Evaluation of The Pacific Community (SPC) Public Health Division (PHD) Investments

July 2024



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Executive Summary

Background

The Pacific region is home to an estimated 12,770,000 people and is geographically susceptible to climatic changes and natural disasters which often lead to infectious diseases. Pacific Island Countries and Territories (PICTs) have also reported some of the highest rates of obesity and diabetes globally. Non-communicable diseases (NCDs) are a leading cause of death and disability in the region.

The Pacific Community (SPC) is the principal scientific and technical organisation supporting development in the Pacific region. The Public Health Division (PHD) prioritises improving the region's multisectoral response to NCDs; strengthening health security surveillance; strengthening laboratory capacity and public health surveillance; strengthening clinical services including nursing, infection prevention, and control (IPC), and health information systems.

Between 2019-24, DFAT provided AUD21.3 million in grant funding to SPC across three programs, supported by additional HSI and VAHSI funding:

- SPC PHD Public Health Business Plan (AUD17 million) including HSI funds (AUD3.5 million) and VAHSI funds (AUD1.9 million)
- Specialist advisers project funding from HSI (AUD1.3 million)
- Pacific Evidence Informed Policy and Programs (PacEVIPP) project (AUD3.0 million)

Two of the programs ended in 2022-23 and the SPC PHD Business Plan will end in the 2023-2024 financial year. The SPC PHD Business Plan arrangement has an option to extend for a further two years depending on the outcome of this evaluation.

DFAT engaged a team of three, consisting of a Team Leader, a Pacific Regional Health Specialist and a Gender Equality, Disability and Social Inclusion (GEDSI) Specialist to undertake an evaluation of its investments (see TOR at Annex 8).

Methodology

The evaluation plan (Annex 9) outlined a three-stage approach to the evaluation:

- 1. A rapid desk review of available literature and documentation (Annex 5) which was used to collate evidence using the Key Evaluation Questions (KEQs) template (Annex 3).
- 2. In-depth Key Informant Interviews (KIIs) (Annex 6), the results of which were detailed in the KEQs template (Annex 3). Anonymised quotes noted during the KIIs are included at Annex 10.
- 3. Analysis of KIIs and literature (detailed in the KEQs template) was used to evaluate the three programs against four criteria effectiveness, efficiency, gender equality, disability, and social inclusion (GEDSI) and monitoring, evaluation, and learning (MEL) (see Annex 1, Annex 2, Annex 4, and Annex 7).

DFAT's Investment Monitoring Report (IMR) Ratings Matrix was used to assess each criterion. Ratings from the evaluation team are outlined in Table 1 below.

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

Key Criteria	Rating
Effectiveness	Very Good
Efficiency	Good
GEDSI, the environment	Adequate
Monitoring & Evaluation	Less than adequate

Evaluative summary

SPC is unique in the region (perhaps the world) in that it fosters regional collaboration, consolidates priorities, engages stakeholders at many levels and delivers an increasing range of activities that are designed to meet local needs across member Countries. While the agreed program outcomes (which are the subject of this evaluation) were not explicit in the three funding agreements, the evaluation identified that the investments were effective, with deliverables substantiated and outcomes confirmed. There was strong evidence of progress towards SPC PHD's Key Result Areas (KRAs) in many Pacific Island Countries (PICTs) and the ongoing provision of technical experts has led to lasting improvements in practices across PICTs. There was adequate evidence to confirm efficiency, however, there are areas for improvement in GEDSI and MEL. Efforts to improve GEDSI and MEL will need to be completed in a coordinated and negotiated manner with associated technical support and/or funding.

The evaluation supports the proposed two-year extension for the SPC PHD Business Plan.

Effectiveness

The evaluation found high satisfaction with SPC PHD among those interviewed. Partners, including high-level officials such as ministers and Ministry of Health (MoH) representatives, demonstrated increased and sustained engagement. Local actors, such as nurse superintendents, Infection Prevention and Control/National Control Program (IPC/NCP) coordinators, and Environmental Health (EH) managers, all highlighted the value of SPC forums and technical support.

Progress on Key Goals: There was strong evidence of progress towards SPC's Key Result Areas (KRAs) in many Pacific Island Countries (PICTs). Technical expertise (e.g. Epidemiologist to improve the capacity and coordination of field epidemiology training program (FETP) across PICTs) and legal support are being provided by SPC. This ongoing provision of technical experts has led to lasting improvements in practices across PICTs. For example, the coordinated regional Data for Decision Making (DDM) training program enhanced local capacity to utilise DDM effectively. Through adjusting existing funding or additional funding, additional technical health experts could further support PICTs through strengthening - DDM / Non communicable diseases (NCD) / Public Health (PH) / Infection, prevention, and control (IPC) - policies, practices, and procedures.

The recommendations from the 2019 Gender Review have not yet been implemented. SPC PHD should prioritise addressing these recommendations. While recent collaboration with Human Rights

and Social Development Division (HRSD) / Pacific Women Lead (PWL) to fund a GEDSI advisor is a positive step, further action is needed.

