

‘AusReady’
The Asia Pacific
Emerging Infectious Diseases
Facility

MID TERM REVIEW

1 November 2008

Note: The views and opinions in this report are those of the independent consultant and do not necessarily represent the views and opinions of AusAID or AusReady

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ACRONYMS

ACIAR	Australian Centre for International Agricultural Research
ADB	Asian Development Bank
AERAP	Australian Epidemiology Regional Assistance Program
AI	Avian Influenza
ANUE	Australian National University Enterprises
APSED	WHO Asia Pacific Strategy on Emerging Diseases
AQIS	Australian Quarantine and Inspection Service
ASEAN	Association of South East Asian Nations
ATS	Asia Transboundary Section
AusAID	Australian Agency for International Development
DAFF	Australian Department of Agriculture, Forestry and Fisheries
DoHA	Australian Department of Health and Aging
EID	Emerging Infectious Diseases
ERF	Education Resource Facility
FAO	United Nations Food and Agriculture Organisation
FETP	Field Epidemiology Training Program
GOA	Government of Australia
GOARN	Global Outbreak Alert and Response Network
HHTG	Health & HIV thematic group
HRF	Health Resource Facility
IHR	International Health Regulations
LEP	Lesser Experienced Professionals
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
NCEPH	National Centre for Epidemiology and Population Health
PICT	Pacific Island Country/Territory
PPHSN	Pacific Public Health Surveillance Network
PRIPPP	Pacific Regional Influenza Pandemic Preparedness Program
QAI	AusAID Quality at Implementation report
SEARO	WHO South East Asian Regional Office
SPC	Secretariat of the Pacific Community
TOR	Terms of Reference
UNICEF	United Nations Children's Fund
WB	World Bank
WHO	World Health Organisation
WPRO	WHO Western Pacific Regional Office

Executive Summary

The contract with ANU Enterprise (ANUE) for AusReady was signed in April 2007 however the first deployment of AusReady Advisors did not take place until mid-February 2008, in part due to weaknesses on ANUE's part. Fortunately, the utilisation of the Facility gathered momentum once AusAID program areas become familiar with using it and by 30 September 2008 there had been 12 tasks (missions requested by tasking agencies) involving 22 Advisors (9 teams, 3 individual Advisors). This included 10 tasks in 6 months, coinciding with the rate of utilisation envisaged in the Design. Nevertheless it is evident that AusReady is a relatively expensive service given that the fixed costs are borne by such a small number of taskings.

ANUE's performance in implementing suitable deployments on request has been more than satisfactory overall. ANUE has demonstrated strong initiative in sourcing expertise and accelerating requisite quality assurance processes where necessary. The mechanics of deployment have been managed efficiently evidencing sound procedures and the hard work of AusReady's full time Officer. The performance of Advisors on deployment appears to be satisfactory or better.

All AusReady Advisers deployed to date (arguably with only one exception) have been tasked and hosted by AusAID to work on AusAID programs (typically 'program cycle' tasks such as reviews). This is consistent with one of the uses specified in the Design however it was envisaged that AusReady Advisors would also play a role in assisting governments and regional and global institutions plan their prevention and preparedness activities. It was also hoped that partnerships would be established with multilaterals, most notably WHO, but this has so far been unattainable.

The Design stipulates that deployed Advisors produce and ANUE synthesise Exit Reports which provide a real time evaluation of the broader context of the deployment giving real time recommendations which perform a role "in identifying the crucial gaps for GOA assistance in the region" and provide "evidence-based analysis for program/policy development and action-oriented recommendations". These expectations have not been realised primarily because Advisors have not been tasked to work directly with regional governments, institutions or multilaterals from which vantage point they would be better able to provide the information and recommendations requested. There is provision in the Design for a 'Response Fund' to cover the cost of implementing any significant and urgent recommendations, but it has not been utilised.

The shortcomings summarised in the preceding paragraphs limit AusReady's ability to achieve its stated goal of strengthening regional capacity for the prevention of, and preparedness for, EIDs. AusReady is however contributing to regional capacity to the extent that the Advisors deployed have strengthened AusAID programs.

AusReady meets an AusAID need for access to a well managed database of experts with policy, programming and technical skills relevant to regional EID prevention and preparedness, particularly Posts and particularly in relation to fielding teams which include animal health experts. Accordingly there is a case to continue support for the maintenance of a managed EID database by some

means. It is also clear that this is a primary function and role for AusAID to fund and lead the provisions of assistance under the Australian Government aid program.

The environment for funding and activity management of the database and mobilisation services provided by the AusReady Facility has changed in the two years since the need was determined and the Facility was designed and contracted. There is no longer a case for continuing a separate funding management arrangement for the Facility. There are three key reasons for this:

- AusAID will have (by January 2009) a new Facility, the Health Resources Facility (HRF) – that will have an almost identical, but more robust, operating remit.
- There is a strong potential overlap in the consultants on the two databases, which would lead to inefficiencies.
- There is no identified funding source for an ongoing commitment to AusReady – ANUE's contract expires in April 2009 and the Pandemic Preparedness Fund will terminate in June 2010.

The number of taskings managed under Ausready (12) has been relatively small and all of them would have fitted into the scope of services of the HRF if it had been operational. Twelve taskings would not be more than 10% of the indicated total that the HRF is expected to field in a year.

The HRF should have adequate scope and capacity to cover all of the current functions of the AusReady facility and should be able to absorb the functions with reasonable cost savings in management overheads. Manageable adaptations to the Scope of Services of the HRF will be required to support it absorbing the database established by Ausready and continuing to provide technical assistance in networking with and drawing on expertise in zoonosis.

The Review team's recommendations are presented overleaf.

Recommendations

The Review team recommends as follows:

Integration of AusReady in the HRF

1. The Ausready Facility be wound up when ANUE's contract expires (April 2009) and a new separate Period Offer Deed be established by variation to the HRF contract to integrate the AusReady database and management of tasking function into the HRF.
2. The new Period Offer Deed provide for the maintenance of a distinct EID prevention and preparedness list of advisers within the HRF to ensure access to zoonosis expertise and networks to:
 - continue to support Australian funded prevention and preparedness programs; and
 - support any Australian government requirement for the rapid deployment of EID experts in the event of an outbreak in the region.
3. The new Period Offer Deed provide for the appointment of an additional (part-time) Technical Director - for EID prevention and preparedness.

EID policy, funding and implementation

4. Asia Transboundary Section (ATS) and Health and HIV Thematic Group (HHTG) seek a determination from the Executive as to the responsibility for ongoing policy and establishing funding for EID, and seek advice for managing a process of cross-Branch coordination of program implementation.

Continued Whole-of-Government engagement

5. AusAID (ATS and/or HHTG) explore with DoHA and DAFF the best means of ensuring continued engagement on EID prevention and preparedness, including deployments utilising the HRF.

Outbreak and pandemic response

6. AusAID (ATS and/or HHTG, together with the Humanitarian and Emergencies Section) review the preparatory measures for rapid deployment referred to in the Pandemic and EID Strategy, and explore the options for linking the potential need for surge response for EIDs to the new Taskforce on Deployable Civilian Capacity.

Regional capacity

7. AusAID take further steps over the next several years to review the need for and feasibility of a regionally based organisation to manage an EID database and mobilisation capacity and, if so established, to identify a potential regionally based body that may be given assistance to build its own capacity to establish and manage a similar (parallel) database and mobilisation of technical expertise in EID, which will operate separately from the HRF, but with clear links and collaborative agreements in place.

Directions to ANUE

8. In the three months leading up to the end of its contract, ANUE be requested to manage an exit strategy that will at least include canvassing of all consultants on the AusReady database to ascertain interest in or agreement to remaining on the database once it is integrated into the database of the HRF. A variation to the Ausready contract to cover this and other final reporting issues may be required.
9. For the remainder of the contract ANUE be requested to report progress in achieving outputs specified in the Logframe in the Design and in all reporting utilise the performance indicators specified in the Logframe (or other indicators agreed with AusAID). ANUE should also be requested to ensure that financial reports detail the inputs from Technical Directors under fixed costs component and show overhead coverage in the 17.5% management fee charged on each tasking budget.
10. For the remainder of contract the Technical Director be requested to engage with deployed teams/advisors e.g. by participating in their briefing and/or debriefing; and the Operations Director be requested provide advice and quality assurance on terms of reference and advisors' reports.

Introduction

In 2005, the Australian Government announced a package of \$100 million over four years (mid-2006 to mid-2010) for initiatives to combat the threat of pandemics and emerging infectious diseases (EIDs) in the region. The goal of this assistance, articulated in the *Pandemics and Emerging Infectious Diseases Strategy 2006-2010*, is to minimise the impact of EIDs, including possible pandemics, on the human health and economic development of the Asia-Pacific region, in line with Australia's national interest. AusReady is funded as part of this commitment.

AusReady was established as a means of accessing EID prevention and preparedness expertise and now includes a database of over 200 Advisors. The Facility is managed by a contractor, ANU Enterprise Pty Ltd (ANUE), in association with the National Centre for Epidemiology and Population Health (NCEPH) at The Australian National University (ANU). AusReady has broken new ground as a model for a managed database and some of the design features of AusReady have been utilised in the design of the Education Resource and the Health Resource Facilities.

