



Australian Government
AusAID

Quality at Entry Report and Next Steps to Complete Design for AusAID support to WHO Asia Pacific Strategy for Emerging Diseases (2010)

A: AidWorks details <i>completed by Activity Manager</i>			
Initiative Name:	WHO Asia Pacific Strategy for Emerging Diseases (2010)		
AidWorks ID:	INJ680	Total Amount:	\$12 million
Start Date:	May 2011	End Date:	30 June 2014

B: Appraisal Peer Review meeting details <i>completed by Activity Manager</i>	
Initial ratings prepared by:	Praveena Gunaratnam
Meeting date:	19 April 2011
Chair:	Jenny Da Rin, ADG, Health, Education and Scholarships Branch
Peer reviewers providing formal comment & ratings:	<ul style="list-style-type: none"> – Rob Condon, Independent Consultant – Graham Rady, Asia Quality Adviser
Independent Appraiser:	– N/A (partner led design which is already finalised)
Other peer review participants:	<ul style="list-style-type: none"> – Amber Cernovs, Program Manager, Health and HIV Thematic Group (also nominated gender focal point) – John Francis, Emergencies Officer, Humanitarian Emergency Response Section – Kate Fraser, Human Development Section, Pacific Division – Kristen Stokes, Policy Analyst (Health & Decentralisation), Indonesia Strategy & Sectoral Analysis Section – Praveena Gunaratnam, Program Manager, Health & HIV Thematic Group – Gerard Cheong, First Secretary – Jakarta / HIV and Emerging Infectious Diseases Program – Royce Escolar, Regional Program Manager – Bangkok/Emerging Infectious Diseases – Margaret Curran, Director - Zoonoses, Foodborne and Emerging Infectious Diseases Section, Department of Health and Ageing (DoHA) – Mark Power, Zoonoses, Foodborne and Emerging Infectious Diseases Section, DoHA

C: Safeguards and Commitments <i>(new!) completed by Activity Manager</i>		
<i>Answer the following questions relevant to potential impacts of the activity.</i>		
1. Environment	Have the environmental marker questions been answered and adequately addressed by the design document in line with legal requirements under the <i>Environmental Protection and Biodiversity Conservation Act</i> ?	No
2. Child Protection	Does the design meet the requirements of AusAID's Child Protection Policy?	N/a
3. Imprest Account	Does the business case and risk assessment support the use of an imprest account as the most efficient, effective and ethical use of Commonwealth funds in accordance with the Commonwealth Financial Framework and AusAID policy?	N/a

D: Initiative/Activity description <i>completed by Activity Manager (no more than 300 words per cell)</i>	
4. Description	<p>WHO's Asia Pacific Strategy for Emerging Diseases (APSED) (2010) is a bi regional strategy of the South East Asia (SEARO) and Western Pacific (WPRO) regional offices of WHO. APSED (2010) aims to build on the achievements of the previous five year strategy APSED (2005) in supporting partner countries to meet obligations under the International Health Regulations (IHR 2005).</p> <p>AusAID is proposing to provide \$12 million over four years towards implementation of APSED (2010), as part of operationalising AusAID's <i>Pandemics and Emerging Infectious Diseases Framework 2010-2015</i>. The framework commits to assisting partner countries to reduce the risks and impacts of emerging infectious diseases, including through strengthening adherence to normative standards of human health such as the IHRs.</p>
5. Objectives Summary	<p>The goal of APSED (2010) is to build sustainable national and regional capacities and partnerships to ensure public health security through preparedness planning, prevention, early detection and rapid response to emerging diseases and other public health emergencies.</p> <p>The objectives of APSED (2010) are to (i) reduce risk; (ii) strengthen early detection; (iii) strengthen rapid response; (iv) strengthen effective preparedness; and (v) build sustainable partnerships. The objectives will be achieved through work in eight cross cutting focus areas i.e. (i) surveillance, risk assessment and response; (ii) laboratories; (iii) zoonoses; (iv) infection, prevention and control; (v) risk communications; (vi) public health emergency preparedness; (vii) regional preparedness, alert and response; and (viii) monitoring and evaluation.</p>