To build on the SPC/FNU relationship, which was particularly appreciated by those interviewed and those who participated in the training, SPC should continue to work closely with FNU on the roll out of the successful Data for Decision Making (DDM) training and establish and develop a data repository and knowledge hub within Fiji National University (FNU). This work has started (November 23) and provides a single place for Intellectual Property (IP) and data generated from research, projects, and training with FNU the custodian for PICTs, providing managed access to researchers and increasing capacity and capability across the region. Several of those interviewed (from SPC PHD, FNU and MOHs) commented that both research and investment IP is lost to the region due to the lack of a suitable data repository and because health research is often led by researchers residing outside PICTs. Ensuring this repository/knowledge hub remains sustainable would require consideration.

Recommendation 1: 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. Program outcomes should be clearly defined at the outset to facilitate effective reporting (both internally and to Post/DFAT) and efficient monitoring and evaluation.

Recommendation 2: SPC PHD to strengthen collaboration with the Human Rights and Social Development Division, particularly regarding implementing GEDSI requirements from the 2019 Gender Review.

Recommendation 3: SPC PHD to continue working with FNU and to conduct a sustainability review to ensure the FNU managed IP / data repository and knowledge hub remains viable and accessible.

Recommendation 4: DFAT and SPC to develop a sustainability strategy to support continued effectiveness of activities and impacts beyond DFAT funding term.

Efficiency

There was evidence of efficient financial record keeping and timely reporting to DFAT by SPC PHD. However, the current funding modality (program funding for the Business Plan and additional project funding), while integrated into the Business Plan for delivery and financial management, hinders efficiency due to misaligned timelines, different reporting requirements and project objectives which may not link to the original Business Plan or overall SPC KRAs. Stakeholders interviewed commented that the need to adapt the Business Plan in response to project funding impacted efficiency of both SPC and SPC PHD.

Recommendation 5: DFAT consider a single funding arrangement for streamlined management of the investment (result reporting to DFAT and implementation by SPC).

Recommendation 6: DFAT and SPC to collaborate and determine the most appropriate approach to reporting and documentation for future funding arrangements.

Recommendation 7: 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.

Gender equality, disability, and social inclusion

Collection of sex-disaggregated data is limited to training participation. There is limited evidence of gender analysis of the data, mainstreaming of GEDSI considerations, or reporting on GEDSI outcomes such as addressing gender-based violence. Recent collaboration with HRSD will improve and strengthen PHD's capacity in this area through the recruitment of a GEDSI Adviser

Recommendation 8: DFAT should explicitly integrate GEDSI requirements in any future extension and funding arrangements. This needs to be done in a coordinated and negotiated manner with associated funding and technical support.

Recommendation 9: If the two-year extension period is exercised, SPC PHD should be required to implement the 2019 Gender Review recommendations as a priority.

Recommendation 10: Any future DFAT investment should support collaboration and engagement on GEDSI with relevant Civil Society Organisations (CSOs), Disability Support Organisation and bilateral and regional programs including Pacific Women Lead.

Monitoring, Evaluation and Learning (MEL)

The current MEL system, while data rich, fails to deliver validated/verifiable progress in terms of agreed baseline, outcomes, and impact. Progress is reported against annualised KRAs that do not allow multi-year progress to be monitored and evaluated so that lessons learned can be shared and implemented. SPC has the expertise to strengthen its MEL processes/reporting through the development of more appropriate IOs and EOPOs that are connected with Program logic and funding. SPC needs to use this opportunity to work with DFAT to ensure MEL is relevant, meets donor needs and can evidence both impact and improvement over time e.g. reduction in type 2 diabetes, healthier diets across PICTS, nutritional labelling for imported foods etc.

Recommendation 11: SPC should invest in strengthening MEL data (validated/verified against an agreed baseline) to ensure adequate and timely reporting against an agreed results framework with indicators to measure results against IOs, EOPOs and impact. SPC should work with DFAT to agree a streamlined approach to reporting to provide DFAT with evidence to support future health investments.

Recommendation 12: SPC and DFAT to consider how relevant indicators can be incorporated into KRAs (and PowerBI) to streamline reporting and mapping progress throughout the life of program funding and beyond.

