



**AUSTRALIAN PRIMARY HEALTH CARE
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THE AUSTRALIAN NATIONAL UNIVERSITY**

**GLOBAL PERSPECTIVES ON HEALTH POLICY
DEVELOPMENT: FROM EVIDENCE TO POLICY**

**APHCRI STREAM 11
INTERNATIONAL VISITING FELLOWSHIP**

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February 2010

ACKNOWLEDGMENT

The research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health and Ageing under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policies of the Australian Government Department of Health and Ageing.

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CANBERRA (12-14 JULY, 2009)

Activities: APHCRI Seminar on the topic of "Global perspectives on health policy development-From evidence to practice"; discussions with Bob Wells, Director of APHCRI; interview with the Canberra Times; live interview on ABC Radio; interview with WIN TV Canberra; lunch (attended by Dr Warwick Anderson, CEO, AHMRC).

Main message of seminar: WHO develops global policies to a variety of health threats through a process which is consensual but complex- no less complex than in policy development in national settings with the need to consider political, social and economic factors. In this regard, it is even more important that scientific evidence is one of the primary drivers of health policy development and that policies are amended in the face of new evidence. Primary health care (PHC) responds best to the multiple health challenges and examples of successful links between evidence and policy, followed by successful implementation were cited. Considerable challenges remain, however, including the weak evidence base for PHC research in developing countries due, in part, to poor capacity to conduct such research in those settings. Initiatives are needed to overcome these challenges.

Main discussion points after seminar: are there examples of good evidence to policy mechanisms in low income countries?; what are the links between human rights and equity?; balancing commercial interests with equity considerations-WHO's role?; Is the knowledge we gain from local health systems transferable to other health systems?; What can be done to make research trials and interventions more transferable across health systems?; How impartial is the WHO when requesting money from member countries?

MELBOURNE (14-16 JULY, 2009)

Activities: Keynote Opening Lecture on "Driving change in our region-Responding to the challenge of health security" during the Australian General Practice & Primary Health Care Research Conference; live appearance on ABC's morning TV breakfast show; phone discussion with Jim Tulloch, Senior Health Advisor, AusAID; discussion with Mark Butler, MP, Australian Parliamentary Secretary for Health and Ageing.

Main message of Keynote Lecture: In the context of myriad and complex health challenges, the weakness and fragility of health systems in many low- and middle-income countries is at the heart of the problem. PHC plays a key role as a framework for efficient health system strengthening which takes into account the underlying social, political and economic causes of ill health. At the same time, research and the evidence base for PHC needs to be strengthened and innovative mechanisms put in place for translating knowledge into policy and practice, especially in the setting of low- and middle-income countries. It is also important that PHC research, strategies and initiatives be evaluated for their impact.

Main discussion points after lecture: importance of neglected tropical diseases (e.g. filariasis); WHO's role in ensuring country's priorities are included in donor agendas-what can be done?; health information systems capacities in developing countries, especially the tracking of PHC indicators; extending help and collaboration to LMIC's on quality improvement in PHC (Ross Baillie); systematic data collection on PHC functions.

SYDNEY (JULY 16-17, 2009)

Activity: Delivering the ST Lee Inaugural Lecture, Menzies Centre for Health Policy, University of Sydney.

Main message of lecture: Despite unprecedented levels of resources in global health development aid, current governance arrangements are inadequate to deal with the challenge of achieving the health-related Millenium Development Goals and the health threats related to globalisation. A fragmented, uncoordinated, disease-focused and 'top down' approach has resulted in confusion and inefficiencies within countries receiving such aid. New and innovative thinking, based on a set of 'best practice' criteria (e.g. accountability, inter-sectorality, inclusiveness, etc) is needed in future to develop governance models which are more sustainable and equitable, and which has the strengthening of health systems in developing countries as the primary objective. The WHO has a central role to play as a convenor and requires significantly stronger support from its Member States to effectively fulfil its mandate.

Main discussion points: role of information technology (Professor Jon Patrick), concerns with brain drain (Graeme Miller), role of WHO in ensuring country priorities are respected; increasing role of international health law in global health governance (Roger Magnusson).

LINKAGE AND EXCHANGE

Successful linkage and exchange activities were held involving policymakers, politicians, researchers and consumers of primary health care services.

I successfully engaged with researchers and consumers in the public lecture I gave at ANU. I prepared a 40 minute presentation with slides and allowed for about 20 minutes question time. People in the audience were from various backgrounds, from researchers, clinicians and policy advisers to members of the public.

I was interviewed on ABC 666 morning radio, WIN TV news, ABC2 Breakfast News television and quoted in news stories in the *Canberra Times* and *Ballarat Courier*. Media such as this provides an excellent opportunity to reach a wide audience, including politicians and policy advisers. I was able to talk about health policy development from a global perspective which was both relevant and appealing for the audience.

CONCLUDING REMARKS

The International Visiting Fellowship allowed me to gain an insight into the activities and interests of a variety of Australian stakeholders, institutions and interest groups in the areas of public health policy, the role of primary health care in health systems strengthening, and in global health governance. In many ways the problems identified in low- and middle-income countries are also reflected in the challenges facing the Australian health care system, especially in the context of ongoing reforms. At the same time, there are also important differences. For example, the issue of concern around PHC in Australia are centred mainly around clinical practice whereas in the developing countries the focus is very much on systemic aspects of PHC.

In this context, the discussions and dialogue during the visit pointed to several common areas of interest with possible options and opportunities for follow-up activities:

- More research: Australian institutions can be more involved in promoting PHC and health policy research in developing countries of the Asia-Pacific region through promotion of more effective collaborations and networks, or even through establishing "sister" centres based in established academic centres in the region. This work can also link, for example, to ongoing activities on global health governance in the region (e.g. the ST Lee Project on Global Governance at the National University of Singapore, the global health security project at the National Technology University, Singapore)
- Knowledge synthesis and sharing: Australian centres, such as the Australasian Cochrane Centre and others, can play a key role in knowledge synthesis and dissemination in the area of health policy and PHC research. A meeting is being planned in October, 2009, involving the Australasian Cochrane Centre, to discuss ways in which the work of the Cochrane Collaboration can be made more relevant to developing countries in the area of health systems strengthening.
- Capacity building: through activities mentioned above in promoting more research, capacity building can occur in the developing countries of the region. This capacity should be focused not on just performing the research but also how to synthesize the results (e.g. the capacity to do systematic reviews and meta analysis), communicating it effectively to decision makers and policy advisers and evaluating the impact of policies.
- Advocacy and communication: Based on existing activities, Australia can also play an important role in the region in the convening of a regional meeting on "PHC Research in Developing Countries- Drivers of Policy Change" as a logical, 'international outreach' extension of the largely Australian focus of the General Practice & Primary Health Care Research Conference series.

WHO would be keen to explore further collaborations with Australian institutions in these important areas of study.