E: Quality Assessment and Rating <i>(no more than 300 words per cell)</i> <i>completed by Activity Manager after agreement at the Appraisal Peer Review meeting</i>			
Criteria	Assessment	Rating (1-6) *	Required Action (if needed)
6. Relevance	<p>APSED (2010) is aligned with partner government commitments under the International Health Regulations (2005), to which all WHO member states are signatory. Taking a lead role on pandemic and public health preparedness and response, and supporting capacity building in this area, is a core mandated responsibility of WHO under the IHRs, and one in which WHO has a significant comparative advantage.</p> <p>APSED (2010) is clearly aligned with at least two objectives of AusAID's Pandemics and Emerging Infectious Diseases (PEID) Framework 2010-2015 i.e.</p> <ol style="list-style-type: none"> Promoting adherence to international standards of animal and human health; and Responding to outbreaks of EIDs where they occur. <p>APSED (2010) is also consistent with the guiding principles of the PEID framework and international thinking on EIDs, including the need to take a longer term approach and move away from funding specific diseases to building more generic capacity to respond to EIDs.</p> <p>APSED (2010) will be implemented at the national level through country workplans. There is likely to be a gap between funding needs and availability, and challenges in identifying and ensuring the highest priority and most relevant activities do get funded.</p>	5	<p><u>Revise Draft DSID</u></p> <ul style="list-style-type: none"> clarify any proposed funding split between WPRO and SEARO <p><u>During implementation</u></p> <ul style="list-style-type: none"> encourage WHO to develop a clear priority setting process, and monitor through the TAG and other review opportunities how well this process is working.

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7. Analysis and Learning	<p>APSED (2010) incorporates lessons learned from a comprehensive evaluation of APSED (2005), and a long consultation process with internal and external stakeholders. This has led to a framework which is broad and useful, but one for which there is no sense of how much funding is required or precisely what will be delivered. This is the reality of a facility type mechanism such as APSED.</p> <p>Continued AusAID support for APSED is also consistent with findings of a desk review of activities funded under AusAID's \$100 million 2006-2010 Pandemics and Emerging Infectious Diseases Initiative.</p> <p>One problematic element of APSED (2005) which is not addressed is the fact that WHO applies <i>generic</i> responses to <i>specific</i> situations, as was the case with H1N1. The next phase of APSED needs to ensure balance between generic and evidence based responses, and that there is sufficient analytic capacity and flexibility to ensure responses are cost effective.</p> <p>AusAID was and continues to be central to progress in the quality of monitoring and evaluation, including the independent evaluation was sufficiently robust through assisting WHO with the ToRs, identifying the team leader and participating in the evaluation. M&E is however still a work in progress.</p> <p>There is no clear, concise and comprehensive analysis of likely partnerships.</p>	4	<p><u>Revise Draft DSID</u></p> <ul style="list-style-type: none"> • Attach a more detailed risk management plan with specific actions, frequency and responsibilities. <p><u>During implementation</u></p> <ul style="list-style-type: none"> • Use risk management strategy and mechanisms such as the TAG to monitor big picture risks • Encourage and support WHO to develop and implement a resource mobilisation strategy • Promote through TAG and other AusAID programs, strong partnerships between WHO and other key organisations such as ASEAN and SPC • Ensure where possible that WHO adapts approaches to specific situations. This may involve AusAID contracting external technical expertise from time to time. • Continue to support strengthening of M&E, building on past engagement.

E: Quality Assessment and Rating *(no more than 300 words per cell)**completed by Activity Manager after agreement at the Appraisal Peer Review meeting*

8. Effectiveness	<p>Subject to appropriate and proactive monitoring and risk management, the activities listed under each focal area are likely to contribute to the overall goal of APSED, to objectives in AusAID's PEID framework, and to Australia's national interest.</p> <p>Complexity of the APSED document (with five objectives and 8 focal areas) leads to difficulty in defining "what success looks like". There is no logical fit or explanation of how focal areas will contribute to objectives, leading to a risk of emphasis on process over results.</p> <p>Development action will happen at the country level but:</p> <ul style="list-style-type: none"> national level plans and structures are still being defined and will largely determine how success is defined and measured within APSED; and AusAID has a particular interest in the capacity poor Mekong and Pacific countries, and will need to provide and/or encourage others to provide additional resources to see significant change in these countries. The Pacific in particular is likely to receive little attention in the broad multi-country program such as APSED, where there greater concerns in e.g. China and Indonesia. 	4	<p><u>Revise Draft DSID</u></p> <ul style="list-style-type: none"> Incorporate proposed AusAID partnership (as well as development) objectives Amend section on "implementation arrangements" to reflect that AusAID must be more active if it is to achieve maximum value from support to APSED (2010). <p><u>During implementation</u></p> <ul style="list-style-type: none"> Monitor through QAIs progress towards both development and partnership objectives Track national level management, coordination, oversight, and implementation arrangements from the beginning Ensure strong linkages are made with other relevant programs e.g. in laboratories and zoonoses
	<p>There are country specific issues which have affected implementation in the past (e.g. slow procurement systems in Indonesia).</p> <p>AusAID needs to be realistic about what APSED (2010) can achieve. Instead of solely assessing progress against development objectives, AusAID should also define and assess progress against specific objectives of the partnership with APSED. Proposed outcomes against which AusAID should measure the effectiveness of its partnership with WHO/APSED are:</p> <ul style="list-style-type: none"> increased funding mobilised for APSED generally, and for the Mekong and Pacific in particular; improved annual IHR questionnaire, planning and review processes which facilitate continuous improvement of the program and a focus on the highest priority capacity building needs; an enhanced and pragmatic M&E system which will provide improved defensible and adequate information on evolving priorities, APSED's effectiveness in achieving its objectives, efficiency of management and lessons learnt to improve future activities; WHO SEARO learns from and slowly catches up with WPRO in management of APSED (will be the hardest to achieve); Enhanced linkages and information sharing with AusAID bilateral and regional programs, and humanitarian emergency response. 		<ul style="list-style-type: none"> Actively seek to channel more AusAID funds to APSED, including by potentially earmarking to the Mekong and/or Pacific; Support WHO to develop M&E framework which matches IHR questions to APSED objectives and focus areas.

