge.org/discussions/responsibility/social-business-language-and-muhammad-yunus)</p> <p>Whilst the LINKS section is quite extensive, it is still an old approach to making connections, i.e. it drives the user out to other sites, rather than pulling people into converge around communities of practice. The social media approach to linking people to knowledge or organisation is to provide an online gathering space for people to meet up and exchange ideas or services (see http://www.socialedge.org/features/offers-and-requests)</p>
Qu 8	Does the site have a text-based alternative?
	No.
Qu 9	What is the level of online interaction? Is 2-way communication easy and encouraged? Is an email path to ask questions provided?
	<p>The level of online interaction is very limited. 2-way communication is offered in the basic format of asking users to complete a survey about their HIS knowledge, understanding and needs (see http://www.zoomerang.com/Survey/WEB229NPD75786) Again, it is not clear when this survey was posted nor when results – if ever –will be disseminated to those who took part.</p> <p>Because contact details are limited to the administration aspect of the Hub as opposed to authors the user could assume that interaction and shared learning through conversation is not actively encouraged in the online environment.</p> <p>A newsletter is provided, but can only be downloaded from the site, it cannot be subscribed to. Presumably this is also emailed out to the HIS stakeholder list, although this is not made clear on the site.</p>
Qu 10	Is the language of the site appropriate for the target audience? Is the site available in other languages?
	<p>To some extent, yes. The language is appropriate for an AusAID audience, but it is still quite dense (see http://www.uq.edu.au/hishub/working-paper-series) with long sentences, and a plethora of development terminology. Remembering that for audiences in target countries, English is a second language, the language is too complex. It needs to be simplified: less three syllable words, shorter sentences expressing one thought etc.</p> <p>No; the site is not available in other languages. It is probably not cost effective to have it available in other languages spoken by the target audiences as these are mixed. However, shorter summary paragraphs for each output could be translated into French and Tok Pidjin to provide an easy way for audience members to see if content is relevant to them.</p>
Qu 11	Is all content available in PDF format? Is it easy to download and print articles from the site? Are articles especially formatted for easy and quick printing: without headings, navigation bars etc?
	<p>Yes; all outputs are available in PDF format. However, many of the products are long (see http://www.uq.edu.au/hishub/docs/WP%2001_unedited%20version_15%2002%201)</p>

	<p>0.pdf - which sits at 118 pages), making printing them in their entirety difficult in some of the target countries. It may be a good idea to have shorter summary versions available that the user can print before committing to 118 pages.</p> <p>The user can only download the outputs by clicking on the 'click here' text. The title will not connect the user to the product.</p>
Section 3	LOOK AND FEEL
Qu 12	Is there a clear brand? Is it consistently applied throughout the site? Is it consistent with or extend to other products?
	<p>The Hub has developed a logo but this is applied only on the HOME page and to the products. It is not applied on other pages throughout the site.</p>
Qu 13	Does the site have a consistent internal 'look and feel' and appearance or does it feel piecemeal constructed?
	<p>The site has a consistent internal 'look and feel' – however this is very much the look and feel of the UQ, making it difficult for the user to know whether he/she is still in the Hub site or the UQ site, unless he/she references the top of each page (on the right of the UQ logo).</p>
Qu 14	Is the design suitable for the purpose of the site? Would the site be considered visually appealing to the target audience?
	<p>The site is basic. It is text heavy and contains very little visual stimulation. This is not a bad thing considering it makes it quicker to download in countries which have poor internet connection, but the bad side is that it looks staid and boring. Given that the audiences in the Asia Pacific region love colour and pictures (just look at billboard advertising throughout Vietnam or in Fiji), the site is not very visually appealing to them.</p>
Qu 15	Is the use of scrolling minimised? Or does the site require extensive vertical or left to right scrolling to see all content easily?
	<p>The design of the site is frustrating in that there is a lot of scrolling downward required to access content – and sometimes the most 'exciting' content such as the expanded ABOUT US menu found at http://www.uq.edu.au/hishub/about-the-his-hub is not immediately visible. The user could easily miss this given the lengthy scroll down required.</p>
Section 4	NAVIGATION
Qu 16	Is the site easily navigated? Is the content easy to get to? Or is the site too deep (too many clicks to find information)?
	<p>It's not clear where you go to find outputs or products. Although 'Working Papers' are highlighted on the front page, because the purpose of the Hub is not stated up front, it's difficult for the user to know that this kind of product is the most likely output of this type of initiative.</p> <p>The content is buried quite deep in the sight: 4 clicks down. It needs to be brought closer to the surface, which may require short summary paragraphs hyperlinked through directly to the PDF. It is not clear what the difference between 'Working papers' and 'Programs' is, or where the user should begin.</p>
Qu 17	Does the home page establish the best navigation methods? Is the navigation consistent on deeper pages? Is the 'home' icon present in the same position

