



**Asia Pacific Observatory
on Health Systems and Policies**

2018-2020 Medium Term Strategy

1. Introduction

The Asia Pacific Observatory for Health Systems and Policies (APO) is a regional partnership of governments, international agencies, foundations and researchers.¹ Its goal is to support policy makers in developing health systems that contribute to improved health outcomes and that are equitable, efficient, responsive and transparent². It does this by providing and promoting systematic and scientific analysis of health systems in the Asia Pacific region, and encouraging the use of evidence by the region's decision-makers. It is the only partnership of its kind in the Asia-Pacific, and was launched six years ago.

The APO's goal fits well with the 2030 Agenda for Sustainable Development. In the Sustainable Development Goals (SDGs), there is a strong focus on Universal Health Coverage: 'To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage including financial risk protection and access to quality essential health care services. No-one must be left behind'. In the Asia-Pacific, there are growing demands for evidence and experience on how to make progress towards UHC.

This new APO medium term strategy is set clearly within the framework of UHC and the SDGs. It comes at a crucial time for the APO. The APO fills an important function by generating relevant new knowledge on health systems in a region where this is still limited. It also provides a platform that brings users and producers of knowledge on health systems together. APO partners want the APO to continue and expand. This Strategy therefore sets out priority areas for the APO's analytic work over the next three years, based on the assumption that secure funding will be achieved. It signals shifts in emphasis across the current portfolio of APO products, with increased attention to capacity building in health system analysis and policy dialogue. Last, the Strategy sets out how the APO will address several significant challenges: how to expand APO membership and country ownership of the APO; how to secure more and more stable financing; how to communicate APO products more effectively.

2. APO functions, product range and guiding principles

The APO has four **core functions**¹:

Country monitoring, which involves systematic analysis of a country's national health system;
Analysis, to explore cross cutting policy issues in Asia Pacific;
Dissemination of the findings to policy makers in a timely manner and through appropriate channels
Capacity development, by involving institutions from participating countries in the generation of evidence.

To perform these functions, APO provides independently reviewed evidence to policy makers, sets out policy options but does not prescribe action. It uses the process of developing its products to strengthen country capacities in health system analysis and research, as well as translation of evidence to policy makers.

APO has four types of product, which reflect these functions:

- **Health system reviews (known as HiTs)**. These are the best known of APO products. They provide a detailed description of a country's health system, as well as policy and reform

¹ APO working methods guideline, amended 2015 edition

² APO 2016-18 Strategic Plan

developments. HiTs may be accompanied by short country-specific **HiT policy notes** on selected topics arising from the HiT, requested by policy makers and used as a basis for further dialogue.

- **Thematic Policy Briefs** provide concise summaries of evidence across countries on selected topics of regional relevance. The briefs are short, provide options for action and are supported by a working paper which gives detail of the available evidence and the basis for the recommendations.
- **Comparative Country Studies** are original cross-country analyses on selected health policy and systems issues, using both primary and /or secondary data. Both national and international researchers are involved.
- **Policy dialogue:** this is mainly associated with a new APO publication, or linked to national or regional events discussing health policy issues on which APO has contributed knowledge.

3. APO priorities and products will build on the current portfolio

3.1 Country health system reviews (HiTs) maintained and improved

APO Country Health System Reviews (HiTs) will continue as the flagship product of the APO. They are based on an agreed global template adapted for the Asian context. They systematically describe and assess the core components of a health system (financing, organization and regulation, physical and human resources, service delivery, ongoing reforms) and its performance. They are initiated at the request of national policy makers, ideally at a time when they can inform national policy development. They are usually written by national experts with support from international technical editors, and are independently peer reviewed. A general rule is that HiTs are updated every five years, but this is done earlier if there are major health system changes.

Experience has shown the value in describing and analyzing different health systems in this way. In Asian and the Pacific, many countries do not have an overview of their entire health system and its performance against agreed goals. So there is a direct national benefit. Second, a HiT provides insights and lessons that may be of interest and use to national policy makers as well as those in other countries. Third, HiTs can help identify shared issues across countries that require further analysis and evidence.