AusReady is governed by a Whole-of-Government steering committee involving the Australian Agency for International Development (AusAID), the Department of Health and Ageing (DOHA) and the Department of Agriculture, Fisheries and Forestry (DAFF). The responsible area within AusAID is the Asia Transboundary Section which is responsible for the oversight of all programs funded under the Pandemics and EID Strategy.

The Review has been undertaken to fulfil plans established in the Design Document to conduct a Mid-Term Review. In practice, however, it has been done in the context of a Late-Term Review with the key focus on assessing the continuing need for the Activity and to provide advice to AusAID on options for future funding and management arrangements for the functions that have been delivered via the AusReady Facility. Details of the TOR for the Review are at Annex A.

The review was led by Bernard Broughton, an independent consultant, and assisted by Pippa Druce, Policy & Program Officer, Asia Transboundary Section, AusAID. Mr Broughton and Ms Druce travelled to Suva, Jakarta, Bangkok and Manila for consultations with AusAID and multilateral and regional agencies. The list of people consulted is at Annex B. Advice was provided by Gai Sheridan, Design Adviser, AusAID, during the drafting of the report.

AusReady's relevance

The pandemic threat

AusReady was developed in a unique moment when the threat of avian influenza was high on the political agenda and there was much pressure to develop responsive programs. Although the general sense of alarm has receded, the threat should still be considered real. In 2007, the World Health Organization of the United Nations (WHO) assessed the threat that pandemic H5N1 influenza in humans as follows:

WHO and international experts believe that the world is now closer to another influenza pandemic than at any time since 1968, when the last of the previous century's three pandemics began. The highly pathogenic H5N1 avian influenza virus, which has been circulating in poultry in parts of Asia since mid-2003, has infected more than 200 humans in 10 countries, but remains primarily a disease of birds. Should the virus acquire an ability to spread efficiently and sustainably among humans, a pandemic is expected to begin.”¹

AusAID's policy for supporting EID prevention and preparedness in the Asia-Pacific has not changed significantly since Australia's Pandemics and Emerging Infectious Diseases Strategy and AusReady were conceived, although continued support for combating EIDs will formally depend on the emerging policy agenda of the new Government.

Relevance to GOA needs

The stated premise for AusReady is that AusAID, DAFF and DOHA “require a system to easily identify and utilise technical experts who can assist with implementing activities funded under the Strategy”.² More precisely, the Gap Analysis conducted by AusAID prior to designing AusReady concluded that Australia needs a mechanism that:

- Identifies experts who can undertake prevention and preparedness type work. This could include longer term deployment to countries in the region, design missions and technical input/appraisal;
- Identifies a broader range of experts than those currently identified, for example research experts, ecosystems experts, environment experts etc; and
- Provides a simple method through which Australian government agencies can select and contract the experts above, and maintain and update the list of experts.

This Review concludes that AusAID does require such a mechanism, the primary evidence being AusAID's utilisation of AusReady. Accordingly there is a case to continue support for the maintenance of a clearly identified database of experts with policy, programming and technical skills relevant to regional EID prevention and preparedness. It is also clear that this is a primary function and role for AusAID to fund and lead the provisions of assistance under the Australian Government aid program.

This does not of itself mean that AusReady is the only or best means of meeting these needs. From January 2009 there will be an alternative means - the Health Resources Facility (HRF) that will have a similar, but arguably more robust, operating remit.

Neither DoHA nor DAFF has utilised AusReady and neither appears to have any scope for doing so. DoHA and DAFF explained to the reviewers that they don't have funds or projects to task AusReady. Moreover, DoHA and DAFF have their own networks and lists of experts, which AusReady supplements.

Relevance to regional needs

¹ WHO, 2007. Strategic Action Plan for Pandemic Influenza, WHO/CDS/EPR/GIP/2006.2a

² Design Document, FMA 9, Contract with ANUE

Australian expertise is relevant to EID prevention and preparedness in the Asia-Pacific, according to the ASEAN Secretariat and the SPC, and indeed it is more broadly relevant to human and animal health events/burden of disease in the region. The demand for EID expertise and knowledge is likely to persist and supply is likely to remain short. There is a perceived need for databases of experts. Many in the region including the ASEAN Secretariat have established or are establishing lists or databases of EID experts.

AusReady however is designed to meet AusAID's needs rather than the needs of the region and the relative expense of utilising the AusReady database and paying the fees of most of the experts registered is a barrier to the utilisation of AusReady by regional institutions and governments.

AusReady's effectiveness – output level performance

The AusReady Design includes four outputs, the first dealing with *supply* (populating the database), the second with *demand* (securing tasks for Advisors), the third with *information* (to feed into policy and programming), and the fourth with *management* (establishing operating systems, etc). Progress in delivering these outputs is assessed in the following sections.

Output 1: 'A well managed database of multisectoral and available advisors'

The Contractor, ANUE, has established a relatively well managed, vetted database of multi-sectoral expertise with skills relevant to EID prevention and preparedness programs. The AusReady database provides AusAID with access to additional expertise, most notably in communicable diseases, health systems and animal health. This expertise is drawn mainly from the private sector, but also from government and academia. Only a small proportion of those on the AusReady database are also available to AusAID via existing period offers (7%) and the overlap mainly involves program design, monitoring and evaluation generalists.³

Initial activities included developing a website and preparing and implementing a marketing campaign. ANUE's quarterly reports evidence considerable marketing activity, but there appear to have been weaknesses because there were considerable delays in populating the database. Nevertheless ANUE evidently turned this around because by 30 September 2008 there had been 287 applications, of which 203 were accepted as AusReady Advisors (18 were considered ineligible and 66 awaited either referee reports or peer review reports.) Details of the Advisors on the database as at 30 September 2008 are at Annex C.

The most common leading areas of specialisation specified by Advisors are communicable diseases 24% (48), health systems 18% (36), animal health 17% (35), and program/project management 16% (33). On the face of it this is a good spread of expertise, although ANUE indicated to the reviewers that certain animal health skill sets are still under-represented on the database.

³ Nevertheless AusAID could probably have attracted a large proportion of those now on the AusReady database by a period offer given that the largest proportion are from the private sector and a large proportion responded to advertising rather than personal networking.

The proportion of Australians is 55% (111) and the proportion who specified that they had work experience in Australia is 77% (158). A large proportion of the non-Australians are from outside our region. Only 9% (20) are from South East Asia, less than 1% (2) from Pacific Island Countries and only 1 from PNG.

In terms of employment, 63% (129) are from the private sector (including self-employed); 20% (39) are with government; 14% (29) are university based; 1.5% (3) work for NGOs; and 1.5% (3) are studying (2 for PhDs). The ASEAN Secretariat commented on the under-representation of ASEAN nationals on the database.

Most of the government employed Advisors on the database are with Australian state/territory (not federal) government health services, or from other countries. The database only includes two experts from DoHA and three from DAFF. ANUE's 1st Annual Plan refers to entering into agreements with GOA agencies to set appropriate fees, insurance coverage and permission to participate, but no such agreements have been reached.

Of the university based Advisors on the database, most (76% or 22 out of 29) are from Australian universities, but only three are from the ANU (AusAID contracted ANUE in order to tap into the expertise of the NCEPH and its alumni networks).

Women are less well represented than men - 41% (84) are female. Older professionals dominate - 68% (138) are aged 40-60 years. 75% specify that they would prefer to be deployed for more than 1 month (which is well over the average to date).

The Database is continuing to expand and AusReady's Technical Director also provides AusAID with access to formal and informal networks that continue to contribute to and supplement the database. Suitable Advisors can be added quickly if necessary. Four of the Advisors selected to date were recommended by the tasking agency and 'fast tracked' onto the database (two were recommended by AusAID Canberra, one by AusAID Fiji and one by AQIS). For its part ANUE has suggested three Advisors in response to tasking requests who were accepted by AusAID and fast tracked onto the database.

Consultations emphasised the perceived value of the Technical Director as a respected member of the human health community. This was seen as advantageous and added credibility to the Facility for the majority of those consulted.

In general the Advisors appear to be well qualified and suitably experienced in their respective fields. The majority have development consulting experience. Quality assurance/vetting processes are robust and include referee checks and peer reviews. AusAID Bangkok, however, expressed the view that the referee process was insufficient and could be improved further. With regards to the ease and effectiveness of the referee checks, referees reported that the process was simple and time-efficient. A number of potential Advisors are apparently discouraged from applying due to what they perceive to be the burden (paperwork) required of them at entry.

One of the indicators in the Logframe included in the Design is that the Advisors are available. Availability is obviously not automatic. The consultants on the database would typically be booked up well in advance. Government employees

would only be granted leave on a case by case basis. Nevertheless ANUE has reported that “a significant and manageable number of Advisors respond to alerts or inquiry of availability”.

There were considerable delays in ANUE’s finalisation of the four units of ‘distance training materials’ that are provided electronically to Advisors prior to departure. The materials include cross-cultural skills, health and security, report writing and real-time evaluation. The materials are not viewed by the Advisors interviewed as useful or necessary and it is clearly often left unread due to lack of time. The effectiveness of this approach to training is questionable (it would be fairer to describe it as a resource than training), although a more rigorous approach would involve far more time and resources of all concerned.