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Acronyms

Acronym	Description
ВР	Business Plan
CRGA	Committee of Representatives of Government and Administrations
CSOs	Civil Society Organisations
CSP	Clinical Services Program
DDM	Data for Decision Making
DFAT	Australian Government Department of Foreign Affairs and Trade
EOPE	End of Program Evaluation
ЕОРО	End of Program Outcome
FCCDC	Fiji Centre for Communicable Disease Control
FDPF	Fiji Disabled Person's Federation
FNU	Fiji National University
GEDSI	Gender Equality, Disability and Social Inclusion
GoA	Government of Australia
HIS	Health Information System
НОН	Heads of Health
HPV	Human Papilloma Virus
HRSD	Human Rights and Social Development Division (SPC)
HSI	Health Security Initiative
ICU	Intensive Care Unit
IOs	Intermediate Outcomes
IP	Intellectual Property
IPC	Infection Prevention and Control
KEQs	Key Evaluation Questions
KIIs	Key Informant Interviews
KRAs	Key Result Areas
LGBT	Lesbian Gay Bisexual and Transgender
MANA	Pacific Monitoring Alliance for NCD Action
MEL	Monitoring, Evaluation and Learning
M&E	Monitoring and Evaluation
МоН	Ministry of Health
NCD	Non-Communicable Disease
ОТР	Office of the Pacific
Pac-EVIPP	Pacific Evidence Informed Policies and Programs
PCR	Polymerase Chain Reaction
PEARL	Planning, Evaluation, Accountability, Reflection and Learning
PHD	Public Health Division
PHIN	Public Health Information Network
PHMM	Pacific Health Minister's Meeting
PHoHM	Pacific Heads of Health Meeting

PHNM	Pacific Heads of Nursing and Midwifery
PICTs	Pacific Island Countries and Territories
PWL	Pacific Women Lead
SHIP-DDM	Strengthening Health Interventions in the Pacific—Data for Decision Making (SHIP-DDM)
SHS	Specialist Health Services
SPC	The Pacific Community
ToR	Terms of Reference
VAHSI	Vaccine Access and Health Security Initiative
WHO	World Health Organization

Evaluation of the SPC Public Health Division Investments 2019 – 2024

1. Introduction

1.1. Context

Non-Communicable diseases (NCDs) continue to be a leading cause of mortality in Pacific Island Countries and Territories (PICTs)¹, with 75% of deaths attributed to NCDs and related chronic illnesses². Due to its geographical location, the Pacific is vulnerable to climate change and natural disasters³, infectious disease outbreaks (e.g. COVID-19, dengue)⁴, food insecurity⁵ and multiple other factors that hinder development⁶.

The Pacific Community (SPC) is the principal scientific and technical organisation delivering international development in the Pacific region, governed by its 27 member countries ^{7, 8}. SPC works across 22 PICTs spanning over 20 sectors⁹ and plays an important role in the Pacific's regional health architecture. SPC's Public Health Division (PHD) drives SPC's efforts to improve the health and future of all Pacific Islanders using a holistic approach to health and sustainable capacity development achieved through facilitating and promoting collaboration with its member countries¹⁰. In line with SPC's programmatic agenda setting, PHD identifies and develops its workplan via the agenda set at the Pacific Health Minister's Meeting and develops and implements its Business Plan and Annual Operational Plans against five divisional objectives⁶:

- 1. Improving multisectoral response to NCDs and reducing premature mortality
- 2. Strengthen capacity for health security surveillance, preparedness and management, and response.
- 3. Strengthen laboratory capacity to support clinical and public health surveillance priorities in the Pacific.
- 4. Strengthen clinical, nursing, and infectious prevention and control (IPC) services in PICTs.
- 5. Strengthen health information systems and other selected components of PICTs health systems.

1.2. Program overview.

Between 2019-2024, DFAT invested AUD23.8 million under three major funding arrangements:

Supporting Pacific Community's Public Health Business Plan (69294/62)¹¹

From 2019 - 2024, DFAT invested AUD20 million to support the development and implementation of the SPC PHD Business Plan 2021-2024, which was subsequently updated with the SPC PHD Business Plan 2022-2026⁶. SPC's corporate Business Plan seeks to deliver against its six divisional objectives under five Key Result Areas (KRAs):

- KRA 1: PICTs own and lead the change agenda for health services improvement in the region
- KRA 2: Improved capabilities & knowledge/skill gains leading to practise change and improved effectiveness and efficiency within Pacific Ministries of Health (MoHs)
- KRA 3: Legislations, policies, guidelines, and standards enforced/implemented in PICTs.
- KRA 4: Innovation, digitalisation & technology introduced by PHD resulting in improved effectiveness and efficiency within Pacific MoHs

 KRA 5: Data, stats & knowledge products used to inform evidence-based planning and policy decisions.

This funding included AUD3.5 million from the Health Security Initiatives (HSI) and AUD1.9 million from the Vaccine Access and Health Security Initiative (VAHSI).

Technical Specialists – Health Security Investment (HSI) Project Funding (69294/55)¹²

Between 2019 and 2022, DFAT invested AUD1.3 million to fund two long-term specialist positions in SPC's PHD, based in Suva, Fiji, and remunerated under SPC's existing arrangements for salaries and staffing. These positions were an Infection Prevention and Control Specialist (IPC), to coordinate and develop systems and policies for IPC and an epidemiologist, to improve the capacity and coordination of field epidemiology training program (FETP) across the PICTs.