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9. Efficiency	<p>The APSED (2005) and AusAID PEID Strategy evaluations suggest that the type of "Strategic Actions" proposed for each focus area are appropriate to the context and generally likely to represent value for money.</p> <p>Provided they ensure mutual accountability, the annual higher order oversight of the RCMs and the more active reporting to the TAG will help to ensure that implementation arrangements are harmonised with other donors. The fundamental design concepts of APSED 2010 reflect a conscious effort to maintain alignment with and to strengthen partner government systems. WHO is already a trusted technical partners and well positioned within Ministries of Health in many countries.</p> <p>Activities and the individual roles and responsibilities of development partners and countries are not yet identified.</p> <p>Working through this modality and seeking to improve it through intervening in strategic areas such as gender and M&E (rather than the health technical issues) is the most efficient and perhaps effective way to address EID capacity building needs in the Asia Pacific region.</p>	4	<p><u>Revise Draft DSID</u></p> <ul style="list-style-type: none"> • N/A <p><u>During implementation</u></p> <ul style="list-style-type: none"> • Monitor efficiency and related aspects of the risk management through the TAG • Remain proactive on the issues of gender and monitoring and evaluation. • Use higher level engagement under the <i>AusAID – WHO Partnership Framework 2009-2013</i> to reinforce key messages and push for improvements across WHO as a whole in the capacity of country offices, gender, and evaluation. • Link where possible the work of APSED with other bilateral and regional programs.
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E: Quality Assessment and Rating *(no more than 300 words per cell)**completed by Activity Manager after agreement at the Appraisal Peer Review meeting*

10. Monitoring and Evaluation	<p>It is a significant challenge to establish a pragmatic and yet adequate system that meets accountability and learning needs, let alone one which can assess capacity building by all stakeholders engaged in EID and other public health emergencies across the region. APSED (2005) was problematic and AusAID made a significant contribution to improving the evaluation of that phase and raising the priority of M&E for APSED (2010). In this phase we have channelled the APSED-WHO stakeholders towards:</p> <ul style="list-style-type: none"> • using the evolving IHR questionnaire framework as much as possible and rationalising the other parallel systems developed by other stakeholders. The IHR questionnaire does not handle cross-cutting or multisystem issues particularly well; • promoting discussion around a minimal set of additional (to IHR) questions or information gaps, • encouraging WHO to place greater resources and emphasis on the annual IHR questionnaire process as a consultative multi-sectoral (and maybe donor) capacity building review and planning exercise. This annual process is meant to be a more comprehensive and useful process than conducting a mid term review for 3-4 countries, • building on the assessing progress with the national work plans, and • committing more resources and emphasis to M&E (largely for annual monitoring and a near-end evaluation). <p>However, this process is far from finished and WHO/partners have inadequately discussed:</p> <ul style="list-style-type: none"> • the methods for gathering the IHR information; • promoting multi-sectoral analysis, discussions and forums; • the need to ensure that all indicators are both qualitative and qualitative in nature where appropriate; and • the need for the TAG agenda to embrace more than health technical issues. <p>Currently there is no match between the IHR questions, the supplementary indicators and the APSED objectives.</p>	3	<p><u>Revise Draft DSID</u></p> <ul style="list-style-type: none"> • incorporate further detail about required improvements to the M&E system <p><u>During implementation</u></p> <ul style="list-style-type: none"> • continue to push and support WHO to develop an adequate, straightforward M&E system, through an in kind contribution of the Asia Quality Adviser's time and other inputs as required; • consider earmarking funds towards M&E if sufficient progress is not being made; • emphasise the importance of adequate M&E in the TAG and in bilateral discussions with WHO