Output 2: ‘Effective Deployment of Advisors’

AusReady was originally to have been ready to deploy Advisors by mid-July 2007 at the end of an initial three month mobilisation phase dedicated to systems design and generating supply and demand. The mobilisation phase was subsequently extended by 1.5 months i.e. to the end August 2007. Theoretically deployments should have commenced soon thereafter, however the first deployment did not take place until mid-February 2008 (nearly six months later). This represented a very slow start, which in part appears to be attributable to poor communication and marketing by ANUE resulting in poor awareness and lack of familiarity with the facility. On the other hand it is now clear that tasking by anyone other than AusAID was unrealistic from the start.

Part of the delay can also be attributed to the timing of AusReady’s implementation. Due to the nature of the \$100m and the pre-programming of activities, by the time the facility was established many of the activities has already completed design phases. This meant that much of the remaining work was only possible once programs began reviews.

Fortunately, the utilisation of the Facility finally gathered momentum and by 30 September 2008 there had been 12 tasks (missions requested by tasking agencies) involving 22 Advisors (9 teams, 3 individual Advisors). This included 10 tasks in 6 months. The Post in Bangkok was an important champion of the facility.

The anticipated demand according to the Design was 20 “deployments per financial year.” This referred to tasks (involving typically the deployment of teams) rather than to the total number of individuals deployed. AusReady met this expectation over the six months April to September 2008. It is difficult to determine if this trend will be sustained – it depends primarily on AusAID’s programming needs in coming months.

Three of the Advisors deployed to 30 September 2008 were deployed twice (i.e. there were 22 deployments involving 19 Advisors). 16 were Australian. Only five were female. In terms of the origin of those deployed, 60% were from the private sector; 25% (4) were government employees (two from Australian state/territory health services, two from other counties, one from DAFF); and 15% (3) were university based (only one at an Australian university).

The mean duration of deployments has been around two weeks (i.e. time away not including preparation and report writing from home base). The shortest deployment has been 3 days and the longest 24.

One of the performance indicators in the Logframe in the Design is “implement suitable deployments on request”. ANUE’s performance in this regard has been more than satisfactory overall. ANUE has demonstrated strong initiative in sourcing expertise and accelerating requisite quality assurance processes to ensure that suitable expertise is available to respond to requests. The mechanics of deployment have been managed efficiently evidencing sound procedures and the hard work of AusReady’s full time Officer.

The performance of Advisors on deployment appears to be satisfactory or better. The reviewers would need to obtain and study information collected by ANUE to be any more exact. Some dissatisfaction has been expressed by users, but those concerned moderate their comments by noting that they had not anticipated sufficient lead time prior to deployment. ANUE has followed up issues raised. Many Advisors are in high demand and need to be contracted up to three months in advance to ensure their availability.

A synopsis of task assignments is included as Annex D. All AusReady Advisors deployed to date (arguably with one exception) have been tasked and hosted by AusAID to work on AusAID programs (typically ‘program cycle’ tasks such as reviews). This is consistent with one of the uses specified in the Design, however it was envisaged that AusReady Advisors would also play a role in assisting governments and regional and global institutions with prevention and preparedness activities.⁴ Initially, ANUE’s Technical Director evidently believed the hosting agency would typically be counterparts in ministries of health.⁵

AusReady is an avowedly Whole-of-Government facility and ANUE believed that DoHA and DAFF intended to task AusReady. However the two departments have advised that this was always unlikely, and indeed neither has tasked AusReady. Representatives from DoHA and DAFF have however been active participants in AusReady Steering Committee meetings and have provided technical and strategic advice about needs in the region.

It was envisaged that partnerships involving tasking and hosting AusReady Advisors would be established with multilaterals, most notably WHO. This is one of the ‘major activities’ included in AusReady’s 1st Annual Plan and it has preoccupied the Technical Director. ANUE approached WHO (WPRO and SEARO) on a number of occasions, and belatedly FAO, OIE, UNDP, APEC and the ASEAN Secretariat. But no partnerships have resulted.

The Steering Committee and ANUE concluded at least by February 2008 that WHO would not be a tasking agency, and that it might not even be possible to attract other multilaterals or any of the regional institutions as tasking agencies and ANUE should provide WHO, FAO etc. with names and contact details from the AusReady database if requested.⁶

⁴ See Design Document, Rationale for AusReady, p 7 f

⁵ See email Dr Patel to Dr Takeshi of WPRO 5 July 2007 annexed to Second Quarterly Report

⁶ “For FAO/OIE, the ASEAN Secretariat and other tasking agencies, the usual AusReady operation scheme will be offered on initial discussions but should there be issues, means for cost recovery is open for discussion.” From minutes of Third Steering Committee meeting, 21 February 2008

The reason given by WHO for not utilising AusReady Advisors is cost – both the relatively high fee rate and the 17.5% overhead. The same evidently applies to regional institutions (e.g. the ASEAN Secretariat).⁷ It is also important to note that multilaterals like WHO and FAO are typically interested in filling longer term positions (several months), which would be exorbitant at AusReady rates.

On 4 April 2008 ANUE wrote to WHO/GOARN on behalf of the Steering Committee, with a modified proposal:

The AusReady Steering Committee (ASC) wants to maximise the use of its resources and are making the database available for your organisation's use in exchange for program outcomes and performance information ...⁸

WHO has not formally replied to AusReady's letter. It is possible that WHO does not think it appropriate to collaborate in the manner requested, and that the Steering Committee and ANUE misjudged what would be seen to be appropriate. Although WHO is understood to have been formally supportive of the establishment of AusReady It is also possible that WHO has some reservations about AusAID funding for an Australian facility like AusReady, notwithstanding WHO's formal support for its establishment as a non-emergency response complement to the GOARN mechanism. The consultations the team held with WHO representatives were not able to elicit views on this that could be attributable to the organisation formally.

The question of how AusReady can contribute to GOARN remains outstanding.

Output 3: 'Synthesis and strategic analysis of deployments in light of other relevant international reporting'

The Design stipulates that deployed Advisors will produce a report which a) assesses the deployment against the Terms of Reference for the task, and b) provides a real time evaluation of the broader context of the deployment giving real time recommendations. The second part is reflected in Exit Reports required of AusReady Advisors which requires them to "assess the task assignment against the Strategy" and (in doing so) comment on:

- Systems, national and international networks and facilities for preventing and controlling communicable diseases in the host country.
- Current status, needs and priorities for controlling communicable diseases in the host country, including individual and institutional capacity.

⁷ The Steering Committee and ANUE could have asked Advisors if they would be prepared to work for a lower rate for multilaterals and regional organisations agencies. Many would agree, at least on a case by case basis if the work was interesting enough. This would however impact on ANUE financially due to the 17.5% charged on fees.

⁸ The letter continued: "ASC seeks WHO cooperation for allowing AusReady Advisors on a Task *reasonable* access to WHO staff in the field to share information relevant to the task and to conduct entry and exit interviews with a WHO counterpart to discuss the Task project plan (entry) and findings (exit). AusReady would also welcome WHO comments on draft terms of reference of the Task produced for Advisors, to gain feedback on what WHO knows about the relevant project, whether similar or related sets of activities had already been initiated by WHO or other agencies, and WHO's level of interest in wanting to work with AusReady on this project."

- Skills, experience and norms of in-country collaborating institutions (relevant local agencies, NGOs, private sector organisations and international partners such as UN agencies) for controlling communicable diseases.
- Access to resources (local personnel/counterpart, information/data, equipment, security, logistics, coordination and financial support) by the host organisation or country.
- Quality, effectiveness, and efficiency of in-country coordination mechanisms.
- Challenges faced by, and achievements of involved agencies on the ground.
- Political will and evidence of commitment by Host Agency to capacity development activities.
- Prioritising needs and gaps which could be met by further Australian Government or other assistance.

The Design further explains that the foregoing (Exit) reports, and their synthesis by ANUE, will perform a role “in identifying the crucial gaps for GOA assistance in the region”⁹ and provide “evidence-based analysis for program/policy development and action-oriented recommendations”.¹⁰ These expectations have not been realised.

There are two reasons for the inability to realise these expectations: the tasks to date have not supported the Advisors in working directly with regional governments, institutions or multilaterals from which vantage point they would be better able to provide the information and recommendations requested; and the work involved to undertake this additional analysis regarded by those Advisors interviewed as a ‘big ask’ given that they are not given additional time to prepare this report, and given that the tasks have not been appropriate to enable such analysis.

There is provision in the Design for a ‘Response Fund’ to cover the cost of implementing any significant and urgent recommendations. A budget of \$100,000 per annum was set aside for implementing agreed interventions. The Response Fund has not been utilised as no tasks undertaken by the Facility have been of a nature that required urgent follow-up actions.

The Reviewers also note that had Advisers been tasked to work with regional governments, institutions or multilaterals they may well have felt unable to share the information they gained access to. If an Advisor undertook a task for WHO, for example, it could well be considered inappropriate by WHO and the member state concerned for that Advisor to provide a side report to AusAID.

In turn ANUE has thus not produced the synthesis reports required of it, at least not of the type envisaged. The Design specified that ANUE would “collect, collate, and analyse all reports produced by experts” however ANUE appears to have concluded that there is no value in doing so. ANUE stated in the Fourth Steering Committee meeting: “Synthesis of current task reports is only justifiable if there is —added value (e.g., different perspective) to the report.”

