



Annual thematic performance report 2009: Health

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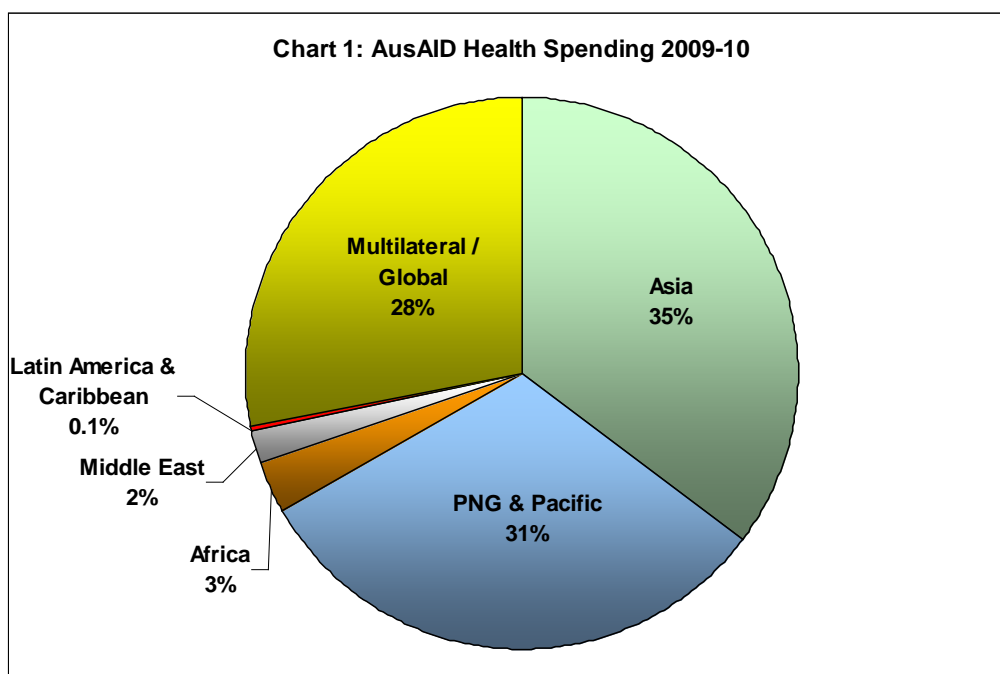
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health services through agencies such as the United Nations (UN) or international NGOs. AusAID provides support through a range of complementary aid mechanisms: sector budget support; pooled funding; core and earmarked support for international health funds and UN agencies; NGO grants; contractor-managed technical assistance; and direct government to government policy dialogue.

In 2009-10, AusAID invested over \$490 million in development assistance for health, an increase of approximately 15% from 2008-09. This represents approximately 13% of total Australian ODA. \$192 million (or 39%) was spent on health governance and sector-wide activities², which largely relates to supporting a country's health service delivery system by improving policy development and administrative management capacities. Another \$120 million (24.5%) supported prevention and treatment of sexually transmitted diseases, including HIV/AIDS. \$59 million (12%) went to basic health care, including infrastructure and nutrition. Tackling infectious diseases such as malaria and influenza accounted for \$53 million (11%). Finally, \$34 million (7%) was spent on population policies and reproductive health and another \$32 million (6.5%) was invested in medical education, research and services.

AusAID provided support to health programs and activities in 52 countries as well as funding for several regional/global programs. Papua New Guinea was the largest recipient of health related ODA through AusAID's bilateral programs, receiving \$83.9 million in 2009-10. This is followed by Indonesia (\$26.9 million), Pakistan (\$22.4 million), Cambodia (\$21 million), Solomon Islands (\$20.3 million), Vietnam (19 million), Bangladesh (\$18 million), and East Timor (\$16.9 million). Chart 1 provides a breakdown of AusAID health spending by region in 2009-10.



² AusAID's expenditure is reported against internationally agreed OECD DAC codes (Development Assistance Cooperation), which are grouped by key health intervention areas in AusAID's annual budget. "Health governance and sector-wide activities" includes interventions to improve the delivery of key health services in developing countries at all levels (national, provincial and local).



Multilateral organisations remain key partners for AusAID's health program. Over a third of AusAID's health programs were channelled via a multilateral mechanism, through core as well as program specific funding. In 2009-2010, AusAID provided funding to:

- The **Global Fund to Fight AIDS, Tuberculosis and Malaria** (\$46.5 million) for prevention and treatment of the three diseases;
- **GAVI Alliance** (\$9.8 million) for immunisation in the world's poorest countries;
- UN agencies including **UNICEF** (\$28.8 million), the **World Health Organization** (\$26.5 million), the **United Nations Population Fund** (\$14.6 million) and the **Joint United Nations Programme on HIV/AIDS** (\$11.6 million) to assist countries to improve reproductive health and safe motherhood practices, combat the spread of HIV and strengthen health systems; and
- International and regional development banks including the **World Bank** (\$26.2 million) and the **Asian Development Bank** (\$10.5 million).

