

Management Response to the Evaluation of the Pacific Community (SPC) Public Health Division (PHD) Investments 2019-2024

Evaluation overview

The Pacific Community (SPC) is the principal scientific and technical organisation supporting development in the Pacific region. The Public Health Division (PHD) coordinates the Pacific region's health architecture and provides technical and capacity building assistance to countries in non-communicable diseases (NCDs); strengthening health security preparedness, surveillance and response; strengthening laboratory capacity and public health surveillance; and strengthening clinical services including nursing, infection prevention, and control (IPC), and health information systems according to the SPC PHD Business Plan.

Between 2019-24, DFAT provided AUD21.3 million in grant funding to SPC across three programs, supported by Regional Health Program, Health Security Initiative (HSI) and Vaccine Access and Health Security Initiative (VAHSI) funding:

- SPC PHD Public Health Business Plan (AUD17 million) including HSI funds (AUD3.5 million) and VAHSI funds (AUD1.9 million) – ceased June 2024
- Specialist advisers project funding from HSI (AUD1.3 million) – ceased December 2023
- Pacific Evidence Informed Policy and Programs (PacEVIPP) project (AUD3.0 million) – due to cease in December 2024

DFAT's support directly to SPC PHD constitutes approximately 60-70% of the operating budget each year and is therefore critical to the success of all of SPC PHD's work.

In November 2023, DFAT commissioned an independent evaluation of these Pacific Community (SPC) Public Health Division (PHD) investments through the Specialist Health Service (SHS) to:

- Assess the extent to which SPC PHD's DFAT-funded programs are contributing to the overall goal and vision of Pacific Islanders reaching their full potential and living long and healthy lives.
- Provide recommendations to DFAT about whether to continue funding SPC PHD's Business Plan from June 2024 onwards.
- Provide recommendations to strengthen delivery of programs and assistance into the future.

The three-person evaluation team of consultants – a team leader, a gender equality, disability and social inclusion (GEDSI) expert, and a Pacific health expert – conducted a rapid review of documents and in-country and remote interviews with Ministry of Health personnel, stakeholders in Tonga, Fiji and Solomon Islands, DFAT and SPC PHD. The evaluation team conducted supplementary interviews with SPC PHD in June 2024 to strengthen the evidence for some areas of the report, and provided a final report in July 2024.

Key findings

The evaluation team concluded there is evidence to confirm the following ratings of DFAT's investments into the SPC PHD:

Table 1. Rating of SPC PHD delivery of programs against four agreed criteria

<i>Key Criteria</i>	<i>Rating</i>
Effectiveness	Very Good
Efficiency	Good
GEDSI	Adequate
Monitoring & Evaluation	Less than adequate

The review found evidence that, through DFAT's support during the period, SPC PHD had:

- strengthened health political leadership and governance,
- strengthened health policy and legislation,
- enhanced multi-sectorial engagement to improve consultation, collaboration, and understanding of community health needs, and
- strengthened knowledge and skills in evidence-based decision making.

However, the review found that assessing the overall effectiveness of SPC PHD's work was hampered by weaknesses in monitoring evaluation and learning, particularly the lack of a baseline, end of program outcomes, and intermediate outcomes (EOPOs and IOs).

Detailed responses and the action plan against each of the recommendations from the evaluation is provided in the table on the next page.

Individual management response to the summary of recommendations

Recommendation	Summary	Response	Action Plan	Timeframe
Effectiveness	DFAT to continue supporting PHD, through flexible funding arrangements, including additional technical health experts, however future investments should clearly identify reporting requirements, IOs and EOPOs relevant to the funding arrangement with clearly articulated indicators and baselines for cumulative reporting and trend analysis over time.	Agree	<p>DFAT will provide additional funding for PHD to cover Business Plan activities, including the critical coordination of regional governance mechanisms (previously under 69292/62, ended June 2024) and incorporating this into the existing flexible funding arrangement on technical support and extending in-country delivery approaches (69294/77).</p> <p>DFAT will ensure the refreshed design includes clearly identified reporting requirements, IOs and EOPOs, and the requirement for SPC PHD to provide a baseline.</p> <p>Combining these two program agreements will consolidate most of SPC PHD's activities under a single program funding agreement at the regional level, with all small project agreements to lapse by December 2024, except the one providing support to the Pacific Clinical Services and Health Workforce Improvement Program (PCSHWIP) Phase 2.</p>	By September 2024
Effectiveness	SPC PHD to strengthen collaboration with the Human Rights and Social Development Division, particularly regarding the implementation of GESI requirements as recommended in the 2019 Gender Review of the SPC's PHD Business Plan 2019-2020 (review undertaken by SPC PHD and supported by DFAT)	Agree	<p>The recommendations of the 2019 Gender Review were, in summary:</p> <ul style="list-style-type: none"> DFAT should provide additional funding to PHD to support GESI mainstreaming, through which SPC can set regional agendas and policies and influence national responses A full-time GESI adviser dedicated to work with the PHD team should report to the Director, with a small operational budget, and should: <ul style="list-style-type: none"> Provide technical assistance to SPC PHD teams to support integration of GESI actions. 	Ongoing