⁹ Page 31

¹⁰ 1st Annual Plan

Output 4: Establish AusReady management and operating systems

There were evidently delays and teething problems in developing the management and operating systems needed to fulfil task requests (as was noted in AusAID's Quality at Implementation report and reflected in Steering Committee minutes). There do appear to have been some failings on ANUE's part, and perhaps some on AusAID's. In any event management and operating systems have now been established.

ANUE has not been reporting against Logframe indicators (at any level), instead reporting against means of verification (MOVs) with no reference to the indicators they should serve. This is unusual and unsatisfactory. To compound the problem, the MOVs do not relate well to the existing indicators. (In some cases the MOVs in effect introduce an additional or alternative list of indicators; in others the MOVs are cast more as supporting outcomes.).

Moreover, reports are activity focused and ANUE is only collecting a sub-set of the information foreshadowed in the Design.¹¹ AusAID appears not to have complained about these weaknesses in reporting. For the remainder of the contract ANUE should report against indicators and outputs.

In addition to fixed costs which cater amongst other things for the part-time services of the Technical Director and the Operations Director, ANUE receives a management fee of 17.5% from the budget of each tasking. Yet neither Director appears to participate in briefing or debriefing teams. One of the Advisors interviewed made a strong point in this regard, stating specifically that AusReady added "no value" in this respect. Nor do the Directors appear to check terms of reference or the standard of advisors' reports – these matters are left to the AusReady Officer. This is unsatisfactory. Additional comment on this is below under the 'Value for Money' heading.

AusReady's contribution to partner country capacity

The goal specified in the AusReady Design is "strengthen capacity for the prevention of, and preparedness for, EIDs in the Asia-Pacific region." The reviewers conclude that AusReady advisors have contributed to strengthening regional capacity for the prevention of, and preparedness for, EIDs by way of supporting and improving the quality of Australian government funded EID programs. The advisors have not however had the direct impact on regional capacity that appears to have been intended.

The purpose level objective in the PDD refers to identifying and mobilising expertise to support the implementation and review of the Pandemic and EIDs Strategy. The Strategy itself specifies that Australian assistance will help partner countries *build and maintain capacities, systems and protocols* in four main areas:

- planning and preparedness for EIDs and potential pandemics,
- improving recognition, control and prevention of EIDs,

¹¹ See Design Document, pages 30 to 31

- strengthening national animal and human health systems, and
- facilitating a rapid response to outbreaks of EIDs in animals and humans.

AusReady Advisors have not worked directly with partner countries in any of these areas, but they have worked on Australian government funded EID programs that do. Thus as mentioned above, AusReady advisors have made an indirect contribution to partner country capacity.

One of the performance indicators in the Logframe for increased regional capacity is the identification (presumably by ANUE) of “priority research/training/technical assistance areas for deployment”. No such prioritisation has been undertaken as far as the Reviewers are aware, and as mentioned, the Response Fund has not been utilised.

There is also reference to the “synthesis and analysis of systems, structures, laboratories, and workforce by advisors and other reporting”. ANUE has reported that this has been undertaken by advisors and included in their technical reports, without saying whether or not this information provides any indication/evidence of increased regional capacity. There is also reference to “report on implementation of recommendations by GOA, Hosting Agencies and other stakeholders”. But the Reviewers are not aware of any recommendations concerning EID related regional capacity building having been presented to AusAID. Recommendations have been limited to changes or adaptations to existing Australian government funded programs.

Capacity building indicators in the Logframe also include the “identification and prioritisation of trends and gaps in regional capacity” (not undertaken by ANUE as far as the reviewers are aware); “increased awareness of best practice preparedness and prevention strategies by all stakeholders” (no information on awareness of best practice collected by ANUE as far as the reviewers are aware); and “bring together relevant international expertise through partnerships with governments, universities, donors and other stakeholder” (no such partnerships established).

In addition to supporting the *implementation* of the Strategy, AusReady expertise was intended to support the *review* of the Strategy and “to provide evidence for program and policy decisions, and to provide evidence to inform GOA’s Strategy ...”¹² AusReady advisors have not played this role.

It would be fair to conclude from the foregoing that achievements to date against higher level objectives have been unsatisfactory, and are likely to remain so through to the end of the contract in April 2009. On the other hand it could be argued that the goal and purpose statements presented in the AusReady Design are unrealistic and inappropriate given that AusReady’s core purpose has always been to provide AusAID with access to a well managed, quality assured database of EID program advisors. It was unrealistic to present AusReady as a regional resource serving the needs of regional institutions given that the facility was tailored to suit AusAID’s needs and created with a clear Australian identity (‘AusReady’).

¹² AusReady Design Document

The Review team concludes that the nuances of the original intention were not reflected in the Design. AusReady was intended to “support regional preparedness planning that has a sustained and organised Australian input”. This statement appears in both the Pandemics and EIDs Strategy and in the relevant FMA9. The reference to an “organised Australian input” reflects the original gap analysis undertaken by AusAID which identified a need to “expand, streamline and systematise” Australian inputs to regional preparedness planning.

It is also relevant to note that much of the planning referred to above was already underway in the region, if not substantially completed, by the time AusReady became operational and able to mobilise advisors.

Value for money and efficiency

ANUE receives two payment streams—*fixed* costs and *variable* costs. Fixed costs are for maintaining the database and core operations. The Basis of Payment allows a total of \$674,324 over two years for fixed costs including a management fee of \$122,665, reimbursable personnel costs of \$300,051 and reimbursable program costs of \$251,608. AusReady personnel include a full time Officer and part time Operations Director (5 days per quarter) and Technical Director (4 days per quarter plus 1.5 days input per deployment report), a total per annum of at least 36 days of senior managerial time for core operations, plus the 1.5 days per tasking.

Variable costs relate to actual deployments which are paid by the tasking agency (advisors’ professional fees, per diem, travel costs, etc). In addition a management fee of 17.5% is added to each tasking note to cover ANUE’s (task specific) management and administrative costs. ANUE’s budget is based on 20 deployments per year.

It is noted above that the team could not discover evidence of any significant level of engagement by the Technical Directors in supporting the mobilisation and quality assurance for each tasking, either for the fixed input of 1.5 days nor of any additional input attributable to the 17.5% tasking management levy. Financial reports do not detail the contributions nor the costs covered by the 17.5% levy. It is suggested that AusAID should request the Facility to prepare more detailed financial reports that include a better disaggregation of the time spent by the Technical Directors and detail the actual overheads required for each tasking.

ANUE believe that the Facility adds value by “eliminating searching time, administrative time and monitoring time, in addition to value adding to the reporting.” (3rd Quarterly Report) The AusAID Posts in Fiji, Thailand and Indonesia would concur, but not necessarily the Philippines. The Bangkok Post, and the Research Thematic Group in the Canberra office similarly have some reservations as to the real value added in the area of providing EID specific technical expertise to support the development of appropriate Terms of Reference for some tasks. The main benefit identified by Posts is the time efficiency in being able to task AusReady to mobilise a multi-person team.

Deployments were viewed as efficient by the AusReady advisors interviewed (logistics of travel etc).

Nevertheless AusReady is a relatively expensive service given that the fixed costs are borne by such a small number of deployments. Moreover it is arguably inefficient to establish and maintain a database of over 200 advisors of whom only a small percentage is ever likely to be deployed.

Efficiency is discussed further in consideration of future options for AusReady (see below).

Gender equality

As noted above, women are less well represented on the AusReady database than men - 41% are female. This is not a massive discrepancy, but of the 19 advisors deployed to 30 September 2008 only 5 were female (26%).

Sex-disaggregated data is collected and the pre-deployment training materials include several paragraphs on gender equality. But ANUE has not developed a gender strategy.

Clause 5.2 (g) of the contract requires ANUE to: “Incorporate sufficient information to allow AusAID to monitor and assess the success of the services in achieving the Objectives of AusAID’s Gender and Development Policy.” ANUE has not complied.

Future directions for AusAID in addressing EIDs

Funding and contractual context

The *Pandemic Preparedness Fund* under which AusReady is funded will terminate in June 2010. Continued support for combating EIDs will formally depend on the emerging policy agenda of the new Government, and new internal budget processes within AusAID that set the parameters for future funding. A budget measure framed to support MDG 6 could encompass EID and provide an avenue for future funding.

AusReady was designed and approved for just two years and ANUE’s contract expires in April 2009. Although there is provision for AusAID to extend the contract the reviewers’ reading is that the remaining funds available under the *Pandemic Preparedness Fund* may not now be sufficient to support an extension on the current fixed rates to the end of the fund in June 2010. The ToR state that this Review is expected to find ‘a solution’ for AusReady that extends to June 2010, with scope to extend beyond, subject to further funding becoming available.

Options to consider

Although the ToR state that “AusAID would like AusReady to continue beyond April 2009” the Reviewers have interpreted this to mean that AusAID wishes to retain access to what AusReady is now in a position to deliver, that is, a well managed, quality assured database of EID program advisors, and ideally access to networks to supplement that database where necessary. Continuing the current model, based in Australia, with AusAID as the main client, is one means of achieving this.

An alternative, which the Review team has been tasked to consider, is the “phased integration of the database into an existing AusAID initiative e.g. Health Resource Facility, or ASEAN + 3 initiative”. The Reviewers have also been tasked to consider the option of “phased relocation to a Regional Organisation, technical or private organisation in the Asia region with provisions for the Pacific”.