To date, 16 countries have produced HiTs, with a further five in the pipeline (see box opposite and Annex 1 for full details). Over the next three years, the APO will maintain and expand its portfolio of HiTs. It will also aim to produce HiTs within a shorter timeframe, and make them more analytic and more reader friendly.

Countries with HiTs

Published; Fiji, The Philippines, Mongolia, Malaysia, New Zealand, Lao PDR, Myanmar, Solomon Islands, Cambodia, Bangladesh, Republic of Korea, Thailand, Tonga, China, Indonesia, Bhutan.

In preparation: Singapore, Japan, India, The Philippines, and Papua New Guinea.

HiT policy notes are prepared at the request of the government on issues identified during HiT development. Recent experience suggests 1-2 policy notes are generally requested.

APO strategic directions and priorities

APO will continue to produce HiTs and the associated HiT policy notes. The aim is to cover most major economies of the region by 2020. In particular, APO will prioritize:

1. Complete HiTs currently under preparation;

2. Secure agreement to initiate remaining 'first-time' HiTs, plus progressive updating of out-of-date HiTs, contingent on national interest and resources.
3. Reduction of production time from 33 to 18 months.
4. Increasing dissemination of HiTs and discussion of issues identified, through policy dialogue and national launches.

3.2 APO policy briefs and comparative country studies, focused on advancing UHC

APO policy briefs and cross-country comparative analyses aim to deliver impartial evidence on key health systems issues of regional concern. Policy Briefs summarise existing evidence while Comparative Country Studies generate new regional evidence.

The purpose is not to prescribe particular policy directions but to deepen policy makers' understanding of key health systems challenges and options. This is done by presenting an authoritative overview of evidence on a particular issue – including the risks, feasibility and costs of a selected policy direction, and information on what other countries have tried, the result, and lessons learned. To date, the APO has produced seven regional policy briefs and four comparative country studies (Annex 2).

For 2018-2020, the APO will commission policy briefs and comparative country studies within four broad thematic areas related to advancing universal health coverage:

- Challenges and solutions to primary health care
- Challenges and solutions to hospital care
- Challenges and solutions for financial risk protection; resource allocation to advance UHC
- Health system performance with a focus on equity.

These four themes were identified by first analysing HiTs for recurring 'hot topics' across countries, and then cross-checking these with decision makers in Ministries of Health and APO development partners for their relevance, importance, timeliness and level of interest. The most frequent topics grouped into the four areas below.

1. Challenges and solutions for primary health care

The most prominent issues were: how can primary care services respond to the *changing patterns* of disease; delivering frontline health services in *health emergencies and urban settings*; how to improve *quality of care*, how to engage with the *private sector*, how to use new *technologies* for improved service delivery, how to improve *equitable access to medicines* and *strengthen workforce* distribution, competencies and performance?

2. Challenges and solutions for hospital care

The most prominent issues again reflected a mix of shifts in health needs, and some long standing hospital challenges: the need for more evidence on *integrating care* between frontline, secondary and tertiary care; evidence on the internal *reconfiguration of hospitals* to manage changing challenges especially NCDs; *antimicrobial resistance* and *health security emergencies*. Other recurring issues are how to improve *quality of care*, and *the use of new technologies* to improve access and quality

3. Challenges and solutions for financial risk protection, and resource allocation to advance UHC

The most prominent issues were: experience with introducing *benefit packages* and their impact on resource allocation, accountability, responsiveness, efficiency, equity and quality of care; ways to *strengthen governance of* prepayment schemes; experience with *strategic purchasing*, including for health promotion and prevention services, and with engaging the private sector.

4. Health system performance with a focus on equity

Prominent issues included: sharing country experiences where there has been *improved national capacity to monitor* national and sub-national *health system performance, and equity trends* especially in decentralised health systems, and *use of data* in policy and resource allocation decisions.

These areas provide the framework within which APO's analytic work is commissioned over the next three years, building where appropriate on previous work. The existing mechanism for approving specific products will continue: hubs submit proposals, which are reviewed by the Internal Review Panel, STAC and with final approval by the Board. The option of commissioning work from experts beyond the three hubs, should hubs lack requisite expertise, remains.

