



Asia Pacific Observatory on Health Systems and Policies

Informing Policies-Building Partnerships

Why was the APO Created?

The Asia Pacific Observatory on Health Systems and Policies (APO) is a collaborative partnership of interested governments, international agencies, foundations, and researchers. Officially launched in June 2011, the APO works with countries covered by SEARO and WPRO.

We are unique in that, unlike other health development initiatives, we bring together two sets of stakeholders – policy makers and researchers – and involve them in the process of identifying relevant issues for health systems analysis, carrying out research, disseminating and using the findings. We focus on performing health system research for the benefit of Asia Pacific countries. With UHC becoming a SDG goal, the role of APO has become even more significant

Our Members

Our current members are the governments of Australia, Hong Kong Special Administrative Region, Republic of Korea, the Philippines, Singapore, and Thailand as well as the Asian Development Bank, the World Bank and both regional offices of the World Health Organization-WPRO and SEARO.

We are continually seeking to engage countries and key organizations across the Asia Pacific region to become members of the APO, add value to the work of the APO and, therefore, to countries. Each member of our Executive Board provides an annual contribution of at least \$100,000. We also have provision for co-opting non-paying members on rotation from low or low middle-income countries, currently Sri Lanka and Fiji. APO has also been able to secure extra funds from other foundations such as BMGF.

APO secretariat is hosted in WHO regional offices and rotates every 5-7 years. It has been with SEARO since August 2016.

Our Research generators

APO works with 4 consortiums of institutions to generate work. This allows for a wider breadth of institutions to become engaged in developing APO products. Our new research consortia are:

1. National University of Singapore consortium of 7 institutions from Singapore, China, Philippines, Thailand, Hong Kong and Bangladesh
2. Pacific Consortium of 4 institutions from Australia, New Zealand, Fiji and Papua New Guinea
3. International Health Policy Program, Thailand consortium which includes 3 institutions from Thailand and Viet Nam
4. Institute of Chinese Studies consortium which includes 5 institutions from India, Hong Kong and China

In addition, APO works with specific academic institutions across Asia Pacific for products where they have regional and global expertise.

All APO products are independently peer reviewed by technical experts. This allows independence in our publication and ensures that our products are consistently of high quality.

Fast Facts

Publications to date:

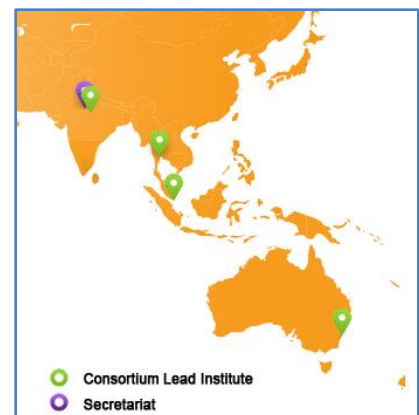
- 19 HiTs
- 6 HiT Policy Notes
- 12 Regional Policy Briefs
- 5 Comparative Country Studies

Publications in 2019

- 1 HiT
- 4 Regional Policy Briefs

Planned publications in 2020:

- 5 HiTs
- 3 Regional Policy Briefs
- 5 Comparative Country Studies



What We Produce

HiTs. Our flagship product, Health Systems in Transition review or HiT, systematically describes and assesses a country's health system using a common analytic template. HiTs assess the health system's core components: organization and governance; financing; physical and human resources; service provision; and health reforms. They are useful as a standalone document for the country to assess where its gaps, strengths and weaknesses lie and to other countries seeking ideas and comparisons. HiTs are updated every five to seven years.

Policy Briefs. Policy briefs are concise reports of synthesized evidence and experience from different contexts relative to a specific policy challenge. Policy Briefs also provide policy-makers with evidence-informed options to address the policy challenge.

Comparative Country Studies. Comparative country studies are original multi-country comparative analyses of issues for which there is scarce published evidence in the Asia Pacific region.

Policy Dialogue. Policy dialogue events communicate evidence to policy-makers and aim to influence decision-making on specific issues. To date, we have had policy dialogues on Health Market Innovations, Social Health Insurance, Quality of Health Care and Health Technology Assessment.

Our Governance Structure

Our Executive Board meets twice a year. It sets strategic direction, oversees the secretariat, approves workplans and reviews progress. In addition to the full members, directors of our research hubs and our internal review panellists also attend the Board meetings as observers.