Major Achievements

AusAID health programs are generally making progress towards stated objectives, with programs aimed at improving health governance and basic service delivery in China, Cambodia, Indonesia and South Asia performing particularly strongly (Table 1). Internal and external reviews rate most programs highly in terms of relevance to Australian and partner country priorities, and in their effectiveness in contributing to health outcomes (Table 2).

Specific achievements include:

Strengthening Health Systems for the Poor

We are seeing progress in strengthening countries health systems to provide better services for the poor. AusAID now supports national health "sector wide" programs or their equivalents in Cambodia, the Solomon Islands, Nepal, East Timor, Samoa and Papua New Guinea and is moving in that direction in Vanuatu and Tonga. These programs focus on improving basic services by addressing fundamental health system constraints (e.g. planning, procurement, training health workforce) and increasing service funding. AusAID's engagement in Cambodia's health sector program has contributed to important health outcomes, including an increase the proportion of poor households covered by health and other welfare benefits from 57% in 2008 to 73% in 2010. Joint donor assistance to the Government of Nepal is also yielding results, for example a reduction in the under five mortality rate from 61 deaths per 1000 live births in 2006 to 50 deaths per 1,000 live births in 2009.

A recent evaluation of Australian aid to health service delivery in Papua New Guinea, Solomon Islands and Vanuatu illustrated that AusAID funds can be crucial in maintaining frontline services in those countries, as was the case during the conflict in the Solomon Islands. Other contributions include ensuring adequate amounts of drugs and medical supplies reach facilities and supporting policy reform, such as the passage in Papua New Guinea of legislation which will prioritise future growth in government health grants in the most disadvantaged areas.

Other health systems strengthening achievements include:

- ☐ Addressing health workforce shortages by doubling nursing places in Vanuatu, enrolling over 6200 midwives in training in Pakistan, and providing almost 100 scholarships in areas of need for students from East Timor;
- ☐ Promoting sustainable health financing by supporting the Government of Indonesia to enshrine social health insurance in legislation; and
- ☐ Improving the quality and availability of health information as a basis for decision making. Samoa for example has just completed its first Demographic Health Survey.

Maternal and Child Health

Supporting countries to **reduce child mortality (MDG4)** and **improve maternal health (MDG 5)** continue to be high priorities for AusAID. Access to quality health services such as skilled birth attendance, emergency obstetric care and neonatal care is steadily improving in many countries, and starting to yield tangible outcomes. Our support to sector programs supports these improvements and access to basic services. With AusAID support, skilled birth attendance has increased from 19% (2006) to 33% (2009) of all births in Nepal, 58% (2008) to 63% (2009) in Cambodia, and 35% (2008) to 46.7% (2009) in East Timor. In East Timor, infant mortality has decreased from 60 deaths per 1,000 live births (2003) to 44 deaths per 1,000 live births. Infant mortality also halved in Nauru from 44 to 22 deaths per 1,000 live births between 2002 and 2009.

In the Philippines 48,000 pregnant women now have better access to obstetric and neonatal care, due to training of 650 rural midwives and provision of supplies to 145 health centres. In one pilot district of Bangladesh, increases in the number of women benefiting from antenatal visits and skilled birth attendance has resulted in the maternal mortality ratio decreasing by a third from 257 to 171 deaths per 100,000 live births between 2007 and 2009 alone.

Immunisation rates are also increasing. Over 900,000 children in Papua New Guinea were vaccinated against measles in 2009, with rates surpassing 95% in six provinces. In East Timor, the under five immunisation rate increased between from 35% in 2003 to 53% in 2009. Immunisation programs are reaching 100% coverage in Nauru. Globally, AusAID support to the GAVI Alliance has contributed to immunisation of over 257 million children and prevention of 5.4 million deaths.

In 2009-2010, support to UNFPA also enabled access to sexual and reproductive health services and supplies in conflict and disaster affected countries such as Sri Lanka and Pakistan.

Communicable Diseases

AusAID is also supporting countries to **combat HIV/AIDS, malaria and other diseases (MDG 6)**. Australia's bilateral program in Papua New Guinea – Sanap Waitim – has increased the number of HIV counselling and testing sites from 61 (2006) to 226 (2009). This has enabled 183,000 to be tested for HIV (a five fold increase since 2006). In Indonesia, over 15,600 people were receiving antiretroviral treatment in December 2009, a 50% increase in a year. In the Greater Mekong sub region over 11,700 injecting drug users had access to harm reduction services in the second half of 2009, including clean needles and syringes, condoms, methadone treatment and primary health care. Funding to UNAIDS contributed to ongoing advocacy efforts. In 2009 for example, the report of the Commission on AIDS in the Pacific was launched, drawing global attention to Papua New Guinea's HIV epidemic.