	on each page?
	The HOME page is different from each of the other internal pages. It contains elements not visible on other pages, such as 'Features'. Whilst the side menu (beginning on ABOUT US) is consistently applied throughout, it does not expand outwards (say on a mouse hover) to show the component parts of that particular section. The user has to click on the high level title, then explore the page (doing a lot of scrolling) before he/she finds other sub sections.
Qu 18	Is the site searchable? Does it have its own search engine?
	The site is searchable using the UQ search engine tool. Again, because the site is embedded within the UQ site, once the user enters search criteria, he/she is directed into a UQ search database, exiting the HIS Hub.

Annex I: The Nossal Institute for Global Health

AusAID Health Knowledge Hubs Review Website feedback

Hub: Health Policy and Health Financing

The Nossal Institute for Global Health

Section 1	SCOPE
Qu 1	<p>Is the purpose of the website clearly stated? Does it fulfil its purpose? Is the purpose reinforced throughout the site?</p> <p>Yes; the purpose of the HPHF Hub is clearly stated on the HOME page: “Over a three year period the Hub will conduct a comparative analysis of health finance interventions and health system outcomes, examine the role of non-state providers of health care, and review health policy development in the Pacific.” This statement is hidden in the text and could be made more prominent so that it’s immediately obvious what the Hub is trying to do.</p> <p>More information about the broader initiative is also captured in BACKGROUND.</p> <p>Information is also featured on ABOUT THE HPHF Hub. So, the purpose is reiterated in three separate sections. It may be better just to capture this on one page (with BACKGROUND included as a hyperlink from this page- if necessary), otherwise the user spends a lot of time investigating purpose rather than product.</p> <p>The intro text on the ANNUAL WORK PLAN page also clearly references the Hub’s work program in terms of the broader purpose.</p> <p>Interestingly, the one section of the website that doesn’t link the purpose of the Hub to outputs is the HPHF RESOURCES section (see http://www.ni.unimelb.edu.au/health_systems_strengthening/Knowledge_hub_in_health_policy_and_finance/health_policy_and_health_finance_hub_resources). The user has to guess the role of the outputs and what they contribute to the overall purpose of the Hub.</p> <p>The purpose of the website in supporting the Hub’s initiative or the HPHF is not stated.</p>
Qu 2	<p>Is the target audience or intended users clearly stated?</p> <p>The target audience for the initiative is very broadly stated on the BACKGROUND page and is only referred to in the context of forming networks and convening.</p> <p>Apart from policy makers and researchers- who are listed as the audience for the WORKING PAPER SERIES, the site doesn’t outline who the intended users of resources or the site are.</p>
Qu 3	<p>Are those involved, including authors of material, listed? Is it easy to find credentials for the authors or those involved?</p> <p>Yes; authors are clearly identified, and in relation to the products with which they are involved on the HUB TEAM page. Some team members are missing biographies. When the user clicks on the hyperlinked names of the authors he/she is taken to the Health Systems Strengthening section of the Nossal Institute general website, i.e. the user is taken out of the Hub site and cannot easily return to the Hub site. Recommend keeping the TEAM section within the Hub site, even if it means duplicating information.</p>

