



Australian Government

Department of Foreign Affairs and Trade

USING EVIDENCE IN IMPLEMENTATION: THE INDO-PACIFIC HEALTH SECURITY INITIATIVE

**A JOINT PRESENTATION FROM DFAT'S
OFFICE OF DEVELOPMENT EFFECTIVENESS AND
AMBASSADOR FOR REGIONAL HEALTH SECURITY**

Global Evidence and Implementation Summit
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EVALUATING A DECADE OF AUSTRALIA'S EFFORTS TO COMBAT PANDEMICS AND EMERGING INFECTIOUS DISEASES IN ASIA AND THE PACIFIC 2006–2015: ARE HEALTH SYSTEMS STRONGER?

AUGUST 2017

OFFICE OF DEVELOPMENT EFFECTIVENESS

Today we will look at this DFAT evaluation from the perspectives of:

- **the commissioning area**—the Office of Development Effectiveness which undertook the evaluation; and
- **the implementing area**—the Indo-Pacific Centre for Health Security which is responsible for design and implementation of DFAT's new \$300 million Indo-Pacific Health Security Initiative.

STRATEGIC CONTEXT

- The Australian Government spent \$194 million between 2006-2015 to help countries in Asia and the Pacific combat emerging infectious diseases.
 - The majority (75 per cent) of EIDS are zoonotic animal diseases that can infect humans.
- Investments were guided by two AusAID pandemics and emerging infectious disease strategies that aimed to strengthen human and animal health systems.
- DFAT's 2015 *Health for Development Strategy* highlighted the region was still underprepared to manage infectious disease threats.

WHY THIS EVALUATION?

- In 2015-16, DFAT commenced work to develop a new regional health security initiative—launched in October 2017.
- In 2016, ODE commissioned this strategic evaluation to:
 - build the evidence base and identify lessons from Australia’s past assistance to inform future DFAT investments and policy engagement on regional health security.

The evaluation was designed to **support use of its findings** through **early engagement** with the **primary audience**—the DFAT team charged with design and implementation of the new health security initiative.

METHODS (1)

- Evaluation conducted at portfolio level covering 35 investments funded by Australia between 2006-2015—focus on largest investments representing 82% of funding.
- To facilitate translation of evidence to practice, evaluation used WHO's framework of health systems 'building blocks' to structure data collection and analysis:
 1. Leadership & governance
 2. Health information systems
 3. Health financing
 4. Health workforce
 5. Medicines, vaccines and technologies
 6. Service delivery.

METHODS (2)

- Data was collected and triangulated through desk review, Australia-based consultations and fieldwork/interviews in Fiji, Solomon Islands, Bangkok, Cambodia and Indonesia.
 - A total of 102 interviews conducted in Australia and region.
- This resulted in a rigorous base for the evaluation and recommendations.

MAIN FINDINGS

- Australia's support over the past decade has contributed to substantial improvements in health surveillance and data-sharing in the region
 - but capacity to use surveillance data for policy, planning and response has not kept pace with improvements in surveillance capability.
- Achievements in animal health were more modest than for human health, reflecting that veterinary health systems are weaker than human health systems.
- Animal health systems in Asia are more developed than in the Pacific
 - the drivers for countries to invest in animal health are economic and trade—these are stronger in Asia than the Pacific.

RECOMMENDATIONS

The evaluation made five recommendations:

1. In human health, that the designs of new investments include a clear articulation of how these will strengthen country health systems.
2. In animal health, that future Australian support be highly targeted.
3. That gender outcomes and monitoring indicators be required for all new investments.
4. That DFAT identify the level or representation and skills needed by its own staff to engage in health diplomacy and progress a health security agenda.
5. That future health security research include a focus on health systems and include strategies to promote uptake by users.

HOW WE USED THE EVIDENCE

DFAT agreed to all of the recommendations (with some qualifications) and responded quickly to implement:

- in human health, designing a suite of investments at country and regional levels with a focus on systems strengthening;
- in animal health, providing highly targeted support;
- Including gender outcomes in our performance assessment;
- appointing an Ambassador for Regional Health Security and recruiting staff across the human and animal health sectors for the Centre for Health Security; and
- supporting research on theme of “stronger systems for health security” and Product Development Partnerships.

WHY THE EVALUATION WAS INFLUENTIAL—ODE

1. The timeliness, priority and relevance of the subject;
2. ODE's management and knowledge broker role;
3. use of WHO health systems framework;
4. contribution to knowledge about how health system strengthening can occur through disease-specific programming; and
5. engaging the right evaluation team for the task—Dr Gill Schierhout, an evaluation and public health expert; Dr Laurie Gleeson, an animal health specialist; Adam Craig, an epidemiologist; and myself from ODE.

WHY THE EVALUATION WAS INFLUENTIAL – AMBASSADOR FOR REGIONAL HEALTH SECURITY

Evaluation's strengths were:

- it was well-timed;
- it had the right team;
- the team undertook extensive fieldwork;
- the evaluation asked the right questions; and
- it considered the One Health approach, different contexts and role of gender and community engagement.

WHERE THE EVALUATION COULD HAVE GONE FURTHER TO INFORM IMPLEMENTATION

Perspective from the implementing area

- Stops short of providing advice on how to operationalise.
- Value for money analysis could have gone further in assessing counterfactual.
- Could have provided advice on what donors can realistically expect to achieve.

Perspective from the commissioning area

- Evaluation identified a key test for future investments will be if they can move beyond narrow technical areas to address systemic constraints to disease preparedness and response capacity.
- Beyond the scope of the evaluation to explore these constraints (often outside health sector control) which involve broader issues of health financing and resourcing but agree more work is needed in this area.

PUBLICATION DETAILS

The full report is available on the DFAT website on the ODE site at:

<http://dfat.gov.au/ode> (under 'Publications')

A blog on the evaluation was published on the ANU Development Policy Centre website at:

<http://www.devpolicy.org/evaluating-australias-efforts-to-combat-pandemics-20170927/>

INDO-PACIFIC CENTRE FOR HEALTH SECURITY

Website for Indo-Pacific Centre for Health Security is:

<https://indopacifichealthsecurity.dfat.gov.au/>

QUESTIONS

THANK YOU



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