The secretariat led by the APO Director, has both an administrative and technical role. The Secretariat sets the budget, annual workplan, strategic plans (based on Board approval), coordinates the Research Hub and consortium members, monitors and evaluates and disseminates APO products.

Our Finances

We have an annual budget of approximately 1 Million USD. In 2018, 58% of our budget was spent supporting research, publishing and disseminating our findings

APO on Social media



www.facebook.com/APObservatory



www.twitter.com/APObservatory



www.slideshare.net/AP_Observatory



YouTube

www.youtube.com/channel/UC0-SiBy7iKGXGxDS4mlggag

Becoming a co-opted member of APO

APO rules allow 1-2 co-opted members to join the Board for a period of 2 years, renewable for an additional 1 year. Traditionally, one country is from WPRO and another from SEARO and the Board is keen to make sure that the WPRO co-opted member is from the Pacific Islands. APO will cover the travel costs of co-opted members for attending APO Board meetings and they have the same rights as other fee paying members. Full ToR of co-opted members are at end of this document.

Contacting APO

Asia Pacific Observatory on Health Systems and Policies.

WHO Regional Office for South East Asia, World Health House, Mahatma Gandhi Marg, New Delhi -110002, India

Email: apobservatory@who.int

Tel: +91 11 4304 0166

Web: www.healthobservaroy.asia

Some of our Policy Briefs and Comparative Country Studies

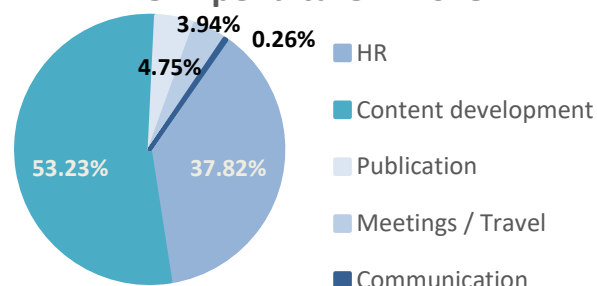
Policy Briefs:

- *ASEAN Mutual Recognition Agreements for HRH*
- *Integrating Primary and Secondary care services in LMIC*
- *Using CHWs for managing NCDs*

Comparative Country Studies:

- *Resilient and People centred health systems in Asia*
- *Managing NCDs in elderly in Sri Lanka and Thailand*

APO Expenditure in 2018



Co-opted membership of APO- Terms of Reference:

1. Co-opted members are those representatives of countries who are not otherwise eligible via the usual route of direct cash contribution equivalent to not less than USD 100 000 p.a.
2. The number of co-opted seats is capped at a maximum of 20 percent of paying member seats, rounded to the nearest integer.
3. Any and all such co-opted seats may or may not be filled at the sole discretion of the Board.
4. Co-opted members will have the same rights and responsibilities as funding Board members.
5. A co-opted member may be a country which meets the following criteria
 - A. Expresses a strong interest in joining the Observatory and is committed to be an active member of the Board.
 - B. Experiences genuine financial constraints, and is therefore unable to contribute the USD 100 000 annual dues; thus eligibility is restricted to low income countries (LICs), and low middle-income countries (LMCs) within the Asia Pacific region.
 - C. Can provide insights and inputs that are under-represented on the Board, for example from a particular sub-region
 - D. Countries and entities which, because of their size and influence, may be strategically important to include on the Board.
 - E. Is willing to be responsible for their own travel, accommodation and miscellaneous expenses to join in-person meetings of the Board. Funding for the co-opted member's travel to the Board meetings could be offered on a case by case basis.
6. Co-opted members are selected by consensus or if failing that, by majority vote.
7. Co-opted members will serve for 2 years, renewable for an extra year with a maximum term limit of 3 years.
8. Failure to participate in two consecutive Board meetings may be considered grounds for non-renewal.

Request for Pacific Heads of Health to identify a country to become co-opted member of APO:

As APO is keen to have representation from the Pacific Island Countries and Territories, we are looking at a country that can bring the issues unique to the Pacific to the Board. If any country is interested, please send an email to Dr Nima Asgari, Director, APO at asgarin@who.int and Sunia Soakai at sunias@spc.int cc to apobservatory@who.int and PacificHOH@spc.int by 15 September 2020. In case more than one country is interested, APO Board will make the final decision on which country should be invited.