In the Solomon Islands and Vanuatu, AusAID's Pacific Malaria Initiative has effectively complemented Global Fund support and helped increased the coverage of malaria control



interventions such as insecticide treated bed nets. The number of malaria cases has halved from 199 to 77 per 100,000 in the Solomon Islands between 2003 and 2009, and by 80% to per 100,000 in Vanuatu in the same period.

Emerging Infectious Diseases (EID) and Non-Communicable Diseases (NCD)

AusAID funding to combat **pandemics and emerging infectious diseases** in the Asia Pacific region has improved surveillance and response to infectious disease threats, and better detection and diagnosis of diseases with pandemic potential such as Pandemic (H1N1) 2009. Support to WHO facilitated the establishment of field epidemiology training programs in countries like Lao PDR, which will address significant public health human resource needs in dealing with infectious diseases.

On the **non communicable diseases** side, the Pacific 22-1-2 program is helping Pacific Island countries and territories develop and implement national priorities. The Tonga Health Promotion Foundation was established in 2009 and will help support healthy lifestyle activities in that country. The Cook Islands “Avarua Health Promoting School Program” achieved a decrease in the percentage of overweight students from 27% to 21% in just one year.

Portfolio Review: Lessons and Challenges

Table 1 below shows that most bilateral program objectives are on track or partly achieved. The analysis highlights significant constraints to achieving the stated objectives in countries such as PNG and East Timor. This is partly due to the high ambition of these objectives in challenging and resource constrained contexts. In response, AusAID country teams have taken significant steps to work with government and other development partners to reorientate its sector programs to address critical health systems constraints. This includes focusing on provincial and district service delivery; improving monitoring and evaluation (M&E); and addressing constraints to the poor accessing health services.

The Quality at Implementation (QAI) summary (Table 2) shows that the focus of the bilateral program is highly relevant to AusAID’s overall objectives in health. However, it highlights M&E and “sustainability” as critical issues to address. This means 1) ensuring we have logical M&E frameworks with quantifiable indicators and baselines in place for all programs. In most cases these should be developed with counterpart governments and development partners; and 2) structuring investments and policy engagement to ensure programs have an impact beyond the life of AusAID funding. In most cases, this means better integrating these investments into countries own health reforms and delivery systems.

Whilst, multilateral partners make a key contribution to AusAID’s health objectives, challenges remain. Currently it is estimated that health aid is provided by a combination of 40 bilateral donors, 26 UN and other agencies, 20 global and regional funds and 90 global health initiatives. A key issue is ensuring funds channelled through organisations such as GAVI, the Global Fund and the UN translate into country level support which is effectively coordinated and aligned with national priorities. AusAID staff (including posts) must engage more proactively with these organisations to maximise the value for money from these partnerships.



Table 1: Ratings of the program's progress in 2009 towards AusAID Health Objectives

APPR Region or Country	Objective	Rating in 2007-08	Rating in 2008-09	Rating in 2009-10
Africa Regional	Improving basic service delivery, particularly in food security and health	Amber	Amber	
	To support African countries in their efforts to make progress towards the MDGs (focusing on areas where Australia has experience and/or expertise – including health & HIV)			Amber
Asia Regional	Improving regional responses to transboundary development challenges (which includes Disease outbreaks - improved regional response to HIV/AIDS and emerging health issues, especially zoonotic diseases)	Amber	Amber	Amber
Cambodia	Improved management, financing, monitoring and evaluation systems for health service delivery	Green	Green	Green
China	Build capacity in selected sectors in China, in particular governance, environment and health	Green	Green	Green
	Support China's policy reform agenda in governance, environment and health		Green	Green
East Timor	Improve access to health services and rural water and sanitation	Amber	Amber	Red
Indonesia	Strengthening key elements of national and sub-national health systems: maternal and child health	Amber	Green	
	Strengthening key elements of national and sub-national health systems: HIV/AIDS and other major diseases in targeted populations	Amber	Green	
	Strengthening key elements of national and sub-national health systems: health governance and policy	Amber	Amber	
	An improved social health insurance system			Green
	Health accounts institutionalised at district level within NTT province and at the national level			Amber
	Confident use of health facilities and services for delivery of babies, ante-natal and post-natal care in NTT			Amber
	Increased HIV/AIDS prevention, care/support and treatment programs in selected regions			Green
	Strengthened leadership of the national and sub-national response to HIV/AIDS			Amber
Nauru	Assist with shifting services toward greater emphasis on primary health and preventive measures in order to place these on a more sustainable long-term footing	Amber	Amber	Amber
Pacific Regional	Improve service delivery, with a focus on health and technical and vocational education and training.		Amber	Amber
Papua New Guinea	Increased quality of and access to health services	Red	Red	Red
	Stabilise spread of new HIV infections by 2020	Amber	Amber	Amber
	Effective care and treatment of those infected by HIV	Amber	Amber	Amber