Option 1: ‘Continue current model, in Australia, with AusAID as core client’

The current model is capable of providing AusAID with access to a well managed, quality assured database of EID program advisors, and AusAID could negotiate a contract with ANUE to manage the facility until June 2010 (i.e. until the end of the *Pandemic Preparedness Fund*). This option would be the least disruptive. Re-tendering would provide opportunities for others but it would be expensive and inappropriate given the relatively short funding horizon.

The inclusion in this option of the qualifier ‘with AusAID as core client’ is important, and renders it more realistic than it would otherwise be. AusAID and ANUE attempted unsuccessfully to present AusReady as a whole-of-government facility (for the benefit of AusAID, DAFF and DoHA) and more broadly as a regional facility (for the benefit of multilaterals including WHO, FAO and OIE, regional institutions including the ASEAN Secretariat and SPC, and countries in the region). Experience to date strongly suggests that AusAID would continue to be the core client.

The reasons for considering alternatives are cost-effectiveness and general efficiency. AusReady is perceived to have relatively high fixed costs (leaving aside variable costs) for a relatively low number of deployments, although no comparable data has been presented to the Reviewers. ANUE have argued that “the direct cost of engaging AusReady is the same or perhaps even less than other methods at AusAID’s disposal, and when you weigh in indirect costs is less (indirect costs such as AusAID staff time to find people, contract them, and monitor them).”¹³ The “other methods” presumably refers to period offers and small value contracts. The Reviewers are not in a position to make such a comparison, and hard data is not available in AusAID about the operating and overhead costs of AusAID staff establishing and using the range of period offer alternatives. The reviewers note that the environment within AusAID for obtaining these types of services has changed with the pending establishment of the new Health Resource Facility (to be available from January 2009) the features of which more fully meet AusAID’s expressed needs.

Option 2: ‘Phased integration of database into an existing AusAID initiative’

The Health Resource Facility (HRF) was not available at the time the Ausready Facility was established, but once it is it will be very difficult to justify the cost and overhead of two separate facilities that mirror each other in scope and operational capacity. The number of taskings managed under Ausready has been small and all of them would have fitted into the scope of services of the HRF if it

¹³ 3rd Quarterly Report

had been operational. The number of taskings (12) would not be more than 10% of the indicated total that the HRF is expected to field in a year.

Also, there is a strong potential overlap in the consultants on the two databases. The two leading areas of specialization on the AusReady database are 'communicable diseases' and 'health systems' (together accounting for 42% of advisors). The generalists (who specified 'program/project management') could certainly contribute to either HRF or AusReady. If the two facilities co-existed convergence of some kind would be desirable, not only from AusAID's perspective but also from that of advisors on either database.

Additionally, the HRF provides for AusAID to "have prompt access to high-quality analysis/synthesis reports and policy advice on a wide range of health and HIV topics". This could include EID.

For the foregoing reasons it is assessed that the future HRF will have adequate scope and capacity to cover all of the current functions of the AusReady facility and should be able to absorb the functions with reasonable cost savings in management overheads. The fixed and other costs of the HRF will only be settled when a contractor / consortium has been selected, however there clearly could be a substantially higher volume of tasks and deployment through the broader HRF than is ever likely to be the case for AusReady, and volume should translate into relative cost effectiveness.

Manageable adaptations to the Scope of Services of the HRF will be required to support it absorbing the database established by Ausready and to provide technical assistance in networking with and drawing on expertise in zoonosis, which is a key element of addressing emerging infectious diseases that is additional to the planned scope of the HRF. The reviewers propose that an additional Technical Director (part-time) be appointed to ensure EID prevention and preparedness expertise is adequately addressed by the contractor.

Although most AusAID respondents at Posts said AusReady provides a valuable service, particularly in easing the burden of identifying and mobilising teams of experts, not all AusAID respondents at Posts agreed that interposing a managing contractor was necessarily a good idea because it can be more straight-forward to deal with (known) consultants directly. One post emphasised that direct engagement can be advantageous in terms of negotiating a more competitive, value-for-money rate for services. These arguments would be more relevant if the choice was between establishing a period offer and a new facility. But AusReady and the HRF are facts of life and it would make little sense to replace AusReady with a period offer when the HRF is available.

The HRF Design Document includes references that could underpin integration:

The need for the services provided by the HRF will be exacerbated by new and ongoing challenges in the Asia-Pacific region, such as:

- the compelling need for greater progress with women's and children's health and other regional health burdens where poverty and gender inequality remain;
- infectious diseases (including emerging and re-emerging infectious diseases), such as tuberculosis and malaria;
- the spread of HIV;
- the threat of trans-boundary pandemics such as influenza;

- increasing prevalence of non-communicable diseases; and
- health systems issues, including human resources, health financing and service delivery.¹⁴

There are risks in transferring AusReady to the HRF. It is potentially somewhat messy adding something to a contract so soon after it is let; but it is assessed as manageable.

There could be reduced access to the networks that sustain AusReady, but the reviewers can only trust that the HRF contractor selected by AusAID is equally well networked.

The focus on animal health that has been achieved under AusReady could be diminished within the HRF. The Reviewers recommend that this be addressed by including an EID component in the HRF and the addition of a Technical Director for the HRF, focused on EID prevention and preparedness with a job description that includes animal health expertise. (Funds would of course have to be identified to accomplish this.)

There is some risk of losing some of the government and academic based experts currently on the AusReady database, that is to say, those presumably interested in work with WHO and other high profile organisations. But AusReady has not satisfied these aspirations to date and at worst asking those experts if they wish to transfer to the HRF will bring this to a head.

There is a risk of some annoyance on the part of Advisors on the AusReady database if the transfer is not well managed and advisors are expected to go through a new set of pre-qualification vetting relatively soon after the process to be admitted to the Ausready database. The transfer needs to be managed sensitively, and arrangements should be made with the HRF contractor that obviate the need for re-application, further follow up of referees etc (assuming the HRF accepts the quality assurance processes implemented by ANUE).

Option 3: ‘Phased relocation to a Regional Organisation, technical or private organisation in the Asia region with provisions for the Pacific’

The Reviewers believe that the logic of a handover to the region, even if it were feasible, is at odds with the premise for establishing AusReady to meet AusAID’s needs i.e. access to a well managed, quality assured database of EID program advisors. It is also at odds with the perceived need to secure greater recognition for Australia’s role,¹⁵ and the perception that AusReady was to also ensure that its database was to be made available to assist rapid deployment of Australian expertise into the region in the event of EID based emergencies.

Nevertheless provisions in ANUE’s contract reflect an intention to base the Facility in Australia for only two years before handing it over to a body in the Asia-Pacific. Specifically the contract provides that ANUE must within 12 months of commencement:

¹⁴ Page 13, emphasis added

¹⁵ The initial gap analysis stresses this aspect, as did the relevant FMA9, and it was addressed in the situation analysis in the AusReady PDD

... draft a Handover Plan which includes all the functions to be performed to hand over the Project to a Regional Partner Organisation in a manner which ensures the Partner Countries are able to continue the Project and in particular to manage ongoing maintenance requirements as well as any other matters specified in Schedule 1.

ANUE has provided a draft Handover Plan, which is essentially a summary adaptation of the original PDD. It has many holes but to be fair to ANUE, AusAID has not provided guidance on crucial matters, including the identity of the regional body or what funding AusAID would provide. ANUE's contract provides that it must update the Handover Plan 6 months before the end of the contract i.e. by 10 October 2008. However, AusAID is yet to provide comment on the draft provided in April. It appears the matter is on hold awaiting the outcome of this review.

The reference above to Schedule 1 (the Scope of Services) in effect provides that the selected Regional Partner Organisation should be able to continue the services provided by ANUE. This is not impossible, provided:

- a willing Regional Partner Organisation can be identified,
- AusAID is willing to commit adequate funds for the transfer and ongoing fixed costs
- the advisors on the database are willing to be transferred to a facility with a different name and managed by a regional body.

But it is unrealistic. Internal discussions in AusAID have highlighted the level of risk and resources that would be involved in adapting an Australian-sounding database comprising mainly Australian expertise to a truly regional facility 'owned' by an Asian organisation. ASEAN was often mentioned in informal discussions, however the ASEAN Secretariat has not expressed an interest and recent consultations for the EID Research Framework indicate a limited capacity to manage such an undertaking. It would also take the Pacific out of the equation.

This is not to say that there is not a commensurate need for capacity (database and mobilisation) in the region, managed by a regionally based body or bodies. But to address such a need and make this aspiration a reality would require a new strategy to actively seek out and build capacity for such a body or bodies to assume responsibility.

Amongst the regional bodies that could be considered in this light is the new regionally based body that AusAID is in the process of establishing and funding to manage an Asian region EID Research program. This body is also intended to support policy development by governments in the region and there may be synergies that will allow for it to also assume a function of maintaining a database of expertise and mobilisation capacity for regional governments or international organisations (if it is successful in its initial role of managing EID research). If this does prove to be a viable option it will not be for several years (4-6 years) and it will most likely require some additional capacity building to assume the additional role.

Broader AusAID and WoG issues

Relocating EID prevention and preparedness in AusAID

Asia Transboundary Section is responsible for all programs funded under the Pandemics and EID Strategy, but ultimately EID is an issue critical to human health and as such there is a strong case for this to come within the policy remit of the Health and HIV Thematic Group (HHTG). The Reviewers assume that the skills set and disciplines on the HHTG include sufficient breadth to cover off the issues presented by EID that extend beyond health policy. Program funding could continue to be allocated to regional and country based management provided this was within a clear program framework under the auspice of the HHTG.

