



Australian Government

Department of Foreign Affairs and Trade

# EVALUATING AUSTRALIA'S INVESTMENT IN EMERGING INFECTIOUS DISEASE PREPAREDNESS AND RESPONSE IN THE ASIA PACIFIC REGION 2006-2015: ARE HEALTH SYSTEMS STRONGER?

Australian Aid Evaluation Forum  
ANU Development Policy Centre  
7 August 2017

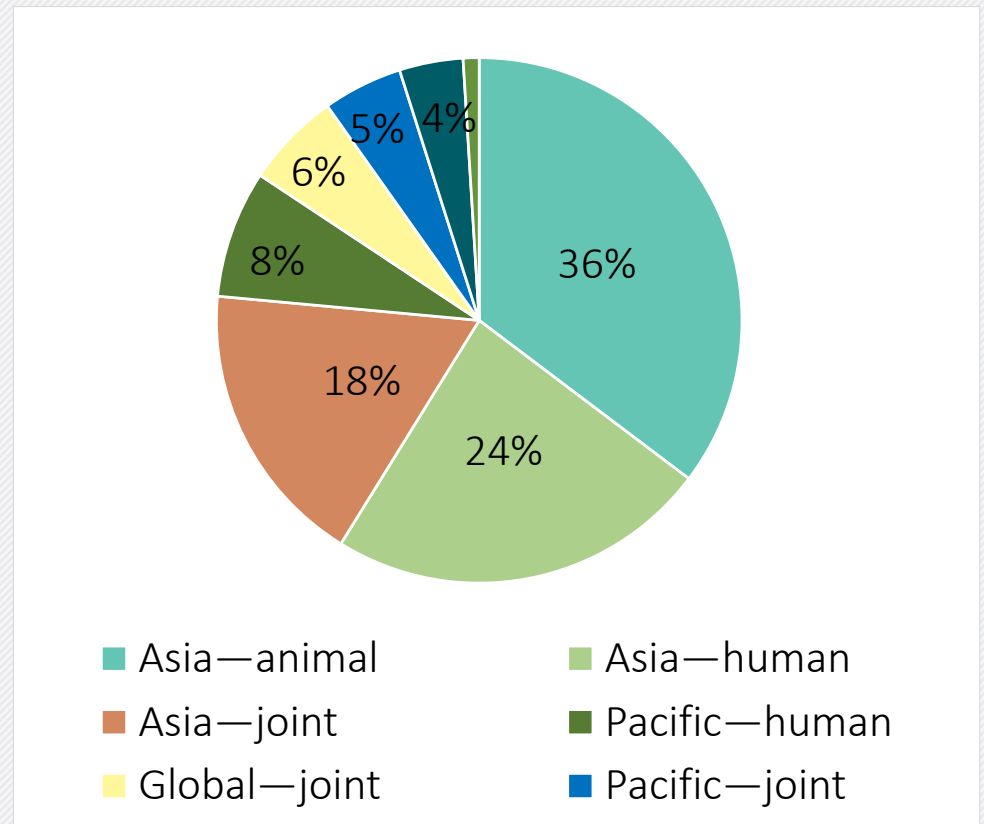
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# AGENDA

1. Evaluation scope and methods
2. Improvements in quality and timeliness of reporting but upstream factors limited public health value obtained
3. Modest platform for veterinary system preparedness and response in SE Asia but few gains in the Pacific
4. Community engagement some success but not institutionalised; increasing attention to gender
5. Implementation approaches and M&E were not always clearly linked to the health system strengthening goal
6. Way forward

## EVALUATION SCOPE AND METHODS

- Guided by two EID strategies 2006-2015
- +~ \$194 million
- 35 investments ~ focused 10 largest groups (82%)
- Range of modalities and implementing partners
- Diverse localities
- Fieldwork in 5 countries
- Used '4 key Qs' & WHO 'building blocks'



Evaluation focused on the portfolio contribution to its overall goal of strengthening health systems to prevent, detect and respond to emerging and infectious disease



# IMPROVEMENTS IN QUALITY AND TIMELINESS OF REPORTING BUT UPSTREAM FACTORS LIMITED PUBLIC HEALTH VALUE OBTAINED

- Virtuous cycle
- No single factor responsible
- Various capacity development activities with different outcomes in different contexts

But...