Pacific Evidence Informed Policies and Programs (Pac-EVIPP) (69294/57)¹³

Between 2019 and 2022, DFAT invested AUD3 million in PacEVIPP, with a no-cost amendment signed in April 2023 to extend the program until 31 December 2023. The investment aimed to deliver against the following key objectives:

- Training the health care workforce through the Strengthening Health Interventions in the Pacific Data for Decision Making (SHIP-DDM)
- Research synthesis to enable timely and effective translation of research into policies, programs, and actions for health security.
- Evidence-informed decision-making: SHIP-P courses to support staff to conduct projects that will generate evidence for informed decision making.
- Interventions and implementation to support adoption and implementation of evidence informed decisions: and effective systems of monitoring and evaluation.

Pac-EVIPP's Monitoring and Evaluation Framework included the following outcomes:

End of investment outcome:

• Strengthened human resource capacity that improves regional health security in partner countries.

Intermediate outcomes:

- Improved access to and use of evidence for policy and other decision-making to strengthen their response to disease threats in partner countries.
- Improved knowledge and skills of health staff to conduct research, analyse data and generate useful information.
- Improved knowledge & skills of health staff to conduct research, analyse data and generate useful information.
- Improved knowledge of health security by all students across the health & veterinary sciences at Fiji National University (FNU).
- Information on the status of implementation of each trainees' Data for Decision Making (DDM) and/or OR projects document and readily available for continuous improvement purposes.

 Information on the status of application of policy briefs to inform evidence-based policies and interventions documentation on and readily available for continuous improvement purposes.

1.3. Purpose of this evaluation

This evaluation was commissioned by DFAT to assess the impact of its three investments in PHD's Business Plan against a series of criteria presented in the format of KEQs (Table 2 & Annex 1). The findings of the evaluation are summarised in a KEQ Traffic Light table (Annex 2) with the evidence and evaluation detailed in Annex 3 and summarised in Annex 4 & 7. The findings aim to inform decisions around future DFAT investment including the proposed two-year extension.

This report may also support SPC and its member countries to gain visibility of the work SPC's PHD undertakes in its mandate to deliver against SPC's Strategic Plan Goal 3 of "All Pacific people reaching their full potential and live long and healthy lives."

2. Methodology

2.1. Approach

This report presents a summative and formative evaluation of the three SPC initiatives funded by DFAT between 2019 and 2024. The evaluation process involved a three staged approach. The first was a rapid desk review of literature and key documents provided by DFAT. The documents were reviewed against a set of key evaluation questions (KEQs) (see Annex 1) provided in the ToR (Annex 8) and expanded in the agreed evaluation plan (Annex 9). The second stage involved in-country consultations to Fiji and Tonga for in-depth key informant interviews (KIIs)(Annex 6) and where possible to gather further documentation (Annex 5) as supporting evidence of the activities and impact of PHD's work between 2019 – 2024 (Annex 3). Solomon Islands was also included in the evaluation with KIIs conducted online.

The agreed KEQs were used to frame in-depth interviews with key informants (Annex 6) with additional follow-up interviews/emails as required to generate data saturation. KII participants included both decision makers and implementers at country level. The final stage of the evaluation was data analysis using a modified content and thematic analysis where primarily qualitative data was assessed against the KEQ. The final stage used content analysis to respond to each KEQ (Annex 3) which generated the summary matrix (Annex 4 and 7). This was transcribed into the KEQ Traffic light table (Annex 2) for quick reference.

This evaluation aimed to assess progress towards Intermediate Outcomes (IOs) and End of Program Outcomes (EOPOs) against the criteria (Table 2 & Annex 1) of effectiveness, efficiency, GEDSI and M&E. As the IOs and EOPOS were not in the Business Plan (BP) design documentation and were developed to reflect SPC PHD's six divisional objectives and five KRAs, the evaluation found poor alignment across the different programs in terms of funding/timelines and indicators. The DFAT Investment Monitoring Report (IMR) Ratings Matrix¹⁴ (Table 1) has been used to assess each criteria. The DFAT IMR ratings matrix uses 1=Very poor, 2=Poor, 3=Less than adequate, 4=Adequate, 5=Good and 6= Very Good. The ratings matrix guidance on evidence (strong, adequate, and weak) has also been used to determine the ratings.

2.2. Data collection

2.2.1. Document review.

The evaluation included a review of the initial document set (22 documents) followed by a more indepth systematic review of all documents collected during the evaluation process, including grant funding agreements, design and concept note documents, business plans and reports, SPC member country reports, financial income and expenditure statements, member country Ministry of Health (MOH) specific strategic documents, analysis, or evaluation reports and any other published or unpublished documentation relevant to the work SPC undertakes through its PHD made available to the evaluation team (90 documents in total). A full list of reference documents supporting this evaluation is included at Annex 5 of this report.