This transfer would require buy-in from HHTG and the possible allocation of an additional (human) resource in that branch. While not impossible, this may need to take place via the Business unit planning process and require Branch head approval for re-allocation of a position.

Continued Whole-of-Government engagement

Continued engagement with DoHA and DAFF is in Australia's national interests in preventing the spread of pandemics to Australia, and recognises that there is substantial expertise in Australian Commonwealth and State/Territory governments in policy and systems for management of responses to EIDs. The AusReady Steering Committee will cease to exist if AusReady is integrated in the HRF, thus some other means of continuing to engage DoHA and DAFF on EID prevention and preparedness (including deployments utilising the HRF) will need to be identified or strengthened. It has been suggested that the two monthly EID interdepartmental coordination meetings could be the appropriate forum.

The role of the HRF in an EID/Pandemic Outbreak

Australia's preparedness to respond to a pandemic was discussed at the time AusReady was being developed, and consideration was given as to whether the Facility should have a role in supporting any such rapid response. It was decided that AusReady would *not play a direct role* in outbreak response (despite what the label 'Ausready' might otherwise suggest). The Design states emphatically that AusReady is not an emergency response mechanism and that its focus is preparedness and prevention activities. Similarly, it is not anticipated that the HRF will play a direct role in outbreak response. However, the HRF could be called on to provide access to experts and the ways in which this may occur should be anticipated.

The Design for AusReady anticipated the following two courses of action in the event of an outbreak in our region:

One is the GOA could provide a *bilateral emergency response*. This response will not be coordinated through AusReady but the AusReady database and expertise could be called on to provide inputs. The second action is that the global community, through WHO, could provide a *global emergency response*. It is an expressed wish by all parties (ANU, GOA, WHO) that there is a formal linkage between AusReady and WHO, such that in an emergency response WHO can have fast access to AusReady resources. In addition, other organisations such as the Food and Agriculture Organisation (FAO), the World Organisation for Animal Health

(OIE) or non-government organisations (NGOs) may also wish to have access to AusReady to source suitable experts for an emergency response. Should any organisation use AusReady in such an emergency response situation, the response will be coordinated through and managed by that organisation and it will be liable for all costs, insurances, pre-deployment briefings, provision of equipment, contracts, and payment of experts.¹⁶

Assuming the foregoing principles are still valid, the HRF could be called on to provide candidates for deployment by WHO or by the Australian Government.

There appears to be no impediment to achieving either (i.e. assisting in a global or bilateral response) if the AusReady database is transferred to the HRF. Indeed it would expand the number of suitable candidates available on one database. But provision should be made for it in a revised Scope of Services for the HRF contractor.

The Pandemic and EID Strategy briefly addresses the issue of rapid response and refers to ensuring “that procedures ... for rapid deployment are established in advance”. The Reviewers note that the “preparatory measures” referred to therein are dated and deserve to be revisited. The APEC list is for example quite possibly moribund.

Given also the advent of the new Taskforce to review and establish AusAID policy and operational management for Civilian Deployable Capacity, it seems prudent and sensible that it also reassess how AusAID should prepare to support a global and/or bilateral emergency response in the event of a pandemic outbreak in our region.

¹⁶ Emphasis added

ANNEX A TERMS OF REFERENCE FOR MID TERM REVIEW OF AUSREADY FACILITY

Note: The following terms of reference were to have been amended:

- to reflect the fact that the M&E specialist also took on the role of team leader because the original team leader was unable to travel and;
- to incorporate changes requested by the team leader.

Background

The AusReady Facility was designed in 2006 following Australia's commitment of \$100 million over four years for initiatives to combat the threat of pandemics and emerging infectious diseases in the region. The *goal* of the facility is to strengthen capacity for the prevention of, and preparedness for, emerging infectious diseases in the Asia-Pacific region. The *purpose* of the Facility is to identify and mobilise expertise that will support implementation and review of the Pandemics and Emerging Infectious Diseases strategy. There are three *outputs*:

1. A well managed database of multi-sectoral and available experts screened for quality;
2. Effective deployment of experts; and
3. Synthesis and strategic analysis of deployments in light of other relevant international reporting.

The Facility was launched in April 2007, terminating in April 2009. The overall value of the initiative is approximately \$670,000, with an additional \$100,000 per annum 'response fund' to be drawn upon post-deployment to address urgent issues at AusAID's discretion.

The Facility is governed by a Steering Committee made up of GoA partners – from AusAID, DoHA and DAFF, who meet quarterly to discuss progress and issues. The contract and quality of the Facility is managed by an AusAID program officer.

Note that when the Facility is 'tasked' to deploy advisors, it is the tasking agency that bears the costs of the expertise. The Facility contractor is paid a management fee by the tasking agency, while AusAID pays the contractor for the ongoing management costs of the Facility.

Purpose of the Mid-Term Review (MTR)

The primary purpose of the MTR is to assess arrangements for *sustainability*. Whole of government discussions have confirmed that demand for the Facility exists and reinforced that AusAID would like AusReady to continue beyond April 2009. The current design, however, is not sufficient or appropriate to guide extension or handover of the Facility. This is discussed further under the Issues section below. Given that the current design cannot meet these needs, the purpose of this review is to assess feasible options for extension as well as outlining steps to guide the transition process up to June 2010 and beyond.

In doing so, it will be necessary to examine the *effectiveness* of the current operating model of the Facility, including the identification of key constraints to achieving objectives and implementation progress; the Facility's *relevance* to

AusAID and other clients; the *efficiency* of operation (cost-effectiveness) and identify key *results* achieved.

Team composition

The MTR team will be comprised of three members including: one design/procurement specialist (either internal or external) with experience in facilities and/or AusAID procurement processes (team leader); one monitoring and evaluation specialist with prior knowledge of the facility; and one AusAID representative with knowledge of the Facility.

1. The team leader will have primary responsibility for:
 - a) Leading the team, taking overall responsibility for the MTR and the drafting of MTR reporting outputs (draft and final)
 - b) Ensuring the full participation and effective communication among nominated team members
 - c) Making key decisions regarding the review methodology
 - d) Providing recommendations regarding the sustainability of the Facility, addressing the appropriateness and feasibility of the three options for the future of the Facility as outlined in the scope
 - e) Ensuring that review assessments and recommendations are provided with an Asian/Pacific context
 - f) Providing a draft MTR report to AusAID for comments
 - g) Ensuring review outputs are of high quality and submitted according to the agreed timeline
2. The M&E specialist will have responsibility for
 - a) Assisting the Team Leader to assess information relevant to the scope of the review
 - b) Assess the effectiveness of and provide recommendations regarding the operating model and of the managing contractor.
 - c) Assessing the relevance of the Facility to AusAID and other clients and providing recommendations
 - d) Assessing the efficiency of the Facility and providing recommendations
 - e) Assess the sustainability of the current model and provide suggestions to improve sustainability
 - f) Contribute to the reporting outputs
3. The AusAID initiative manager based in Canberra will have responsibility for:
 - a) Assist the Team Leader to assess information relevant to the scope of the review
 - b) Ensure that views of relevant parties within AusAID are represented and balanced
 - c) Ensure that the recommendations are feasible from an AusAID perspective (financial, contractual, strategic)
 - d) Contribute to the reporting outputs

Skills of the MTR team members should include:

- a) Experience and demonstrated capacity in M&E
- b) Experience in conducting reviews in Asia/ the Pacific
- c) Experience and knowledge of databases in general,

- d) Experience and knowledge of facilities, procurement processes as they apply to AusAID, as well as knowledge of AusAID policies and systems
- e) Knowledge of and experience as a person deployed through the AusReady Facility

Scope

- Desk review of relevant Facility documents and reports, including steering committee minutes, financial reports against logframe in PDD (pp 26 – 28) linking performance against outputs to overall facility purpose and goal. (approx. 2 days)
 - Develop a set of key questions/issues to be explored with interviewees including : effectiveness of communications strategy, value and process of the synthesis reporting, relevance/perceived demand for Facility, funding issues for tasking agencies, etc. (1 day)
 - Consultations with AusAID Asia Transboundary Section, Health & HIV thematic group, roundtable discussion with whole of Government partners including DoHA and DAFF steering committee members (1 day)
 - Consultations with ANUE staff regarding successes and limitations of facility implementation, and discussion of key issues. (1 day)
 - Consultations either in person or by phone with key Asian and Pacific regional organisations e.g. WHO WPRO, ASEAN Secretariat, SPC, OIE, AusAID Manila, AusAID Bangkok, FAO Bangkok, AusAID Jakarta, AusAID Suva, etc.
- (approx 10 days in the field including travel)
- Draft report outlining findings on the effectiveness, relevance, efficiency of the facility. On sustainability, the report must assess the feasibility of different options for the future of the Facility including:
 - a. Continue current model, based in Australia with AusAID as main client;
 - b. Phased integration of database into an existing AusAID initiative (e.g. AusAID Health Resource Facility, ASEAN + 3 EID);
 - c. Phased relocation to a Regional Organisation, technical or private organisation in the Asia region with provisions for the Pacific;
 - d. Other;

The report will include a change management matrix to guide the transition process to June 2010 and beyond (approx 4 days)

- Attend peer review meeting to present and discuss initial findings and recommendations. Peer review participants to include key AusAID, WoG and ANUE staff.
- Respond to peer review and other feedback on draft report. Complete final report (approx 1 day)

Reporting

- Prepare **draft report** to be presented and discussed at peer review.
- Prepare **final report** incorporating recommendations from AusAID and whole of government partners. Report will be no more than 25 pages in length including executive summary and excluding key annexes.