- Use of data for planning and response has not kept pace with surveillance and increased availability of data
- Constraints at higher levels in the system not addressed by 'vertical' approaches to implementation

# MODEST PLATFORM FOR RESPONSE TO EIDS THROUGH VETERINARY SYSTEM IN SE ASIA BUT FEW GAINS IN THE PACIFIC REGION

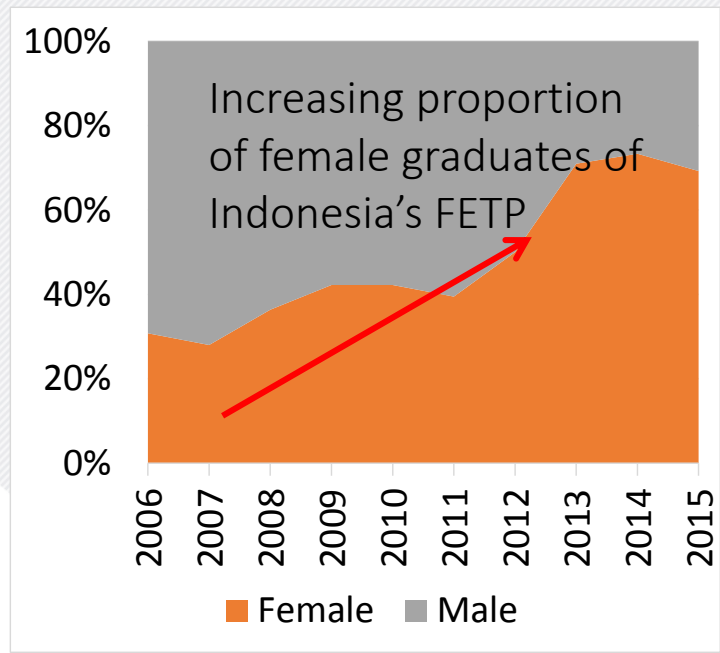
- Veterinary systems weaker than human health systems
- Support to a range of emergency and broader veterinary system development initiatives
- Alignment with largely economic drivers of veterinary system development was key to sustainability
  - *Regional SE Asia disease control model (FMD)*
  - *Animal health information system for Indonesia 'iSIKHANAS'*
- “One Health” principle





# COMMUNITY ENGAGEMENT SOME SUCCESS BUT NOT INSTITUTIONALISED; INCREASING ATTENTION TO GENDER FROM A LOW BASE

- In emergency setting, different models succeeded but outside of crisis were not sustained
- Engagement of communities essential but complex and resource intensive
- Different approaches to address gender were tried in later years, but still formative



## **LINKS BETWEEN M&E AND RESEARCH AND THE OVERALL HEALTH SYSTEM STRENGTHENING GOAL NOT WELL DEVELOPED**

- Little attention to measuring performance in relation to health system strengthening in M&E frameworks or performance monitoring
- Contribution of regional programs to strengthening country health systems remains challenging
- Variable research uptake and use and little investment in human health systems in relation to EIDs



## WAY FORWARD

1. Greater integration of EID work with the work of country health systems and health programs
2. Targeted investment in animal health systems
3. Embedding gender outcomes in M&E frameworks
4. Supporting skills development within DFAT to engage in policy dialogue about system strengthening approaches for regional health security
5. Research that is systems- focused with a broad remit and research governance to enhance relevance and uptake