APO strategic directions and priorities

The APO will continue with thematic policy briefs and comparative country studies. The volume of work will be contingent on available funding. As part of a revised approach to increasing awareness, relevance and use of APO products, there will be increased emphasis on findings ways to engage policy makers at earlier stages in the analytic work. The APO will also encourage journal articles based on the comparative country studies. APO priorities are to:

1. Complete the current set of Policy Briefs and Comparative Country Studies by mid 2018, combined with an explicit dissemination plans for all.
2. Initiate a set of new briefs and studies in early 2018. New topics include: frontline services for migrants; the use of e technologies in improving frontline services; ways of prioritizing patient referrals to other countries in Pacific Islands; hospital reconfiguration for managing chronic diseases, role of private health sector in achieving UHC; mapping capacity for health system research in selected countries in Asia.
3. More systematic use of APO partners, research networks and hubs for producing and disseminating new evidence.
4. Build on current and future publications on the same broad topic to create themes that can be complementary.

3.3 Increased focus on policy dialogue, national and regional

The APO brings together policy makers, researchers and development agencies, to increase the generation and use of evidence. To increase the use of APO products more attention will be given to engaging policy makers and their advisors in dialogue on a specific topic, from early on in product development through to dissemination.

Policy dialogues could be initiated by policy makers or their advisors as well as research hubs, other APO partners or the secretariat. Where possible and appropriate, APO will piggy back such discussions on existing national and regional events, to contain added costs.

APO strategic directions and priorities

- APO will increase emphasis on policy dialogue as part of developing its products as well as during their dissemination.

3.4 Capacity building in health system analysis and research

One key objective of the APO is to build regional capacity to generate evidence for health policy and system development. This has become more prominent with the growing demand for evidence on how to make progress on UHC under SDGs. The APO plans to shift its focus from enhancing individual capacity to institutional capacity. From 2018, the APO fellowship programme will be suspended.

APO strategic directions and priorities

The APO will develop a more explicit focus on institutional capacity building in health system research in several ways:

1. APO will expand the network of in country institutions that it will work with.
2. There will be increased emphasis in involving national institutes and experts in APO products, supported by the APO research hubs
3. APO will support emerging national health system and policy research networks in various countries e.g. the AHEAD programme in the Philippines.
4. The APO will map health systems research capacity in 4 countries, in 2018. This exercise could be extended to include other countries.
5. Increase in country capacity to write concise and user friendly Policy Briefs.

3.5 Communication and dissemination

While our members and partners are the key stakeholders, APO seeks to serve many groups in Asia and the Pacific, beyond its immediate members. Its audience can be described as follows:

- Decision makers in Ministries of Health, be they responsible for policy and planning, or priority programmes, and their advisors.
- Decision makers in other national bodies such as Ministries of Finance, development coordination committees; legislative bodies, statistics offices; health insurance organizations.
- Policy champions, opinion makers and commentators including civil society.
- International development organizations and NGOs active in the region.
- Wider academic community within the region and outside.
- Consultants and technical experts tasked with writing policy documents.

Reaching these different audiences will require a multi layered approach to communication.

APO strategic directions and priorities

1. More systematic and active distribution of publications to APO partners including inclusion of regional political fora such as South Pacific Community (SPC), SAARC and ASEAN.
2. More policy dialogue around specific publications/topics in APO work programme.
3. APO website will be revised and updated, making it easier to find products
4. Expanded APO contacts database, and partnering with other networks and web portals such as Health Systems Global
5. Increased use of social media channels
6. Authors will be encouraged to publish APO work as peer-reviewed journal articles.

7. Changing APO product publication classification from “Books” to “Serial” allowing for easier indexing and searching
8. Increased APO presence in regional and global symposia, through APO members or Secretariat.

4. Expanding APO membership and increasing country ownership

The APO needs more members, especially country members, so it is seen as a partnership which belongs to and benefits the Asia-Pacific. Countries and organizations are attracted to the APO for several reasons.

- It can stimulate national health system research and research capacity.
- It provides a platform for sharing experience on topical health system development issues.
- It generates regional evidence on topical issues
- It complements the work of regional organizations on UHC by providing evidence in a cost effective manner.
- The idea of being part of a regional platform that brings policy makers and researchers together is attractive.