The report will include the following sections:

- Executive summary
- Introduction
- Key findings regarding relevance, effectiveness and efficiency
- Cross cutting issues including gender and partnerships
- Current issues and risk management
- Key findings and recommendations regarding sustainability
- Discussion of the feasibility of the recommended model (risk management, clients, marketing/communications, changes to design, cost-efficiency) and a change management matrix to guide the transition process to the new operating model.
- Further conclusions and lessons learned

Indicative dates and duration

July	25 – 31	Steering Committee Meeting to finalise the TOR
August	1 – 8	TOR finalised
August	10 – 31	Identifying and procuring consultants on MTR, scheduling
August	30	Finalised contracted
September	8 - 12	Desk Study including in-Australia consultations
September	14 – 26	Field study in countries
October	9	First draft due
October	29	Peer Review
November	7	Peer Review comments to the TL
November	14	Final report due

Issues

- Whole of Government discussion has agreed that a Mid-Term review only one year into implementation is premature. Nevertheless, the duration of the Facility is such that we must find a solution for the Facility to continue beyond April 2009. Note that the Pandemic Preparedness Fund will terminate in June 2010. This review is expected to find a solution that extends to cover this period, with scope to extend beyond, subject to further funding becoming available.
- The original design envisaged that the Facility would be based in Australia for two years before being handed over to a body in the Asia/Pacific region, as per the PDD (pp24 – 28) and Operations Manual (p32). Internal discussions have highlighted the level of risk and resources that would be involved in adapting an Australian-sounding database comprising mainly Australian expertise to be truly ‘owned’ by an Asian organisation. ASEAN was often mentioned in informal discussions; however recent consultations for the EID Research Framework have stated that ASEAN’s capacity to manage programs is very low. Bearing in mind these concerns, this review aims to address the issues associated with extension or handover of the Facility.

- The Project Design Document was developed in a unique moment in time, when the threat of avian influenza was high on the political agenda and there was much pressure to develop responsive programs to address AI and other EID. Close reading of the PDD will reveal that it does not form a cohesive document, and comprises contradictory elements. Review team members should be aware of these distinct logics.
 - The first logic is that of the existing model, whereby the Facility would be based in Australia, managed by ANUE – engaged directly for their links with the NCEPH and comparative advantage in sourcing epidemiologists. The database will be comprised of Australian expertise and have an Australian identity. The Facility would be overseen by a steering committee of GoA partners: AusAID, DAFF and DoHA. AusAID and whole of government partners were to be the primary clients.
 - A second logic is mentioned in the phrase ‘handover to the region’. This suggests that the database would lose its Australian identity, move away from links with NCEPH, be comprised of mainly Asian expertise, with clients to include AusAID but also regional and international organizations, including NGOs. Elements of this logic are contradictory with the first.
 - A third element links to the first logic, and relates to lesser experienced professionals (LEPs). It is expressed in the PDD but never made explicit in the contract, operating manual or implementation of AusReady. This refers to the promotion of the ‘next generation of expertise’ from Australia. This infers that an implicit aim of AusReady is to provide an opportunity for NCEPH graduates to gain experience through participation in the database and deployment. Recently, internal discussions underlined that under no circumstances would a tasking agency pay to hire a lesser experienced professional. A different approach would be for the LEP to accompany the ‘grey-hair’ expertise at AusAID’s expense. This would be a cost-intensive exercise that could be difficult to justify as ODA.
- AusAID, like many agencies, has an existing database of expertise (AusAID period offer) that can be drawn upon to source advisors across a range of sectors. The period offer is due to be discontinued, and replaced with two Facilities – the Health Resource Facility and the Education Resource Facility. Design processes for these have involved extensive consultation. It should be noted that the current concept for the HRF mentions a predictable overlap with the AusReady Facility – Health issues cannot be expected to be completely isolated from issues of infectious and emerging infectious disease. The HRF is not yet established, but offers a potential home for the AusReady database once operational. This option requires further consideration the benefits and/or disadvantages of an eventual merger.

ANNEX B – LIST OF PEOPLE CONSULTED

Organisation/Agency	Name	Position
AusAID	Julie Delforce	Director, ATS
	Bronwyn Wiseman	East Timor
	Donna Jean Nicholson	Dili
	Martin Sly	Port Moresby
	Rosyln I'Ons	Port Moresby
	Robert Turare	Port Moresby
	Mark Wedd	Port Moresby
	Tim Wilcox	Suva
	Maria Bautista	Suva
	Dr Lynleigh Evans	Jakarta
	Thomas Pratomo	Jakarta
	Julia Landford	Bangkok
	Jim Tulloch	Health & HIV thematic group
	Susan Ivatts	Health & HIV thematic group
DoHA	Leslee Roberts	
	Nicole Fields	
	Ian McKay	
	Yasmine Gray	
DAFF	Peter Beers	
	Peter Black	
ACIAR	Doug Gray	
AusReady Aadvisor	Ross Sutton	
	David Kennedy	
ANUE	Martin Nightingale	
	Mohammed Patel	
	Nina Mines	
SPC	Tom Kydrzynski	
IFRC	Ruth Lane	
	Frank Kennedy	
	Manish Pant	
ASEAN Secretariat	Dr Ning Villa	
	Dr Somsak Pippopinyo	Assistant Director, Bureau for Economic Integration and Finance
	Femmy Mulyanti Soemantri	Technical Officer, Natural Resources Unit
WHO	Dr Jacob Kool	Suva
	Wayne Antkowiak	Manila

	Dr Graham Tallis	Communicable Diseases Surveillance and Response team leader
	Gina Samaan	Field Epidemiologist
UNICEF	Will Parks	
FAO	Dr Tony Forman	AI Emergency Response Veterinarian
	Laurie Gleeson	
OIE	Ron Abila	
USAID	Lisa Kramer	Senior Infectious Diseases advisor
European Union	Edhie Rahmat	Jakarta
NZAID/NZ Ministry of Health	Megan McCoy	Development Program Officer, Pacific Health and Education, NZAID
	Mark Jacobs	Director of Public Health, Ministry of Health
	Steve Brazier	Chief Internal Auditor/ National Coordinator Emergency Planning, Risk and Assurance at the Ministry of Health.
CDC		
CHF	Louis O'Brien	Indonesia Country director

ANNEX C**AUSREADY ADVISORS AS AT 30 SEPTEMBER 2008**

Gender			
Male	119	Female	84
Nationality			
Australian	111	American	7
Bangladeshi	4	Brunei	1
British	21	Canadian	4
Cambodian	2	Dutch	1
Chinese	1	Indonesian	4
Irish	2	Indian	4
French	2	Filipino	9
Japanese	1	German	8
Papua New Guinean	1	Pakistani	2
Malaysian	1	Nepalese	2
New Zealand	1	Russian	1
Samoan	1	Spanish	4
Sri Lankan	1	Vietnamese	3
Swiss	1	Tongan	1
Yugoslav	1	Thai	1
Age			
Less than 40 years old	46	40 - 60 years old	138
Greater than 60 years old	19		

Countries of Work Experience			
Australia	158	Bangladesh	25
Cambodia	56	China	51
Cook Islands	11	Fiji	37
East Timor	33	Indonesia	83
India	47	Lao PDR	41
Kiribati	16	Mongolia	9
Malaysia	34	New Zealand	32
Myanmar	27	Papua New Guinea	62
Pakistan	21	Samoa	25
Philippines	53	Sri Lanka	24
Solomon Islands	35	Tonga	18
Thailand	58	United Kingdom	49
Vanuatu	21	Vietnam	55
Preferred Duration of Deployment			
1 - 4 weeks	50	1 - 3 months	64
More than 3 months	87		
Preferred Role at Deployment			
Team Leader	117	Individual Advisor	189
Member of a Team	197	Resource Person at Conference	134
Daily Professional Fee Range			
Less than A\$300	22	A\$701-A\$900	44
A\$300 - A\$500	38	A\$901-A\$1100	27

A\$501 - A\$700	34	Greater than A\$1100	39
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Total Number of Advisors	203
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Area of Specialisation			
Animal Health	35	Animal Breeding	1
Agricultural Economics	1	Capacity Development	14
Clinicals	1	Disaster Relief and Recovery	2
Communicable Diseases	48	Environmental Health	4
Community Development	16	Environment & Natural Resources	3
Health Systems	36	Legislation	1
Information & Communication Systems	3	Program/Project Management	33
Social Science	3	Health Economics/Financing	2
Specific Skills & Expertise			
Animal Health		Project Management	
Agribusiness	26	Aid Coordination	50
Animal Health Care	39	Aid Management	84
Animal Health R&D	45	Donor Operations & Management	80
Food Technology & Quality Assurance		Feasibility Study	111
Quarantine	35	Financial Management	80
Veterinary Epidemiology	14	Project Planning	138
Communicable Diseases		Project Design	131
Avian Flu Preparedness	84	Project Implementation & Mgt	143
Clinical Care	73	Project M&E	147