2.2.2. Program implementation data

Program implementation data was identified through published SPC Results Reports, PHD Annual Reports against its five KRA, six-monthly presentations provided to DFAT (single sheet per Country with no notes), and any other internal documents provided to evidence implementation data. Qualitative interviews were conducted to follow up or triangulate with countries on activities and the process for submitting data to SPC.

2.2.3. Consultations

A total of 82 multi-stakeholder KIIs were carried out with stakeholders from DFAT, PHD, SPC Human Rights and Social Development, World Health Organization (WHO), Ministries of Health (MoHs) (Fiji, Tonga, and Solomon Islands), Fiji National University (FNU), other relevant government organisations, former staff of SPC and MOHs, and civil society as available during in-country consultation. A full list of informants is included in Annex 6 of this report. Follow-up interviews were carried out as required and finalised in June 2024.

3. Limitations and constraints

The lack of detailed program planning documentation (including specific IOs and EOPOs) for both the SPC PHD Business Plan and Technical Specialist projects is a limitation. SPC PHD developed its own divisional objectives and KRAs as part of the SPC Business Plan. Early in the life of the current BP, SPC PHD developed program IOs and EOPOs mapped to the KRAs (Pac-EVIPP had IOs and EOPOs defined within the no cost extension documentation). In the absence of program IOs and EOPOs this is understandable however, the value of these IOs and EOPOs is limited by the failure to define a validated/ verifiable baseline which makes mapping program progress inconclusive. This inability to evidence any progress of value for the investment in terms of health improvement is compounded by the lack of validated/verifiable quantitative health impact data. e.g. there is no 'good' diabetes data set for Tonga from which to evidence investment return to DFAT. The evaluation team recognises that SPC PHD are working with PICTs to continue to strengthen the evidence base, but significant effort is still needed to ensure DFAT and SPC can evidence health impacts.

Due to time and resource constraints, there was no sampling strategy for identifying member countries in the evaluation. Convenience sampling was used to select Fiji and Tonga for in-country consultations. As countries with comparable health systems, this may represent a bias in the outputs and outcomes evidenced (i.e. positive publication bias). While the information gathered and the number of people involved were significant, especially considering the limited timeframe for data collection within each country, the reviewers acknowledge that the data collection focused on a

specific set of countries, which can introduce bias. Despite this limitation, the findings accurately reflect the situation in the countries that were included in the evaluation. However, there was limited consultation with civil society organisations (CSO) and no interviews with Youth organisations or GEDSI groups due to access and time limitations.

Follow-up and some one-on-one interviews were conducted online. However, connectivity was a challenge (particularly for Solomon Islands MoH stakeholders) and only some identified stakeholders were available to join online. It was useful to have one of the evaluation team based in Suva, which allowed in-person follow-up after the consultations. A more time sensitive in-country consultation phase and proper sampling strategy for PICTs, considering the different health systems (such as provincial versus one national system), may have provided greater depth to the evaluation. This evaluation focused solely on the reporting requirements for the specified DFAT funded contracts. It did not take into account SPC's established **MEL** reporting frameworks for other donors that SPC interacts with. A broader assessment that considers SPC's overall reporting approach, beyond a single donor's reporting needs, may have provided a more comprehensive picture.

4. Findings and Recommendations

This section describes the key findings and recommendations from the evaluation against the four key areas of effectiveness, efficiency, GEDSI and M&E identified in the evaluation Terms of Reference (TOR).

4.1. Effectiveness

4.1.1. End of Program Outcomes (EOPOs) and Intermediate Outcomes (IOs)

The evaluation found no pre-defined IOs and EOPOs for the *Support Pacific Community's Public Health Business Plan*¹¹ and the *Technical Specialists – Health Security Project Funding*¹²arrangement. However, there were clearly defined IOs and EOPOs for the PacEVIPP¹³ funding arrangement. The evaluation team determined SPC PHD KRA's as sufficient to determine effectiveness, where IOs and EOPOs are lacking. The evaluation team acknowledges the limitations with using KRAs as noted under Limitations and Constraints above.

KIIs provided clear evidence that SPC PHD have made adequate progress against the KRAs.

Under the *Support Pacific Community's Public Health Business Plan*¹¹ annual progress and sixmonthly progress against KRAs were evidenced for 2021¹⁵⁻¹⁷, 2022¹⁸ and 2023¹⁹. In August 2021, PHD reported 79% overall achievement against its Business Plan targets (against its division and programme area objectives). However, this 79% is an annualised figure based on annual performance against the planned workplan and KRAs. It does not provide reference to the successes or failures from previous years and does not include a mechanism for monitoring multi-year progress.