The APO currently has ten members, of which six are countries – Australia (as an observer), Hong Kong SAR, The Philippines, Republic of Korea, Singapore and Thailand. The others are international development agencies - Asian Development Bank, World Bank and WHO (SEARO and WPRO). Members commit to pay annual fees. However, the fee of \$100,000 is daunting for the many smaller low and low-middle income countries in the Region. To encourage more low and middle-income country participation, the APO introduced free, time-limited ‘co-opted’ membership, for two low or low middle income countries. Current co-opted members are Fiji and Sri Lanka. This will continue.

Other potential APO members include other bilateral and multilateral agencies, foundations, regional political fora, research institutions and Civil Society Organizations in the Region.

APO strategic directions and priorities

1. The secretariat has intensified efforts to increase country membership from the Asia-Pacific, aiming for doubling of country members by end 2020. It will examine different financial contribution options to support this and provide options for Board approval in 2018.
2. Greater country ownership will be reinforced by the way the APO carries out its programme of work, involving policy makers at all stages.
3. The APO will identify opportunities for engagement with regional fora including ASEAN and SPC, through its current APO members.
4. The APO will investigate interest in APO membership by international agencies including the European Union, Bill and Melinda Gates Foundation, Rockefeller Foundation, JICA, UN University and by other bilateral aid agencies active in the Asia Pacific .

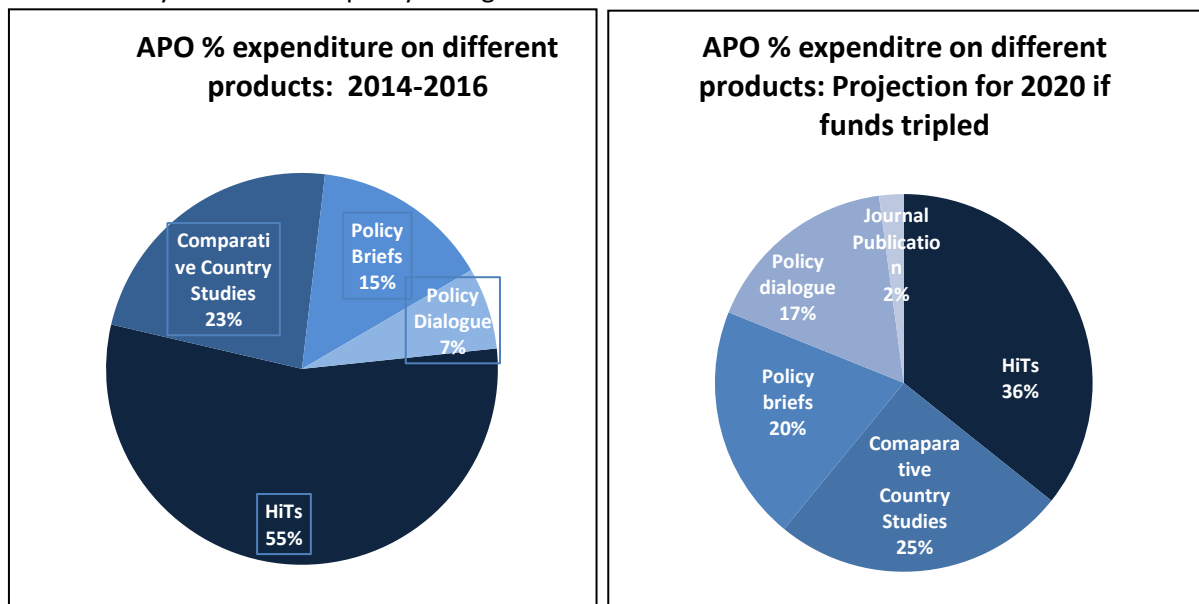
5. Securing sufficient and more predictable funding

The APO currently operates on a budget of around US\$1 million a year. Around 90% of its income is from membership fees i.e. APO membership and finances are closely interlinked. The rest comes from non-member funds for specific products, such as the EC funding towards the Philippines HiT. Overall income has declined over the last few years, and become more unpredictable, for several reasons. Some

APO members have had changes in policy on providing support to the APO, or a change in the way they can channel funds to the APO. The share of non-member funding has also declined.