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11. Sustainability	<p>Although the "Strategic Actions" for each focus area are, in many cases more "action" than "strategic", they generally represent the type of interventions that are likely to generate sustainable change.</p> <p>Section 5.3 of APSED (clearly addresses financial sustainability at both the national and regional (or Strategy-wide) level.</p> <p>Based on the analysis included in the APSED 2005 evaluation and the evaluation of AusAID's own first PEID Strategy, sustainable and organic improvements in partner country capacity are evident, as is the ability to internalise and incorporate lessons learned.</p> <p>All of the work under APSED will be consistent with priorities established in national work plans, focused on key partner agency staff and delivered largely by WHO and/or its technical specialists. However:</p> <ul style="list-style-type: none"> activities are likely to be "lite touch" e.g. workshops, meetings, creating networks, needs assessments and creating guidelines/protocols etc; and 	5	<p>Revise Draft DSID</p> <ul style="list-style-type: none"> incorporate short section on sustainability <p>During implementation</p> <ul style="list-style-type: none"> assess national and regional level workplans for sustainability when available, subject to AusAID staff capacity; assess progress and sustainability through the TAG and specifically analysis of the IHR questionnaires; seek to mobilise additional funding (as above); and monitor through the TAG financial sustainability and the ability of partners to mobilise contingency plans quickly in the event of a public health emergency or an event with trans-border implications.
	<ul style="list-style-type: none"> the likely gap between needs and funding availability cast doubt on the likely level of sustainable significant change. 		
12. Gender Equality	<p>A gender framework for addressing EIDs has been finalised but the strategy for implementing it is not clear. Gender is not explicitly addressed in the M&E arrangements apart from specific questions in the IHR questionnaire.</p>	4	<p>Revise Draft DSID</p> <ul style="list-style-type: none"> N/A <p>During implementation</p> <ul style="list-style-type: none"> ensure gender is incorporated into the ASPED M & E system promote and monitor through the TAG and other mechanisms the roll out and uptake of the gender framework in the implementation of ASPED at regional and country levels encourage WHO to develop and roll out stand alone manual on gender and EIDs, similar to what has been done in other areas such as malaria.

*** Definitions of the Rating Scale:**

Satisfactory (4, 5 and 6)		Less than satisfactory (1, 2 and 3)	
6	Very high quality; needs ongoing management & monitoring only	3	Less than adequate quality; needs to be improved in core areas
5	Good quality; needs minor work to improve in some areas	2	Poor quality; needs major work to improve
4	Adequate quality; needs some work to improve	1	Very poor quality; needs major overhaul

E: Next Steps *completed by Activity Manager after agreement at the Appraisal Peer Review meeting*

Provide information on all steps required to finalise the design based on <i>Required Actions</i> in "C" above, and additional actions identified in the peer review meeting	Who is responsible	Date to be done
1. Finalise minutes of appraisal peer review	HHTG	27/04/2011
2. Final QAE with agreed ratings and actions submitted to chair for sign off	HHTG	27/04/2011
3. Revise design summary and implementation document in line with QAE	HHTG	29/04/2011
4. FMA 9 method and outcome approval secured	HHTG	Mid May 2011
5. Exchange of Letters with WHO negotiated and finalised	HHTG	End May 2011
6. Engage in and monitor implementation of APSED (2010) as per recommendations above.	HHTG/ AusAID East Asia Regional Quality Adviser/ relevant country, regional and thematic programs	Ongoing

F: Other comments or issues *completed by Activity Manager after agreement at the APR meeting*

- N/A

F: Approval *completed by ADG or Minister-Counsellor who chaired the peer review meeting*

On the basis of the final agreed Quality Rating assessment (C) and Next Steps (D) above:

- ☒ **QAE REPORT IS APPROVED**, and authorization given to proceed to:
- ☒ **FINALISE** the design incorporating actions above, and proceed to implementation
- or: ☐ **REDESIGN** and resubmit for appraisal peer review

- ☐ **NOT APPROVED** for the following reason(s):
- _____
- _____
- _____

Jenny Da Rin

signed: 29/4/11
< date >**When complete:**

- Copy and paste the approved ratings, narrative assessment and required actions (if any) (table D) into AidWorks
- The original signed report must be placed on a registered file