APPR Region or Country	Objective	Rating in 2007-08	Rating in 2008-09	Rating in 2009-10
	Strengthened national capacity to lead, coordinate and implement HIV response (Government/Civil society responses)	Amber	Red Amber	Amber Green
Philippines	Women's and children's health services more widely available in targeted regions	Amber	Amber	Green
Samoa	Improve health focussing on primary and preventive health	Green	Amber	Amber
Solomon Islands	Help better serve the Solomon Islands people, by Strengthening public health functions that are responsive to community health needs and improve progress towards the MDGs	Amber	Amber	Amber
South Asia	To promote good governance and contribute to improved basic service delivery (with a focus on health, education and natural resource management at the state and community level)	Green	Green	Green
Tonga	Investing in people through improved service delivery, particularly in education, technical vocational training and basic health care	Amber	Amber	Amber
Vanuatu	Improved health service delivery to populations in greatest hardship, including rural communities and informal settlements in urban areas	Amber	Amber	Amber
Vietnam	Government of Vietnam improves management, financing and coordination of the health sector	Green	Green	Amber

Note:

Green The objective will be fully achieved within the timeframe of the strategy.

Amber The objective will be partly achieved within the timeframe of the strategy.

Red The objective is unlikely to be achieved within the timeframe of the strategy.

Table 2: Quality at Implementation Reports – Rating of Objectives

	Relevance		Effectiveness		Efficiency		M&E		Sustainability		Gender Equality	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Very high quality	14	22	1	1.5	0	0	0	0	0	0	1	1.5
Good quality	35	54.5	25	39	20	31	18	28.5	16	25	22	34
Adequate	12	19	27	42.5	32	50	27	42	30	47	24	37.5
Sub-total Satisfactory	61	95.5	53	83	52	81	45	70.5	46	72	47	73
Less than adequate	2	3	8	12.5	10	16	6	25	13	20.5	12	19
Poor quality	1	1.5	2	3	2	3	3	4.5	4	6	5	8
Very poor quality	0	0	1	1.5	0	0	0	0	1	1.5	0	0
Sub-total Unsatisfactory	3	4.5	11	17	12	19	9	29.5	18	28	17	27



Conclusions and recommended actions

There are a number of challenges as Australia increases aid expenditure in the health sector. These will need to be dealt with in country and regional strategies, multilateral negotiations and effectiveness reviews, and the ways in which we manage pressures from the large number of health lobbies pressing their individual causes. As the size of our investment increases, so too will the need to clearly prioritise. To be effective, we need to develop strong evidence based positions and demonstrate how we will monitor progress and account for results. This will involve mutual accountability with partners and stronger management of our large multilateral investments to ensure value for money in our areas of interest.

Our research and management priorities will therefore need to include practical ways to address:

- Working in partnership with governments, donors and other stakeholders in a more aligned and co-ordinated way under country-leadership; including avoiding fragmentation of effort by supply-driven and vertical disease approaches to providing ODA which draw resources away from work to strengthen basic elements of the health system.
- Maximising the impact of our multilateral expenditure in countries: ensuring policy coherence and co-ordination with our bilateral programs.
- Maximising the impact and focussing on accountability for results in delivering complex health reforms. In the immediate term, this means ensuring all our major and new programs have strong M&E frameworks with quantifiable indicators and baselines to measure progress.
- Assessing the most effective aid delivery mechanisms to deliver results in each country setting including ways to accelerate progress in conflict and fragile state settings (e.g., based on factors such as development need, capacity, risk, size of Australian investment and comparative advantage). Further analysis is being undertaken to give us a better picture of the balance of approaches and aid mechanisms across our health support.
- Achieving greater equity by reducing constraints to the poor accessing services (eg, geographic, financial, cultural, gender). In the immediate term this means ensuring all our major programs and new investments have a strong poverty focus, including appropriate indicators for success.
- Strengthening the evidence base for decision-making by more targeted research and policy. Developing a clear strategy for research and knowledge generation to inform policy making and programming.
- Developing staff skills and capacity to engage on this agenda. This will involve creating specialist work streams and more in-house specialist health positions, along with professional development and training programs specifically in health sector policy and reform in low income settings and aid effectiveness, programming and delivery in the health sector.