Qu 4	Can you contact the author?
	Authors can be contacted through their individual listings on the Nossal site. Authors cannot be contacted through other section of the site, i.e. although products are listed on the WORK PLAN page, authors are not identified here, meaning users have to revisit the HUB TEAM page to work out which author is identified with which product, if they wish to contact them.
Section 2	CONTENT
Qu 5	Is the content relevant to the audience?
	At first glance it's difficult to tell whether the content is relevant to the audience. There is no 'heads-up' provided on the HOME page as to what the user can expect, or what might be useful to he/she. Whilst summaries of products (a good thing) are provided on the third level down (still quite deep within the site), the user can only access an actual paper at the 4 th level – which is too deep. The user is not told how the WORK PLAN relates to RESOURCES. Should the user expect that the 2010 work plan will be 'translated' into the resources listed on the RESOURCE page?
Qu 6	Is the content frequently updated? Is the date of the most recent update shown? Does the site have clear and obvious pointers to new material? Is there an email service letting people know when content is updated?
	The date of the most recent update is indicated on each page, in the bottom left corner. The site does not direct users to new content, and it is not clear if there is an email subscription service available. Some of the items listed on the RESOURCES page are in the process of being finalised, but the user is not told when to expect them to be ready.
Qu 7	Are various 'gathering' and traffic pulling tools such as bulletin boards, message boards, 'industry' news, databases and useful links used to make the site a real 'hub' or 'gathering space' for the audience?
	No. There are no 'pulling' information tools provided. There is no attempt to use the online environment to convene or expand networks or catalyse dialogue on issues.
Qu 8	Does the site have a text-based alternative?
	No.
Qu 9	What is the level of online interaction? Is 2-way communication easy and encouraged? Is an email path to ask questions provided?
	Active 2-way communication is not encouraged. A passive form of requiring the user to take initiative to solicit more information or to provide feedback is provided at the bottom of this page (http://www.aihi.unimelb.edu.au/health_systems_strengthening/Knowledge_hub_in_health_policy_and_finance/health_policy_and_health_finance_hub_resources/working_paper_series), but it is very easy to miss, given it appears to be flow on text from the description above it. The email address provided is 'nameless' and doesn't point the user to a real person who might be interested.
Qu 10	Is the language of the site appropriate for the target audience? Is the site available in other languages?
	The site reads as a site produced by and in an academic rather than a policy-setting environment. Whilst it could be argued that this lends academic rigour and

	<p>credibility, and may well be suitable for an AusAID or other development partner audience, the language will be difficult for a time-poor, middle-level bureaucrat with English as his/her 2nd or 3rd language in an office in Port Vila. Sentences are long, often express more than one idea and require real concentration to get to the end (eg. “Building on the work undertaken in 2009 which demonstrated the formidable methodological difficulties in identifying causative links between health financing interventions and health system outcomes as well as the significant work being undertaken by other institutions, particularly the WHO, the HPHF Hub will focus its work in 2010 on monitoring global developments and analyzing their implications in the Asia/Pacific region.” A description of a 2010 product).</p> <p>No; the site is not available in other languages. It is probably not cost effective to have it available in other languages spoken by the target audiences as these are mixed. However, shorter summary paragraphs for each output could be translated into French and Tok Pidjin to provide an easy way for audience members to see if content is relevant to them.</p>
Qu 11	<p>Is all content available in PDF format? Is it easy to download and print articles from the site? Are articles especially formatted for easy and quick printing: without headings, navigation bars etc?</p>
	<p>Most content is provided in PDF format. In the CONFERENCES & CASE STUDIES section, powerpoint files are attached. Recommend also supplying these as notes pages in PDF format.</p> <p>Articles are not especially formatted for easy and quick printing, they are PDFs of actual produced documents. Whilst this is good from a branding perspective it does contribute to a slightly larger file size.</p>
Section 3	<p>LOOK AND FEEL</p>
Qu 12	<p>Is there a clear brand? Is it consistently applied throughout the site? Is it consistent with or extend to other products?</p>
	<p>There is no clear HPHF brand applied. There is no HPHF logo- I’m not suggesting that this is necessary- and there is some attempt at a visual strap (the pink line with white text: ‘Knowledge Hubs for Health – Strengthening health systems through evidence in Asia and the Pacific’ on the bottom of the Working Papers). The dominant brand is the University of Melbourne/Nossal Institute brand, provided in logo form on publications and in the site header. It is extremely difficult for users to tell when they are in the Hub site or when they are in the Nossal general site. At the moment, the only thing that indicates where the user is the menu tracking list that appears under the blue head banner.</p> <p>There is good visual consistency amongst the products (and to some extent they link to the website look and feel), but it is consistency rather than a distinct brand. All products visually acknowledge the Hub initiative (in text and incorporating the logos of the other institutes associated with other Hubs), which is good.</p> <p>The name of the Hub is not always given correctly, (see http://www.aihi.unimelb.edu.au/health_systems_strengthening/Knowledge_hub_in_health_policy_and_finance - see the grey title and then the first sentence of the first paragraph following) sometimes it is referred to as the Health Policy and Health Finance Hub, and sometimes as the Health Policy and Finance Hub. Minor, but still, consistency is important.</p>
Qu 13	<p>Does the site have a consistent internal ‘look and feel’ and appearance or does it feel piecemeal constructed?</p>