Diagnostic Laboratory Science	47	Team Leadership	131
Pandemic Flu Preparedness	81	Community Development	
Outbreak Response & Preparedness	104	Community Development	70
Infection Control	86	Community Group Organisation	95
Infectious Diseases Epidemiology	19	NGO Operations & Devt	103
Infectious Disease Policy Dev't	104	Participatory Development	108
Infectious Disease Prevention & Control	80	Social Surveys	106
Infectious Disease Surveillance	100	Capacity Development	
Health Systems		Institutional Strengthening	85
Child Health & Development	58	Institutional Reform	92
Health R&D	87	Organisational Development	110
Health Education	98	Human Resource Dev't/Mgt	91
Health Economics	35	Training Needs Assessment	135
Health Policy Dev't	46	Training Program Dev't & Design	136
Health Promotion	93	Governance/Legislation	70
Health Service Delivery	91	Social Sciences	
Health Systems Community Devt	91	Social Policy & Planning	48
Hospital Management	35	Social Impact Assessment	60
Primary Health Care	42	Gender Impact Assessment	52
Research Laboratory	39	Environment and Natural Resources	
Women's Health	75	Environmental Impact Assessment	33
Information Systems		Natural Resource Management	28
Management Information System	30	Water Sanitation & Sewerage	31
Information Technology Systems	32	Wildlife Mgt & Conservation	20

Total Number of Advisors Deployed To-Date	22
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Gender			
Male	17	Female	5
Role at Deployment			
Team Leader	6	Individual Advisor	3
Member of a Team	13		

ANNEX D: SYNOPSIS OF TASK ASSIGNMENTS

Task 1: Desk Appraisal of a Proposal on Strengthening Capacity for Field and Laboratory Surveillance for the Philippine Bureau of Animal Industry (BAI), Department of Agriculture”.

Provision of the services of a Filipino animal health specialist (Dr Elizabeth Miranda) to AusAID Manila to assist the Philippine Office of UN Food and Agriculture Organisation (UN/FAO) and the Philippine BAI technically improve their proposal on strengthening veterinary services capacity for highly pathogenic avian influenza (HPAI) of the Philippines. The 3-day desk appraisal commenced on 16 Feb 2008 and was completed on 15 April 2008, which included a revised FAO/BAI proposal, eventually funded by AusAID. Task amount is A\$1,280.43.

Task 2: Independent Review of the AusAID Grant for the OIE South East Asia Foot and Mouth Disease (SEAFMD) Campaign from AusAID Bangkok
Provision of the services of an Australian Design/M&E Specialist/Team Leader (Dr Brian Scoullar) and an Australian Animal Health Specialist (Dr Nigel Perkins) from 3 March – 16 April 2008 for the Mid-Term Review of SEAFMD, to AusAID Bangkok. Final task amount is A\$57,133.84.

Task 3: Provision of a Project Design and Training Consultant to the 4th Training Mission on Capacity Building for Project Design Development and Review of Project Proposals

Engagement of the services of an Australian Project Design specialist (Mr Mike Freeman) for the conduct of the last training mission on capacity building for the ASEAN+3 EID Programme – Phase 2. The 12-day assignment involved the conduct of a 5-day training program in Manila, Philippines, and post-training report writing and proposal reviews in Australia. Final task amount is A\$21,647.13

Task 4: Independent Review of the ASEAN Secretariat’s ASEAN+3 Emerging Infectious Diseases (EID) Program – Phase II

Provision of the services of two Australian evaluation specialists [Team Leader/EID Specialist (Dr Ross Sutton) specified by AusAID and an M&E Specialist with Health experience (Dr Michael Dalton)], and a Regional (Southeast Asia) Animal Health Specialist (Dr Loganathan Periathamby). The field reviewed was conducted from 23 April - 23 May, followed by submission of Draft Final Report on 30 May, and the Final MTR Report on 11 June 2008. The task assignment amounted to A\$106,590.51

Task 5: Independent Review of SPC’s Pacific Regional Influenza Pandemic Preparedness Program (PRIPPP)

AusReady engaged the services of an all Australian team of four specialists: a Monitoring and Evaluation Specialist/Team Coordinator (Dr Ross Sutton), an Animal Health Specialist (Dr Philip Chamberlain), an Influenza Preparedness Expert (Dr Moira McKinnon), and a Partnerships Specialist (Dr David

Walhtisbuhl), for AusAID Fiji. The team was mobilised on 27 May 2008 at a workshop in Sydney and 3 of the 4 team members commenced field services in Suva, Fiji on 28 May 2008. Five countries were visited: Suva, Fiji; Apia, Samoa; Port Moresby, Papua New Guinea; Noumea, New Caledonia; and Port Vila, Vanuatu during the period 28 May – 2 July 2008. The draft MTR Report was submitted on 18 July 2008 which was presented at a peer review meeting in Suva on 28 July 2008, and the final MTR report was submitted on 11 August 2008. The task assignment costed A\$140,060.14.

Task 6: Baseline Research to Policy Assessment for EID in the Asia Pacific Region

A Service Order with AusAID Bangkok for the services of a National University of Singapore (NUS) Consortium led by Prof. Annelies Wilder-Smith to conduct. The NUS Team commenced their services on 19 June 2008 at a meeting held in Singapore with representatives of AusAID, IDRC and members of the EID Design Team. The Final Study Report is due on 31 October 2008, for presentation to AusAID and IDRC on 14 November 2008. Maximum contract amount is A\$65,214.

Task 7: AusAID/IDRC Design of the Emerging Infectious Diseases (EID) Regional Research Grants Program

Provision to AusAID Bangkok of the services of a Design Team Leader/EID Specialist (Dr Moira McKinnon) to lead a team of six specialists in the preparation of a design document for the EID Regional Research Grants Program which has now been named, “Asia Regional Program-Research in Emerging Infectious Disease (ARP-REID)”. The assignment commenced on 15 June 2008 and was projected to be completed by 15 October 2008. The assignment is being extended to end January/early February 2009. Maximum contract amount is projected to be A\$75,710.

Task 8: External Review of the Indonesia Animal Health EID Program

A Service Order signed with AusAID Jakarta for the provision of four specialists for the External Review (ER) of the Animal Health Component of the Indonesia EID Program from 13-29 September 2008. The Team consisted of 3 Australians: Dr David Kennedy, Team Leader; Dr Peter Beers, International Animal Health Specialist; and Mr Bernard Broughton, M&E Specialist; and one Indonesian Animal Health Specialist (Dr Yudha Fahrimal). The Draft ER Report was submitted on 12 September 2008 and the Final ER Report on 15 October 2008. Maximum contract amount is A\$150,000.

Task 9: Mid-Term Review of the AusAID-funded CARE Australia Community Based Avian Influenza Risk Reduction Program (CBAIRRP) for the Mekong Region – Phase II

Provision to AusAID Bangkok of the services of an Australian Team Leader and M&E/Public Health Specialist (Dr Susan Dawson) and an Australian Animal Health Specialist (Dr Tristan Jubb) from 7-29 September for the MTR of CBAIRRP. The Review was completed by the Team Leader/Public Health/M&E Specialist with the support of the AusAID Program Officer and CARE Australia Project Specialist as the Animal Health Specialist was forced to disengage from the Review due to a family emergency. The Aide Memoire was presented on 30 September, the draft MTR submitted on 10 October Report, and the Final MTR Report submitted to AusAID Bangkok on 22 October 2008. Maximum assignment contract is A\$131,680.

Task 10: Presenter of the ASEAN+3 EID Programme MTR Results

AusReady engaged the services of the Regional Animal Health Specialist (Dr Loganathan Periathamby) involved in the Programme MTR for 3 days to prepare and deliver a 45-minute presentation of the MTR findings at the Programme Coordination Group Meeting in Cambodia on 4-6 August 2008. The assignment cost AusAID Bangkok A\$1,157.50.

Task 11: Appraisal of the ARP-REID Design Document

Provision of the services of two independent experienced appraisers to AusAID Bangkok: a British health economist (Prof Timothy Ensor) and an Australian animal health specialist (Prof John Edwards) with extensive knowledge of research design/governance arrangements and strategies; participatory approach to multi-sectoral and multi-country projects; management arrangements and sustainability; research consortiums in the region; and understanding of EID in the Asian region. A maximum of 4 days was required from each of the independent appraisers: 2-3 days to appraise the Draft Design Document and 1 day to participate in an Appraisal Peer Review (APR) Meeting. The appraisers submitted the required reports to AusAID Bangkok on 23 September 2008, however, the APR Meeting was cancelled. Assignment contract is A\$14,889. Their services may be called again after the revision of the ARP-REID Draft Design Document in November/December 2008, and the Service Order will be extended from 30 September to 15 December 2008.

Task 12: External Review of the Indonesia Human Health EID Program

The Human Health component of the Indonesian EID Program involves AusAID's provision of support to the Indonesian Ministry of Health (MOH) through expert technical assistance to WHO-SEARO and operational costs for the MOH. AusReady is providing the services of an international Public Health Specialist/Team Leader (Dr Lance Jennings from New Zealand) and an Indonesian Public Health Specialist (Dr Rossi Sanusi) for the External Review of the Program Component from 20-29 October 2008. Draft External Review Report is due on 31 October and Final Report on 30 November 2008. Maximum contract price is A\$40,000.