The evaluation team identified (from evidence gathered during KIIs and document review) the following key achievements from the PHD Business Plan¹⁰:

Strengthened health political leadership and governance in Fiji, Wallis and Futuna, Samoa,
 Kiribati, and Federated States of Micronesia (FSM) (5 PICTs)¹⁵

- Strengthened health policy and legislation in Northern Mariana Islands, Guam, Marshall Islands, FSM, Nauru, Solomon Islands, Vanuatu, Fiji, Tonga, Tuvalu, and Samoa (11 PICTs)^{16,17}
- Enhanced multi-sectorial engagement to improve consultation, collaboration, and understanding of community health needs in Papua New Guinea (PNG), FSM, Northern Mariana Islands, Nauru, Solomon Islands, Tuvalu, New Caledonia, Vanuatu, Fiji, Tonga, Wallis and Futuna, Samoa, Cook Islands (13 PICTs)^{14,15}
- Strengthened knowledge and skills in evidence-based decision making through FETP training in Northern Mariana Islands, Guam, FSM, Marshall Islands, PNG, Solomon Islands, New Caledonia, Nauru, Kiribati, Vanuatu, Tuvalu, Fiji, Tonga, Niue, French Polynesia, Samoa, Tokelau, Wallis, and Futuna (18 PICTs) 15,18

However, in 2021 these achievements were reported as annualised activities rather than against a baseline. Hence when reviewing the 2023 updates, overall progress towards achieving the KRAs is reported at 12%¹⁹, indicating annualised progress only. This figure has little real value in terms of assessing outcomes and impacts as it relates to an annual target that resets each year and is not referenced against a validated or verified baseline.

Examples where strong evidence of effectiveness was obtained both from the KEQs (Annex 2) and key documents (Annex 5) related to progress in other areas under the Business Plan, such as NCDs²⁰⁻²², are summarised below:

- Baseline status for policy and legislation across 21 PICTs, developed in 2017/18, covering legislation in areas of tobacco, alcohol, food, physical activity, and enforcement allows SPC PHD to provide ongoing updates ²²
- Built an evidence base to inform scaling of NCD work in the region through engagement with youth groups²³
- Assessed the progress on the work on NCDs using the Pacific Monitoring Alliance for NCD Action (MANA) Dashboard²⁴
- Developed the evidence base for strengthening translation of regional food system policy guidance to the national level in the region^{5, 25-27}
- 4.1.2. Establishment and development of laboratory capacity and capability in IPC across 17 Pacific countries with 32 IPC focal points One Health or Planetary Health

PHD Business Plan 2022 – 2026 identifies PHD as the key player in SPC's whole of organisation efforts to increase integrated programming. SPC identifies One Health or Planetary Health and Gender diversity as key focus areas that are crosscutting across all divisions and has appointed an adviser within the Land Resources Division.

The evaluation team found PHD had actively worked towards implementing a One Health agenda. Demonstrable commitment to this agenda included SPC coordinating the first One Health / Planetary Health Meeting in July 2022 in Nadi, Fiji. Moreover, a position was created within SPC's Land Resources Division to work with the Ministry of Fiji's Environment and Land Division to streamline Planetary Health through its activities. There was also commitment to develop an operational definition of Planetary Health and to identify pathways to achieve Planetary Health in the region. Planetary Health is included as Key Focus Area six in the SPC new Strategic Plan 2022-2031: sustainable Pacific development through science, knowledge and innovation / Pacific Community⁸.

However, the evaluation found there are opportunities for better streamlining Planetary Health across SPC PHD and in its work with countries and stakeholders.

In June 2023 at the Pacific Health Ministers' Meeting held in Tonga, the Fiji Minister of Health called for a One Health approach recognising in the aftermath of the pandemic and natural disasters such as tsunamis, PICTs and health systems need to be prepared to manage multiple, simultaneous national emergencies ²⁸. The evaluation found strong support and progress against Planetary Health at high level, however, implementation and delivery at the local level may require strengthening. Stakeholders reported improvements in strengthening health departments, with SPC providing training and support in developing strategic plans for health within MOHs. However, there is opportunity to report against a Planetary Health approach.

Examples of the 111 system improvement projects, completed under FETP ^{17, 29}, are listed at Annex 11. Many of these projects are cross-cutting and support the wider One Health agenda. SPC produced two short but useful reports on FETP/SHIP-DDM in June 2022 ^{17, 29} which includes the following published stories:

- Hand hygiene auditor training with PICTs https://phd.spc.int/news/2022/05/hand-hygiene-auditor-training-for-a-standardized-approach
- Kiribati COVID-19 deployment Putting best practices into practical approaches for infection, prevention, and control - https://phd.spc.int/news/2022/04/putting-best-practices-into-practical-approaches-for-infection-prevention-and-control
- Improving healthcare associated infection surveillance Improving healthcare associated infection surveillance | The Pacific Community (spc.int)

4.1.3. Institutional capacity and governance structures

Notable improvement in institutional governance arrangements and processes were evidenced primarily through SPC's role as Secretariat in the regional architecture. The majority of stakeholders interviewed (79 out of 80) expressed satisfaction with the regional forums, with many reporting SPC supported PICTs to find a voice in the regional architecture via its role as Secretariat. Meetings convened included the Pacific Heads of Health (PHOH), the Pacific Heads of Nursing and Midwifery (PHNM) and the Public Health Information Network (PHIN) Regional meetings. Some stakeholders, though satisfied with the support SPC PHD provides in strengthening institutional capacity, were keen to highlight the need for this support to also consider the local and provincial levels. There is clear evidence of strong SPC PHD support for the Heads of Health (HOH) and at Directors of Health level, however, the practicalities of how this support translates to the local and provincial level requires further consideration by SPC PHD. However, there may be a communication gap between HoH and Directors of Health attending the meetings and then sharing key decisions with their departments and staff working on the ground. There is potential for SPC to strengthen Pacific MoH's awareness of SPC's mandate and its planned activities.