	The site is very consistent internally. So much so that it's very easy to get lost! The only thing that differentiates the Hub pages from the wider Nossal site is the grey text headings under the blue head banner.
Qu 14	Is the design suitable for the purpose of the site? Would the site be considered visually appealing to the target audience?
	The site is dull. Functional, but not very visually appealing. Its look doesn't invite the audience to look further. It is text heavy (see http://www.aihi.unimelb.edu.au/health_systems_strengthening/Knowledge_hub_in_health_policy_and_finance/knowledge_hub_2010_workplan) and with no visual elements whatsoever. Given that the audiences in the Asia Pacific region love colour and pictures (just look at billboard advertising throughout Vietnam or in Fiji), the site is not very visually appealing to them.
Qu 15	Is the use of scrolling minimised? Or does the site require extensive vertical or left to right scrolling to see all content easily?
	Text is as tightly packed as possible, but still on several pages, some scrolling is required. This is minimal, but on pages such as http://www.aihi.unimelb.edu.au/health_systems_strengthening/Knowledge_hub_in_health_policy_and_finance/knowledge_hub_2010_workplan alternative ways of showing information should be considered.
Section 4	NAVIGATION
Qu 16	Is the site easily navigated? Is the content easy to get to? Or is the site too deep (too many clicks to find information)?
	The site is quite easily navigated with a left hand menu that remains open. There is a small discrepancy in titles here http://www.aihi.unimelb.edu.au/health_systems_strengthening/Knowledge_hub_in_health_policy_and_finance/health_policy_and_health_finance_hub_resources/working_paper_series The main (product) content is buried too deep (see qu 5).
Qu 17	Does the home page establish the best navigation methods? Is the navigation consistent on deeper pages? Is the 'home' icon present in the same position on each page?
	Yes; the HOME page establishes navigation methods that are applied consistently, until the user clicks on individual team member names (see qu 3). However, unless the user goes directly to the Hub URL (http://www.aihi.unimelb.edu.au/health_systems_strengthening/Knowledge_hub_in_health_policy_and_finance) and this is not an easy one to remember (!), it is very difficult to find the Hub from the Nossal HOME page, given the plethora of options (http://www.aihi.unimelb.edu.au/home) The products only list the Nossal HOME page URL, rather than the Hub's URL.
Qu 18	Is the site searchable? Does it have its own search engine?
	The site is searchable using the Nossal Institute search engine tool. Again, because the site is embedded within the Nossal site, once the user enters search criteria, he/she is directed into a Nossal search database, exiting the HPHF Hub.