# Thank you



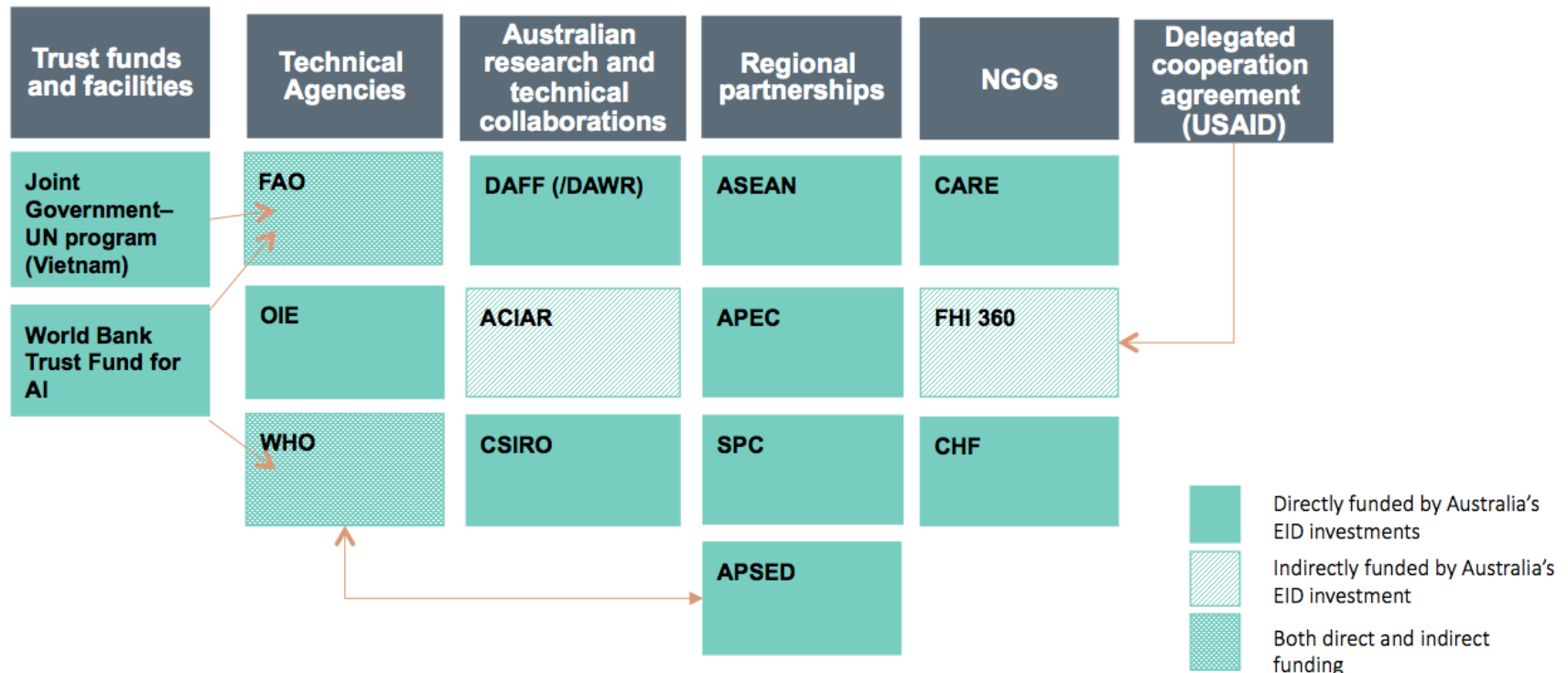
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# APPENDICES



# RANGE OF MODALITIES AND IMPLEMENTERS



**Acronym list:** UN—United Nations; AI—Avian influenza; FAO—Food and Agriculture Organization of the United Nations; OIE—World Organisation for Animal Health; WHO—World Health Organization; DAFF—Department of Agriculture, Forestry and Fisheries (formerly DAWR—Department of Agriculture and Water Resources); ACIAR—Australian Centre for International Agricultural Research; CSIRO—Commonwealth Scientific and Industrial Research Organisation; ASEAN—Association of SE Asian Nations; APEC—Asia Pacific Economic Cooperation; SPC—Secretariat of the Pacific Community; APSED—Asia Pacific Strategy for Emerging Diseases; FHI 360—Family Health International; CHF—Cooperative Housing Foundation.

