

# Evaluation of regional initiatives for PEID 2006-15?

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# Overview

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- Timely, excellent scope and shows convincingly how Australia has contributed to HSS for PEID
- Focus of talk:
  1. Mismatch between ‘Purpose’ and ‘Methods’
  2. Challenges
  3. Comments/considerations
  4. Unintended consequences that investments in ‘RHS’ or ‘GHS’ could have on ‘NHS’ of LMIC?



# Declaration

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2007-13 various projects/programs

PEID Strategy 2006-2010

PEID Framework 2010-15

SPC  
PPHSN

2009  
Evaluate Strategy → Draft framework



# 1. Mismatch between Purpose & Methods

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## **Purpose**

- “To build the evidence base on how to strengthen human and animal health systems”

## **Expectation**

Impact evaluation to determine ‘What works?’

## **Methods**

Documentary reviews and interviews

Team noted that effectiveness of individual activities were not assessed consistently at completion?

This would have limited a quality assessment of ‘What Works?’ and it was appropriate to focus on identifying ‘Gaps’



## 2. Challenges for evaluation

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Identifying **‘What works?’** Challenging as recognised by team

- Involves complex interventions in a complex system
- Lack of consensus on what a ‘health system’ is, and how to strengthen, implement and evaluate
- Multiple actors, different perspectives and interventions

HSS labelled a “laundry list”, a “black box”, a “bottomless pit”



## 3a 'What works'? An example

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### **Regional FMD control program since 1997**

An exemplary case model

Regional engagement of staff from States/Territories & CWealth, research, academic and private sectors

#### ***For consideration:***

Could this model strengthen regional initiatives in HH?

Is this a case for research to **generate the evidence base** for effective regional mechanisms



## 3b Addressing gaps - An example

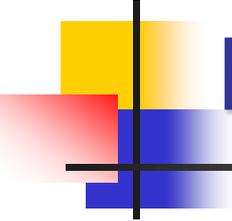
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Gaps in surveillance and transforming intelligence into effective actions, policies & programs

Attributed to “lack of attention to policy and organisational constraints” and...”lack of development of explicit strategies to strengthen broader systems” - was this because of a weak program design or implementation?

### ***For consideration***

- Integrate HSS initiatives with SDG – UHC
- Success with integrating EID-HSS in Indonesia and Solomon Is: Another opportunity to generate evidence base on “How?”



# Response to an evaluation question

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“Did initiatives address the different risks and drivers of EIDs in Asia and the Pacific?” - Addressed in part

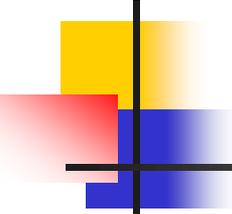
Literature: Upstream drivers originating in rich countries not being addressed by the power base, e.g. economic and trade policies and strategies (e.g. Ebola)

“Political determinants are not being addressed (Ottersen 2014)

“Global health crisis is not primarily one of disease but of governance” (Kickbush 2006)

***For consideration***

How could the new RHS contribute?



## 3c Recommendation 1a - Pacific

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Challenges of 'Small Island States' - Australia has greater leverage in the Pacific than in Asia

### ***For consideration***

Issues that could be included:

- 3 concurrent arbovirus epidemics
- High investment in EID - could it divert attention and resources away from the NCD crisis?
- Report: “still unclear what the right model for public health workforce development in the Pacific would look like” – SPC has designed a plan: ‘Strengthening Health Interventions’ (SHIP) in 2013



## 4. 'RHS' conflicts with 'NHS'?

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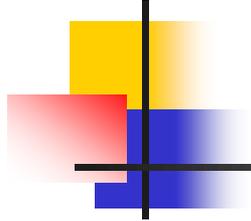
National health security is enabled when: “people and states are prepared for, protected from, and resilient in the face of health threats” - not only EIDs, but also e.g. to deaths from acute respiratory infections, diarrhea and the expanding NCD crisis

Literature: LMIC have expressed concern that current framing of 'global health security' - IHR prioritises investments in EIDs over other threats

Concern: Strategies for 'RHS' and 'GHS' could divert attention and resources from other health security needs

***For consideration***

How could the new RHS contribute?



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**Thank you**



# Effectiveness of epidemic response?

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Regional response to outbreaks is critical

Do we have evidence on 'What works?' and "How?"

Is this through APSED? Is M&E at WHO still evolving?

Is there a role for the USA-CDC model for Australia to support responses in the new RHS?

Is there a need to generate the evidence base for effectiveness in timely regional responses?