Annex J: Human Resources for Health, University of New South Wales

AusAID Health Knowledge Hubs Review

Website feedback

Hub: Human Resources for Health, University of New South Wales

Section 1	SCOPE
Qu 1	Is the purpose of the website clearly stated? Does it fulfil its purpose? Is the purpose reinforced throughout the site?
	<p>The purpose of the website is given on the HOME page.</p> <p>The purpose of the Hub is stated – but only on the second level of the site in ABOUT US. The aim of the HRH Hub is identified but gets lost in the text (see the 3rd paragraph down). The context (and importance of HRH) is provided too, making it clear to the user what the purpose of the Hub is. The general list of objectives that is common to each of the four Hubs is also provided.</p> <p>The purpose is expanded slightly in the descriptor on the KNOWLEDGE CENTRE page but opportunities to identify the purpose with outputs and products are lost in other sections of the site. For example, there is no validation provided for list of products on the PUBLICATION page, and in fact Hub products are listed underneath promotional literature. It is therefore very difficult for the user to understand how the site (or for that matter the products and outputs) actually supports the purpose of the Hub.</p> <p>The WORK PROGRAM section contains no context or content until one clicks on an actual hyperlinked heading, trusting that the user will be interested enough in the title alone to explore further (see http://www.hrhub.unsw.edu.au/HRHweb.nsf/page/Work%20Programs?Open) Summaries at this level would be very helpful. Once the user selects a topic (see http://www.hrhub.unsw.edu.au/HRHweb.nsf/page/Public+Health+Emergencies) , the information provided is very useful and clearly links outputs and products with the purpose of the Hub.</p>
Qu 2	Is the target audience or intended users clearly stated?
	<p>The target audience is not clearly stated. It is referred to generally in the ABOUT US section, in the context of why the initiative was established: ‘(AusAID) has established the Strategic Partnerships for Health Initiative which seeks to provide improved health knowledge and expertise to inform policy dialogue at national, regional and international levels by both AusAID and development partners, through the establishment of Knowledge Hubs in four key areas.’ (see http://www.med.unsw.edu.au/HRHweb.nsf/page/About%20Us) Intended users are not specifically identified anywhere else in the site.</p>
Qu 3	Are those involved, including authors of material, listed? Is it easy to find credentials for the authors or those involved?
	<p>Hub staff are identified in the STAFF section. Prof John Hall is still (as at 230810) listed as the Hub Director on the CONTACT page, while Prof Richard Taylor is identified as the Director in the STAFF section. All staff biographies and contact</p>

	<p>details are easily accessed whilst remaining in the Hub site. Staff are not listed as being associated with particular products anywhere on site, until the user opens a product PDF.</p>
Qu 4	Can you contact the author?
	<p>Authors' details are consistently provided on the actual products, but in one case (and there may be others) contact details are not provided (see http://www.med.unsw.edu.au/HRHweb.nsf/resources/MNRH_CountryProfile.pdf/\$file/MNRH_CountryProfile.pdf).</p> <p>Authors are contactable in the detail pages of the WORK PROGRAM.</p>
Section 2	CONTENT
Qu 5	Is the content relevant to the audience?
	<p>The target audience is not clearly stated and neither is a direct link made between products and potential users. However the summary sub pages under WORK PROGRAM do provide a 'heads-up' to potential users, meaning that the user can decide if the content is relevant before downloading an entire PDF.</p>
Qu 6	Is the content frequently updated? Is the date of the most recent update shown? Does the site have clear and obvious pointers to new material? Is there an email service letting people know when content is updated?
	<p>Yes; the site indicates the date of the most recent content change for each page in the bottom left hand corner.</p> <p>The site does not have clear pointers to new material although it has the facility for this in the NEWS &EVENTS section, which seems to function more as a calendar/events tool currently, rather than as an indicator of new information resources or products. This would be very easy to amend given the flexibility of this page.</p>
Qu 7	Are various 'gathering' and traffic pulling tools such as bulletin boards, message boards, 'industry' news, databases and useful links used to make the site a real 'hub' or 'gathering space' for the audience?
	<p>No; not currently. The NEWS & EVENTS section could be expanded quite easily to fulfil this function, acting as an adjunct to forums (for example, presentations and discussion forums could easily be attached to events that are held and accessed through this area. Interestingly, one of the most valuable knowledge tools, a literature resource list provided for the Public Health Emergencies product (see http://www.hrhub.unsw.edu.au/HRHweb.nsf/page/PHE%20Key%20Resources) and links through to related organisations and initiatives on the Maternal Health product page (see http://www.hrhub.unsw.edu.au/HRHweb.nsf/page/MNRHP) are buried so deep that many users would miss these valuable information extension / value-add links.</p> <p>Another potential 'gathering space' could be the OPPORTUNITIES page, featuring as it does, research opportunities, but this needs to be further developed. Note that Prof John Hall is still listed as the Hub Director on this page too.</p> <p>The Knowledge Centre hints that it will fulfil this purpose: 'Welcome to the Human Resources for Health Knowledge Centre, an innovative and practical tool to assist people in locating key resources on HRH, facilitate the exchange of knowledge amongst those with an interest in HRH policy and practice, and a space to discuss and debate key issues in HRH.</p> <p>that will house publications relevant to the subject of Human Resources for</p>