SPC's is working with FNU is its emerging role as data custodian for the region. SPC PHD is working with FNU to build regional research and governance capacity and capability through better data and IP management/controls. SPC PHD and FNU recognised this as a regional priority, ensuring regional engagement in research as chief investigators, retention of IP rights in the region, improving access to regional research, and providing a data repository and data hub through FNU to support PICTs.

SPC has developed the MANA dashboard (2021, 2022 and 2023) which has enabled strengthening of governance structures through support for real time tracking. Seven PICTs reported being able to make informed decisions and track progress in addressing NCDs via the use of the MANA dashboard⁹.

Pac-EVIPP¹³ with the *Technical Specialists – Health Security Project Funding*¹² provided significant support for the collation and use of data for decision-making. The recruitment of an epidemiologist in January 2021^{18, 29} has resulted in the development and delivery of a cohort for the first Postgraduate Certificate in Field Epidemiology. On completion of the course students are encouraged to move onto the Postgraduate Diploma in Applied Epidemiology and in the future to the Masters in Applied Epidemiology, all accredited by FNU (part of the PacEVIPP and reported concurrently²⁹⁻³²). The FETP trainer at SPC PHD reported a total of 12 training events in 2022 with 13 individual FETP projects implemented by the Fiji cohort in 2022²⁹. In 2023 training included Kiribati with 10 new projects developed and implemented to the benefit of Kiribati³¹. All interviewees reported positive results from these projects including a Director of Nursing who highlighted improved data collection and reporting processes:

"SPC support in surveillance, field epidemiology, DDM [data for decision making] has been invaluable. This has given [our] nurses skills in simple analysis and meaningful report writing. As a result, we now have a nationally coordinated response system which is also an early warning system"—Director (SIO2)

The evaluation found good strong evidence to support the continuation of the FETP. KIIs with several PHD and FNU staff as well as those studying FETP stated a need to continue to build FNU capacity to support the work undertaken through the postgraduate certificate, diploma, and master level courses. This included PHD and FNU collaboration to develop, approve and deliver the FETP to a broader range of local stakeholders. Evidence from stakeholder interviews is that the demand for such training is very high within all disciplines, at all levels and across all PICTs.

The recruitment for the Infection, Prevention and Control (IPC) Advisor was completed in February 2020. Based on KIIs and the IPC Advisor report in June 2022^{9, 18}, key achievements include:

- Providing country support for workforce preparedness and responsive training for the pandemic
- Adapting and translating international IPC measures for Pacific health facility contexts for sustainability
- Undertaking IPC in-country assessments to identify a baseline for IPC and minimum applicable standards at country level
- Development of Standard Operating Procedures (SOPs) for Kiribati, Fiji, Solomon, Tonga, and Vanuatu) for hand hygiene audits
- Establishment of national and facility level committees for IPC and drafting of national guidelines
- Facilitated and supported the use and access of the Hand Hygiene Australia (HHA) platform for PICTs

Cook Islands, Kiribati and Tonga indicated an improvement in their quality laboratory results demonstrated by increasing their IPC practice and star rating on the Laboratory Quality Management Standards (LMQS) assessment. Other substantial activities reported include the development of regional guidelines, support for country specific guidance, facilitation of IPC webinars related to the management of COVID-19. Delivery of the first ever Health on Air episode for more than 5,000 Pacific front-line healthcare workers³⁰. The evaluation team understands the countries have embraced these changes, and with the trained IPC focal points, SPC PHD has provided the support required to embed these measures as part of standard health procedures.