			<ul style="list-style-type: none"> ○ Support the Office of the Director strategise on the positioning of GESI at the highest levels in the regional governance architecture. ○ Provide technical assistance to program designs. ○ Work with the MEL adviser on integration of GESI into the planning system and processes. ○ Facilitate the capacity building of PHD staff to achieve a set of agreed GESI mainstreaming skills. ○ Develop a toolkit of GESI tools and resources for PHD. ○ Participate in regular meetings with the Social Development Program (SDP) as the lead agency for gender mainstreaming in SPC. ○ Coordinate and participate in the roll-out of the People Centred Approach (PCA) Strategy on behalf of PHD and socialise PHD on what PCA means for them. Participate in the PCA adviser's community of practice. ○ Maintain an overview of progress on GESI and health in the Pacific through participation in regional events and through professional and academic networks and resources. <p><u>Implementation progress and remaining gaps</u></p> <p>Most of these recommendations still make sense in 2024 and should be implemented. PHD will recruit a full-time</p>	
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			<p>GEDSI and Health adviser, funded by Human Rights and Social Development (HRSD) and core SPC funds. The terms of reference for the adviser respond to the recommendations above. They will:</p> <ul style="list-style-type: none"> • Assist technical program staff with GEDSI mainstreaming activities; • Support the Office of the Director strategise on the positioning of GEDSI at the highest levels in the regional governance architecture; • Support the integration of GEDSI into new programs and PHD planning and management systems; • Support staff to develop a defined set of GEDSI skills; • Develop GEDSI and health toolkits including checklists, guidelines, templates, links to resource materials, case studies and good practice examples of GEDSI and health. <p>The engagement of this adviser is key for SPC PHD making progress in this area and DFAT will monitor and follow-up through Program Coordination Meetings.</p> <p>However, SPC PHD has made significant progress towards implementation, even without a focused adviser. DFAT will encourage SPC to continue that focus and progress and consider opportunities to strengthen GEDSI approaches for the design refresh to incorporate Business Plan activities into the current Partnerships for a Healthy Region initiative agreement.</p>	
Effectiveness	SPC PHD to continue working with FNU on the maintenance of a data repository and	Agree	SPC PHD will consider the sustainability of the FNU Repository, and how it should be funded. DFAT will not	Ongoing

	knowledge hub where IP can be placed and FNU can provide access to regional chief investigators and function as custodian for PICTs.		include a requirement that the work should be continued in its current form.	
Effectiveness	DFAT and SPC to consider a sustainability strategy to support continued effectiveness of activities and impacts beyond DFAT funding term.	Agree	The refreshed design will outline a sustainability strategy at a high level and SPC and DFAT will agree through the design on what further work is required.	Ongoing
Efficiency	DFAT to consider a single funding arrangement for streamlined management of the investment.	Agree	Over the next six months, existing agreements for regional activities will be consolidated into a single program funding arrangement, with the exception of the PSCHWIP Phase 2 project funding arrangement, which for practical reasons will remain separate until its expiry in 2026. There may be additional bilateral agreements for more specific projects, as needed (noting there is currently only one bilateral agreement).	By December 2024
Efficiency	DFAT and SPC to collaborate and determine the most appropriate reporting and documentation for future funding arrangements.	Agree	SPC and DFAT will negotiate and agree on a new template for reporting in the refreshed design, based on PHR templates.	Ongoing
Efficiency	DFAT and SPC PHD to identify ways to further harmonise/align with other Australian investments such as the bilateral health programs in each country and Pacific Women Lead.	Agree	SPC PHD has agreed to provide country level reporting to DFAT six-monthly, including activities and attributable amounts. SPC is fully participating in PHR-led country level coordination activities, such as partner meetings. Information about SPC's programs is included in country fact sheets, placemats and summaries, to enable coordination and avoid conflict with bilateral programs.	Ongoing

Gender Equity Disability and Social Inclusion (GEDSI)	DFAT should explicitly integrate GEDSI requirements in any future extension and funding arrangements. This should be completed in a coordinated and negotiated manner with SPC PHD.	Agree	This detail will be included in the refreshed design.	September 2024
Gender Equity Disability and Social Inclusion (GEDSI)	If the two-year extension period is exercised, SPC PHD should be required to implement the 2019 Gender Review recommendations as a priority.	Agree	As above – see response under Effectiveness .	Ongoing
Gender Equity Disability and Social Inclusion (GEDSI)	Any future DFAT investment should support collaboration and engagement on GEDSI with relevant CSOs, Disability Support Organisation and bilateral and regional programs including Pacific Women Lead.	Agree	As above – see response under Effectiveness .	Ongoing
Monitoring Evaluation and Learning (MEL)	SPC and DFAT should invest in strengthening MEL to ensure adequate and timely reporting against an agreed results framework with indicators to measure progress against IOs, EOPOs and impact. SPC and DFAT should agree a streamlined approach to reporting to provide DFAT with evidence to support future health investment.	Agree	MEL will be detailed in the refreshed design.	September 2024
Monitoring Evaluation and Learning (MEL)	SPC and DFAT to consider how relevant indicators can be incorporated into PowerBI for streamlined reporting and mapping progress throughout the life of program funding and beyond.	Agree	SPC PHD will provide DFAT with six monthly narrative reports one week after their Reflections meetings, and provide updates on progress towards the agreed indicators as outlined in PowerBI format, including by country focus.	Ongoing