	Health...’ However, it is listed as coming online in July 2010, but is not yet available as at 230810.
Qu 8	Does the site have a text-based alternative?
	No.
Qu 9	What is the level of online interaction? Is 2-way communication easy and encouraged? Is an email path to ask questions provided?
	<p>The level of online interaction is minimal. Two way communication is encouraged and contact details provided, but the user must initiate the contact. It is not clear whether there is an email subscription service provided, despite the fact that news is clearly updated in the NEWS & EVENTS section.</p> <p>The ONLINE ENQUIRY (see http://www.med.unsw.edu.au/hrhweb.nsf/OnlineEnquiryForm?openform&type=dataentry&page=Online+Enquiry+Menu+Link) form is an interesting addition, but doesn’t capture any useful information to the authors of the site, i.e. it doesn’t require the enquirer to say what his/her position or how he/she heard about the site, or why he/she visited it.</p>
Qu 10	Is the language of the site appropriate for the target audience? Is the site available in other languages?
	<p>The language on the higher level (entry) pages is friendly and warm. It invites the user to explore further. The language becomes increasingly more formal, but still appropriate, the deeper the user ventures (see ABOUT US and the WORK PROGRAM sub pages).</p> <p>No; the site is not available in other languages. It is probably not cost effective to have it available in other languages spoken by the target audiences as these are mixed. However, shorter summary paragraphs for each output could be translated into French and Tok Pidjin to provide an easy way for audience members to see if content is relevant to them.</p>
Qu 11	Is all content available in PDF format? Is it easy to download and print articles from the site? Are articles especially formatted for easy and quick printing: without headings, navigation bars etc?
	<p>All products are available in PDF format. Some other valuable information, for example that provided in the sub pages under WORK PROGRAM (see http://www.hrhub.unsw.edu.au/HRHweb.nsf/page/Leadership%20and%20Management) is not, and should be as it provides valuable context and synopsis of expected outputs.</p> <p>Articles are not especially formatted for easy and quick printing, they are PDFs of actual produced documents. Whilst this is good from a branding perspective it does contribute to a slightly larger file size.</p>
Section 3	LOOK AND FEEL
Qu 12	Is there a clear brand? Is it consistently applied throughout the site? Is it consistent with or extend to other products?
	<p>A logo has been created, but seems to be only used on some publications (see http://www.med.unsw.edu.au/HRHweb.nsf/resources/HubUNSW_Brochure.pdf/\$file/HubUNSW_Brochure.pdf). It isn’t used on the website. The dominant brand is the University of New South Wales. The Hub is not given prominent focus in the wider Faculty of Medicine website. To find mention of it, the user needs to know that it is</p>

