

SUBMISSION to THE INDEPENDENT REVIEW OF AID EFFECTIVENESS

Subject: Influencing policy for health system reform and knowledge management.

1st February, 2011

From : The institutions involved in the AusAID funded Knowledge Hubs for Health initiative:

1. Nossal Institute for Global Health, University of Melbourne, (Health Policy and Health Finance Knowledge Hub);
2. School of Public Health and Community Medicine, University of NSW (Human Resource for Health Knowledge Hub)
3. School of Population Health, University of Queensland (Health Information Systems Knowledge Hub)
4. Burnet Institute, Menzies School of Health Research, and Centre for International Child Health, University of Melbourne (Compass, Women's and Children's Health Knowledge Hub)

Summary of key recommendations

1. That assisting policy makers in partner developing countries to **undertake system reforms** in health and other sectors is a necessary part of an effective development assistance program, and should be explicitly included as one of the objectives of the Australian aid program.
2. That to support **evidence based** policy making, the Australian aid program continue to invest in building the knowledge and evidence base for policy decisions, and the communication of this knowledge to policy makers, in partnership with Australian and regional research institutions.
3. That this will require building the capacity of regional and Australian institutions in research, gathering and synthesis of evidence, and communication with policy makers, on issues relevant to policy and system reforms in LMIC, through **long term partnerships and predictable, consistent funding**.
4. That **AusAID strengthen its own capacity** to engage with research partners in Australia and the region; to obtain, compile and assess policy relevant evidence; to engage with and communicate that evidence effectively to policy makers in partner developing countries; and to participate actively in global forums on health system analysis and reform.

1. Low and middle income countries (LMIC) confront major barriers to achieving the Millennium Development Goals or reaching objectives such as universal coverage in health care (World Health Report 2010). Weaknesses in financing, human resources, logistics, and information systems have been identified as key constraints to improved health service delivery and ultimately better health outcomes.

2. Policy reform that addresses these system constraints is increasingly recognized as necessary by LMIC governments and their donor partners. AusAID and other development partners have recently given these concerns more attention. The 2010 report on the Australian Aid program by the Office of Development Effectiveness identified various strategies to influence policy makers, such as through policy dialogue.

3. A renewed commitment by both LMIC national policy makers and development partners to use evidence in policy making is evident. A particular concern is to use the evidence base for effective policy development and not to rely simply on political considerations or development partner preferences. Additionally, adequate, credible and appropriate evidence on which to base those decisions is required. Currently, a general lack of evidence – particularly about effective interventions to improve improving systems performance in different contexts – is a major constraint to improving policy making.

4. Appropriate evidence may be collected from a wide range of international and domestic sources, including country-based studies, cross-country comparisons, and international and regional syntheses of different experiences. Such studies may include evaluation of interventions, operational research, and in-depth analysis of existing policy, policy implementation and system structure and function. In the health sector, the relevant evidence extends beyond the delivery of health services to include sectors such as nutrition, water and sanitation, environment and education, all of which directly affect health.

In regards to the key issue of the health and survival of women and children, the lack of knowledge on the biological causes and social and health system determinants of maternal and child morbidity and mortality is a major barrier to the development of sound policies for high mortality countries in the region.

5. Australia's considerable expertise in the analysis and application of health system policy reform has previously been directed largely towards the Australian and other OECD country health systems. **The recent Knowledge Hubs for Health Initiative reflects AusAID's recognition of the need to contribute to the knowledge needed for health system policy reform.** This investment has enabled Australia to contribute to the evidence base on policy options for health sector reform in the Asia Pacific region and to play a stronger role in global debates on health systems research and evidence-informed policy

6. A recent independent review concluded that the Knowledge Hubs initiative was beginning to deliver useful knowledge products. It recommended extending the term and funding for the initiative and proposed increasing the focus on the communication of knowledge synthesis and research results to policy makers.

7. Areas where the Knowledge Hubs have made a contribution so far include:

7.1 Pacific island countries provide a unique context and a particular focus for Australian engagement. The Knowledge Hubs have developed and communicated evidence and policy advice in areas such as:

- development effectiveness and regional health governance in the health sector
- addressing health human resource shortages
- improving health data collection and strengthening information systems.

7.2 In depth studies in support of health system managers in countries of the Asia-Pacific, including:

- growth of non state hospitals in Indonesia and Vietnam
- leadership and management of health services in PNG and Indonesia
- reproductive health and young persons health in Vanuatu
- improving hospital care for children in Laos.

7.3 Policy analysis and development of regional strategies in areas such as health financing, human resource development, and maternal and child health.

7.4 Participation in the development and establishment of the Asia-Pacific Observatory for Health Systems by WHO, WB, ADB, which has also received support from AusAID.

8. We welcome AusAID's recognition of the need for better evidence for improving health and health systems in the Asia-Pacific region. We note also that using evidence and knowledge to influence policy making and system reform is a relatively new approach for development assistance, particularly for Australia.

9. Providing policy makers with relevant evidence about effective mechanisms for improving health services remains a challenge. **Development assistance in this area must take into account accepted principles for influencing policy making:**

- policy making is a complex process, closely connected with specific political, historical and cultural contexts; it does not proceed in a linear and rational manner, and may remain relatively static for long periods, but then change rapidly over a short period when particular opportunities arise
- influencing policy makers requires evidence that they considered appropriate and credible, including particularly evidence from their own country context; policy makers also commonly want to learn from, and compare their own experience with, the experience of other countries
- good evidence is derived from scientifically rigorous studies, subjected to peer review; the synthesis and translation of the findings into policy relevant information is essential
- communication of the evidence is critical, both in terms of appropriate timing and content (addressing the right policy questions) and of the relationship context in which

communication occurs. Knowledge intermediaries play a critical role in the transfer of evidence and information from researchers and academics to policy makers

- development partners including AusAID are well placed to act as knowledge intermediaries and to influence policy makers; accessing relevant evidence to support this role requires a partnership with researchers and academics who gather evidence and provide appropriate analysis
- there is a need to build capacity of researchers and academics in partner LMICs and to develop skills and capacity to influence policy making; partnerships with academic and research institutions in Australia is an effective way to build this capacity.
- There is also a need for research in the specific contexts of the Asia Pacific Region. For example, while the causes and patterns of maternal and child mortality have been heavily researched in Africa, there is a lack of such research in this region, and consequently a lack of evidence to assist policy makers in rational decision making on how to address these issues.

10. Based on these considerations, we submit the following recommendations to the Independent review of Aid Effectiveness:

1. That assisting policy makers in partner developing countries to **undertake system reforms** in health and other sectors is a necessary part of an effective development assistance program, and should be explicitly included as one of the objectives of the Australian aid program.
2. That to support **evidence based** policy making, the Australian aid program continue to invest in building the knowledge and evidence base for policy decisions, and the communication of this knowledge to policy makers, in partnership with Australian and regional research institutions.
3. That this will require building the capacity of regional and Australian institutions in research, gathering and synthesis of evidence, and communication with policy makers, on issues relevant to policy and system reforms in LMIC, through **long term partnerships and predictable, consistent funding**.
4. That **AusAID strengthen its own capacity** to engage with research partners in Australia and the region; to obtain, compile and assess policy relevant evidence; to engage with and communicate that evidence effectively to policy makers in partner developing countries; and to participate actively in global forums on health system analysis and reform.