For the APO to make the shifts outlined in this strategy there is an urgent need to increase the level and predictability of available funding. It can survive on US1 million a year, but will never deliver on the founding vision for the APO. It will therefore risks becoming less attractive to funders – a vicious circle.

Ideally, by end of 2020, the APO will have tripled its annual income. This would provide sufficient resources to implement the proposed shifts in emphasis in strategic direction outlined in this 3 year strategy; to expand the volume of work, and ensure the secretariat has the capacity to manage these changes efficiently. The pie charts below indicate the proposed progressive shifts in allocation of APO resources. Although the overall budget for each product type will increase, there will be a shift from HiTs towards analytical work and policy dialogue.



This level of funding cannot be generated from membership fees alone, even if the number of fee-paying members significantly increases. At the same time, it is important that the APO does not have its programme of work, which reflects its members interests and needs, distorted by the preferences of external funders. A reasonable balance to strive for, based on the experience of similar partnerships including the European Observatory, is an income ratio of 65/35 income from members and other sources.

APO strategic directions and priorities

1. The Secretariat finalizes its business plan to make the case for additional funding, and the benefits and outcomes for both the APO and its funders.
2. The Secretariat continues discussions with potential new funders, to identify whether and how they could fund the APO, and explores possible collaboration with other research partnerships to secure joint funding.
3. The Secretariat will report semiannually to the Board actions taken to increase Board membership.

6. Monitoring APO success

The APO's existing M&E framework focuses on inputs and process while output and impact measurements are deferred. The influence/impact of APO products can be looked at in several ways:

- *Downloads:* APO products are now included in the WHO IRIS platform. This has led to a substantial increase in downloads from an average of 250 per HiT in 2015 to over 12,000 since March 2017 for Indonesia HiT.
- *Website hits:* The APO website hits were rising and stood at an average of 1000/month by end of 2015. In 2016, as a consequence of decrease in our publications our website hits fell to 850/month.
- *Social media:* The APO had approximately 1000 'likes' on Facebook and 980 followers by May 2017. This is a 10% increase compared with 2016, and is a new route to disseminate APO products.
- *Citations:* Google Scholar analysis identified 60 citations for 2016

The aim of current Monitoring Framework is to shift the balance to outcome and if possible impact of APO activities, while not neglecting inputs and processes. Below is an updated list of indicators to monitor implementation of the new APO strategy.

Area	Indicator	Mode of data collection	Baseline
Input	<ul style="list-style-type: none"> • No of Members in APO • Funds received 	<ul style="list-style-type: none"> • As part of six monthly reporting 	<ul style="list-style-type: none"> • December 2017 data • Total funds available to APO in 2017
Process	<ul style="list-style-type: none"> • Time it takes to develop a product • Time it takes from submission of final draft to secretariat to publication • Number of channels in use for distribution of products 	<ul style="list-style-type: none"> • Routine data collected by Secretariat 	<ul style="list-style-type: none"> • Average for 2011-2017 by product type • Average for 2011-2017 by product type • (Facebook, print runs, e-newsletters, website)
Output	<ul style="list-style-type: none"> • Number of product downloads • Number of published products distributed • % of products that have had a launch and/or policy dialogues 	<ul style="list-style-type: none"> • Data collected by the secretariat as part of six monthly reporting 	<ul style="list-style-type: none"> • Compared to previous year by product type • Compared to previous year by product type • Aim for 100%
Outcome	<ul style="list-style-type: none"> • Number of APO citations in printed journal articles • Number of grey literature citations 	<ul style="list-style-type: none"> • Use citation software for journal articles • Use google and develop standard search formulae to find grey literature citations in google 	<ul style="list-style-type: none"> • Compared to previous year
Impact	<ul style="list-style-type: none"> • Changes in health policy seen • Increase in capacity of national research institutes 	<ul style="list-style-type: none"> • Interview with policy makers in the region held every few years. Qualitative analysis 	<ul style="list-style-type: none"> • Not applicable