	<p>housed in the School of Public Health and Community Medicine with a limited reference (see http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/page/ResStrengthGlobal).</p> <p>It is good however, that all the pages that are to with the Hub are housed clearly in a Hub space, i.e. the user at no point leaves the Hub space to view related content.</p> <p>All publications have a consistent 'look and feel', although adding a website link to the front cover, or contact details for authors are somewhat ad hoc.</p>
Qu 13	Does the site have a consistent internal 'look and feel' and appearance or does it feel piecemeal constructed?
	The site has a consistent internal look and feel.
Qu 14	Is the design suitable for the purpose of the site? Would the site be considered visually appealing to the target audience?
	The design is of standard academic appearance. Its saving grace is the choice of blue that the University selected for the site – otherwise it would be dull. There is no use of any visual material apart from on the HOME page. It is generally not too text heavy, apart from the ABOUT US section (which could be easily reconfigured so that the user doesn't have to scroll down so far to access all text) and sub pages under WORK PROGRAM.
Qu 15	Is the use of scrolling minimised? Or does the site require extensive vertical or left to right scrolling to see all content easily?
	Scrolling is minimised, and hyperlinks to page content are included up the top of each page, reducing the need to scroll.
Section 4	NAVIGATION
Qu 16	Is the site easily navigated? Is the content easy to get to? Or is the site too deep (too many clicks to find information)?
	<p>The site is strangely configured in terms of the prominence of the menu items. The top menu bar is not very clearly defined (being the same colour as the main banner heading) and the side menu is so small as to be almost not noticeable. However, these are the peculiarities of the host site (the University of New South Wales) and probably not easily changed by the Hub team.</p> <p>The main content is three levels deep, although very, very brief summaries are provided in level two (see PUBLICATIONS: http://www.med.unsw.edu.au/HRHweb.nsf/page/Publications) These summaries could be expanded so that the user has more of an indication whether he/she needs to look further. The layout of key products under promotional items is odd.</p>
Qu 17	Does the home page establish the best navigation methods? Is the navigation consistent on deeper pages? Is the 'home' icon present in the same position on each page?
	Yes; the home page establishes clear navigation, although see comments in Qu16 above. Navigation is consistent throughout the site.
Qu 18	Is the site searchable? Does it have its own search engine?
	The site is searchable using the UNSW search engine tool. Because the site is embedded within the UNSW site, once the user enters search criteria, he/she is directed into a UNSW search database, exiting the HRH Hub.

Annex K: COMPASS Women’s and Children’s Health, University of New South Wales

AusAID Health Knowledge Hubs Review

Website feedback

Hub: COMPASS Women’s and Children’s Health University of New South Wales

Section 1	SCOPE
Qu 1	Is the purpose of the website clearly stated? Does it fulfil its purpose? Is the purpose reinforced throughout the site?
	The purpose of the Hub is clearly stated on the HOME page and elaborated on OUR THEMATIC AREAS and KNOWLEDGE HUBS FOR HEALTH. The explicit activities of collection, creation and dissemination of knowledge as a means to improve aid effectiveness could also be included in the headline on the COMPASS WCH RESOURCES just to be very clear about the connection between the resources generated and overall purpose.
Qu 2	Is the target audience or intended users clearly stated?
	Target audience is not clearly stated, however it is implied through partner organisations listed.
Qu 3	Are those involved, including authors of material, listed? Is it easy to find credentials for the authors or those involved?
	All team members are listed in the OUR TEAM section and linked to their respective thematic area. They could also have products listed to their names in this section. Authors are clearly identified at the COMPASS WCH level, but not contactable in this section. Authors are clearly identified with specific products at the sub page level under OUR THEMATIC AREAS. Email contact is established at this level too.
Qu 4	Can you contact the author?
	Yes; all authors can be contacted through a linked email including subject heading.
Section 2	CONTENT
Qu 5	Is the content relevant to the audience?
	Although the audience is not clearly stated, it is evident that the target audience are those involved with WCH in the 3 thematic areas, ranging from clinical to public health practitioners. Content has not yet been distilled to the policy briefing stage, existing currently in long working papers. The site is augmented (see Qu 7) with other ‘gathering’ type news and resources which extend the audience beyond policy makers to those with research or information interests in WCH. At the output description level (see http://www.wchknowledgehub.com.au/thematic/child-health/rcss) content is very clearly described and summarised into context, objectives, outcomes and associated resources. The user can choose, based on the summary description, to download (or not) the full PDF and the product is clearly related to purpose. Product