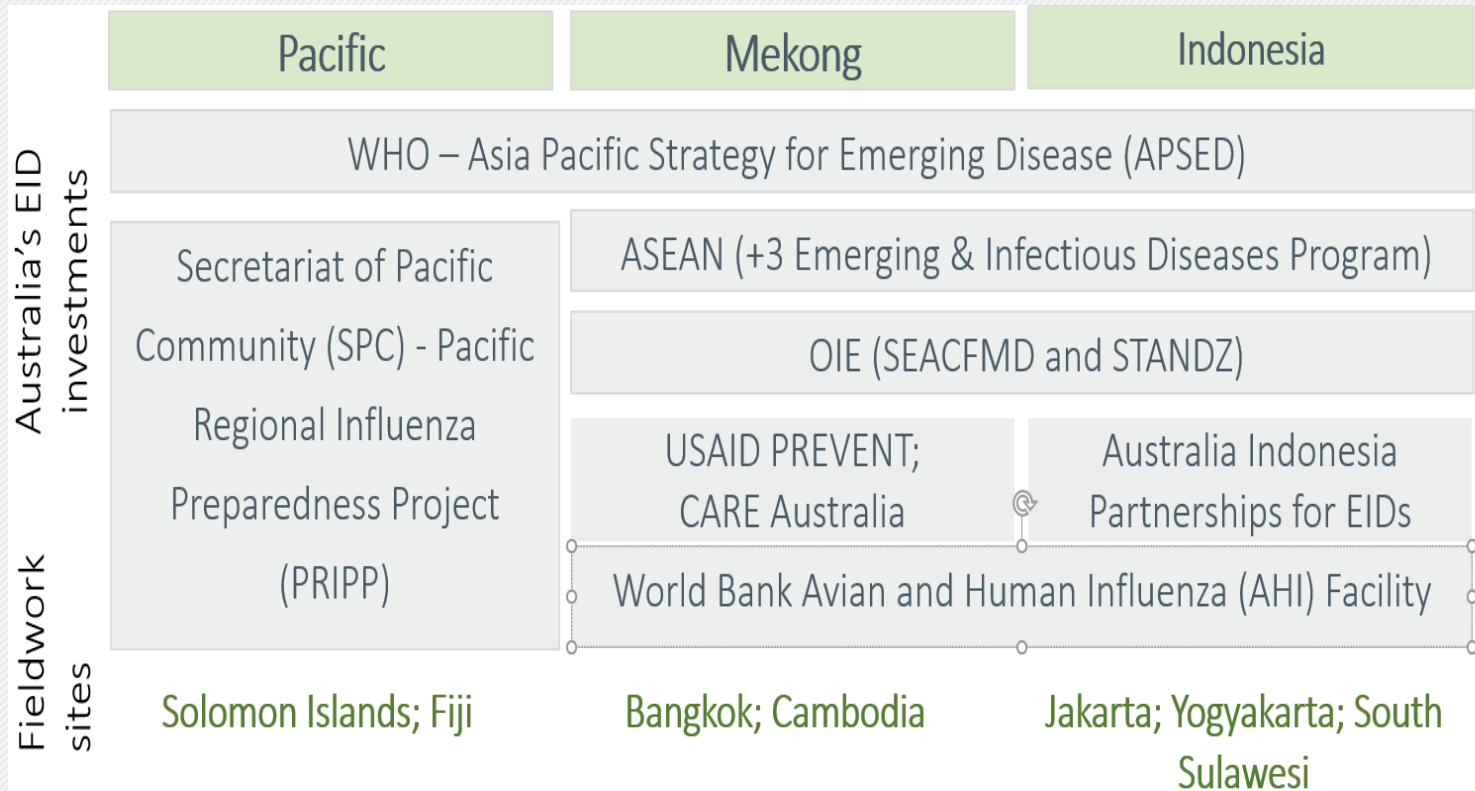
# 10 MAIN INVESTMENT GROUPS (82% OF TOTAL)

Main areas of focus*	Disease surveillance	Laboratory	Health workforce (includes FETP)	Leadership and governance	Community engagement and gender	Research and evidence	Total funding in AUD*
Indonesia EID programs	✓✓ ✓ ✓	✓	✓✓	✓✓	✓		\$59,342,412
WHO APSED	✓✓	✓✓	✓✓	✓✓	✓	✓	\$28,880,000
OIE programs	✓✓ ✓ ✓	✓	✓	✓✓	✓	✓	\$21,121,845
World Bank AHI Facility	✓✓ ✓	✓		✓	✓	✓	\$10,500,000
SPC—PRIPP	✓ ✓	✓✓	✓	✓✓	✓		\$9,101,400
APEC PEID	✓	✓		✓			\$7,821,654
CARE	✓ ✓				✓✓	✓	\$6,923,536
Timor-Leste Biosecurity project	✓	✓		✓	✓		\$5,910,339
PREVENT/LAMP	✓				✓	✓✓	\$5,892,433
ASEAN+3	✓	✓		✓✓	✓		\$4,461,766
<b>Total</b>							<b>\$159,955,385</b>

\*Key: animal figures = investments in avian influenza, FMD and rabies and mainly focused on animal health systems; = mainly focused on human health systems = focused on both animal and human health systems.



# MAJOR EID INVESTMENTS AND FIELDWORK



Triangulated data from interviews, document review and field observations

## EVALUATIVE CRITERIA BASED ON WHO BUILDING BLOCKS\* AND '4 KEY QUESTIONS'\*\*

1. Do the interventions have cross-cutting benefits beyond a single disease?
2. Do the interventions address policy and organizational constraints or strengthen relationships between the building blocks?\*
3. Will the interventions produce permanent systemic impact beyond the term of the project?
4. Are the interventions tailored to country-specific constraints and opportunities, with clearly defined roles for country institutions?

\*\* DFAT's Health for Development Strategy 2015-2010; Chee et al. Why differentiating between health system strengthening and health system support is needed. *Int J of health planning and management* 2013, 28(1):85-94

<sup>14</sup>\* WHO building blocks: Leadership and governance; Health information systems; Health financing; Health workforce; Medicines, vaccines and technologies; Service delivery