	is never displaced from purpose across the whole site leading to a cohesive understanding of how the Hub knits together.
Qu 6	Is the content frequently updated? Is the date of the most recent update shown? Does the site have clear and obvious pointers to new material? Is there an email service letting people know when content is updated?
	The date of the most recent update is not shown. However, the LATEST NEWS section contains dated topics. The LATEST NEWS section on the HOME page draws attention to new activities, resources and items of general interest. It is not clear whether it is possible to subscribe to an email update service.
Qu 7	Are various ‘gathering’ and traffic pulling tools such as bulletin boards, message boards, ‘industry’ news, databases and useful links used to make the site a real ‘hub’ or ‘gathering space’ for the audience?
	The site is on the way to being more than a house for publications. The tag cloud (see right hand column on this page http://www.wchknowledgehub.com.au/blog) indicates what content users access most frequently. There is provision for a blog (Geoff’s blog), although this has not started. When this begins, it could be easily augmented to provide an opportunity for simple ‘leave a comment’ type interaction and enhanced if necessary. The EXTERNAL RESOURCES page expands the reach of the Hub to encompass broader resources than just those produced by the Hub, neatly locating the Hub within an international research context.
Qu 8	Does the site have a text-based alternative?
	No.
Qu 9	What is the level of online interaction? Is 2-way communication easy and encouraged? Is an email path to ask questions provided?
	The level of online interaction is minimal. 2-way communication is encouraged and contact details provided, but the user must initiate the contact. It is not clear whether there is an email subscription service provided, despite the fact that news is clearly updated in the LATEST NEWS section. The site makes provision for users to contact the Hub, but it doesn’t state to whom the email will be sent, nor the response time required.
Qu 10	Is the language of the site appropriate for the target audience? Is the site available in other languages?
	In the main, yes. Summaries are fine for an AusAID audience, with appropriate use of clinical, subject specific and development terminology. Remembering that for audiences in target countries, English is a second language, the language in the longer text sections can be further simplified: fewer three syllable words, shorter sentences expressing one thought etc. No; the site is not available in other languages. It is probably not cost effective to have it available in other languages spoken by the target audiences as these are mixed. However, shorter summary paragraphs for each output could be translated into French and Tok Pidjin to provide an easy way for audience members to see if content is relevant to them.
Qu 11	Is all content available in PDF format? Is it easy to download and print articles from the site? Are articles especially formatted for easy and quick

	printing: without headings, navigation bars etc?
	All content is available in PDF format. PDF size is specified and large files broken down into smaller components to allow easy download. Print friendly formats have been applied to each page. Products are saved only as PDF versions of the full designed version.
Section 3	LOOK AND FEEL
Qu 12	Is there a clear brand? Is it consistently applied throughout the site? Is it consistent with or extend to other products?
	COMPASS has designed and applied a logo consistently throughout the website and to products. It has established a harmonised, consistent look and feel to both the website and all products: photo visuals, blue and gold colour scheme. The decision to create a standalone website outside any of the 3 institutions' websites has clear branding advantages.
Qu 13	Does the site have a consistent internal 'look and feel' and appearance or does it feel piecemeal constructed?
	The site has a consistent look and feel.
Qu 14	Is the design suitable for the purpose of the site? Would the site be considered visually appealing to the target audience?
	The design is visually appealing. Photographic visual elements in the headers and on most pages, simple but effective colour scheme and the cloud tag schematic all make the website look inviting. It looks clean and is easy to read.
Qu 15	Is the use of scrolling minimised? Or does the site require extensive vertical or left to right scrolling to see all content easily?
	The use of scrolling is minimised. Where there is potentially a lot of text – in general (although this doesn't apply on the COMPASS WCH RESOURCES page)- hyperlinked summary sentences are used so that the user can view all content at once and only open that which appears interesting (see http://www.wchknowledgehub.com.au/thematic/mnr-health)
Section 4	NAVIGATION
Qu 16	Is the site easily navigated? Is the content easy to get to? Or is the site too deep (too many clicks to find information)?
	The site is very easily navigated. Summaries of information exist at the second level with full products also available at this level. The content is nice and near the surface.
Qu 17	Does the home page establish the best navigation methods? Is the navigation consistent on deeper pages? Is the 'home' icon present in the same position on each page?
	Yes; the home page establishes clear, intuitive navigation methods which are consistently applied throughout the site.
Qu 18	Is the site searchable? Does it have its own search engine?
	Yes; the site is searchable.

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