4.1.4. PHD implementation arrangements

The evaluation found that DFAT's funding agreements with SPC offer limited clarity around a predefined set of IOs and EOPOs (other than for the Pac-EVIPP). With the support of DFAT, PHD delivered its activities in alignment with its own policies. Quality reporting and planning is aligned with the SPC Planning, Evaluation, Accountability, Reflection and Learning (PEARL) policy³³. As a result of the SPC-DFAT partnership, SPC has planning, delivery, monitoring and reporting autonomy which has been designed to align with DFAT reporting requirements. This collegial approach ensures DFAT do not impose additional/different reporting systems on SPC PHD. This is beneficial to PHD given that PHD receives funding from multiple donors. SPC recognise that DFAT investments are Overseas Development Aid (ODA) funded through public funding which is subject to policies and frameworks that require robust reporting and evaluation^{34, 35}. There are challenges for both SPC and DFAT when investments do not clearly articulate IOs and EOPOs and do not have a corresponding Monitoring, Evaluation and Learning (MEL) plan and results framework to assess progress, results, and impacts. The PHD Business Plan delivers against six divisional objectives and five KRAs, which provides clarity for SPC but is ambiguous in terms of the impact of the DFAT investment, and alignment with DFAT Standards and reporting policies^{34, 35}. A set of clearly defined indicators, validated / verified baseline, expected outcomes and impacts at the start of an investment can future-proof an investment and ensure the funding recipient (SPC) is clear on its obligations. Moreover, a lack of clarity on what an investment seeks to achieve can result in multiple requests for information to satisfy DFAT reporting requirements. Multiple requests made of SPC by DFAT Posts was raised as an issue during the consultations.

4.1.5. COVID-19 Pivot

Funding under HSI/ VAHSI through SPC PHD Business Plan pivoted to support COVID-19 in PICTs. The use of funding (outside program objectives) enabled SPC to respond to the COVID-19 pandemic in the region³⁰. WHO has reported good IPC programmes can reduce health care infections by 70%³⁶. This was evident in the substantially lower COVID-19 death rates in the Pacific compared to Australia and New Zealand³⁷. SPC is to be commended for its efforts to prepare the region prior to then global pandemic. SPC implemented a systematic approach to addressing the needs of the region by leading on the laboratory strengthening (COVID-19 testing and diagnosis), Infection Prevention and Control Cell of the Pacific Joint Incident Management Team (JIMT) and supporting a needs assessment of PICTs to identify gaps and priorities.

Strong evidence was provided outlining key achievements including³⁰:

Sourcing, distributing, and training in the use of Personal Protective Equipment (PPE)

- IPC webinars held for ICU intensive Care Unit IPC-related guidance for suspected or confirmed COVID-19 patients.
- Rational use of PPE for Environmental Health Staff
- Environmental cleaning for healthcare facilities
- Healthcare Waste management in the context of COVID-19
- Supporting vaccination coverage for PICTs

The evaluation found that SPC PHD support has strengthened national laboratories and built new laboratories as required including container laboratories is Suva and Tonga. It was reported that the Cook Islands, Vanuatu and Kiribati were supported by SPC PHD to implement polymerase chain reaction (PCR) using GeneXpert technology to test and diagnose for COVID-19³⁷. During COVID-19, FCCDC acknowledged the significant support SPC provided, especially at the early stages by using its networks and linkages to support the transportation and testing of COVID-19 samples.

In-country consultations confirmed additional donations of laboratory equipment and testing instruments were provided through both DFAT and non-DFAT funding. KIIs reported challenges related to no local funding allocations for maintenance or repairs. However, it is understood SPC PHD procurement training was provided to laboratories to ensure donated equipment included maintenance funding and consumables. There was also mention of SPC PHD supporting countries to negotiate waste disposal with manufacturers, which was understood to be successful for some of the manufacturers.

Since 2022, with DFAT support, SPC PHD has recruited an adviser in biomedical engineering, and reestablished the Pacific Biomedical Engineering Network (PBEN), a regional network to provide coordination and much needed training, in order to help sustain the biomedical and laboratory equipment. During COVID-19, the network enabled sharing of learnings and skills necessary to manage and ensure sustainable procurement of COVID-19 related equipment. The last PBEN meeting was held in Nadi, Fiji in May 2023 with representations from 15 PICTs. The forum provided biomedical engineers and technicians the opportunity to share lessons learnt, make recommendations on technical and policy issues and agree on strategic direction for biomedical engineering and workforce development in the region. There was also support to pool and/or share resources and coordinate assistance to meet the shared needs of PICTs.

SPC PHD's laboratory team has expanded with DFAT support, and amongst the initiatives to support the sustainability of PCR capacity is helping countries to become members of the US Centers for Disease Control and Prevention International Reagent Resource (CDC IRR), which provides a wide range of laboratory reagents to developing countries free of charge. Initiatives such as these should be continued and expanded where possible in order to improve sustainability.

Summary of Key Findings on Effectiveness

DFAT funding is essential for the delivery of the PHD Business Plan with strong evidence of effective activities delivered against KRAs. However, several challenges were identified in seeking to substantiate the effectiveness of the investment:

• The strength of the partnership is evidenced through utilising SPC PHD Business Plan and reporting requirements as the basis for reporting to DFAT. This also has the potential to reduce duplication, DFAT's reporting requirements are specific. As a result of increased

funding to SPC, investment thresholds maybe exceeded and a more complex funding arrangements may require greater reporting detail³⁵. It would be more beneficial for DFAT and SPC to select or prioritise a set of IOs and EOPOs, indicators and agree a baseline from the existing PHD Business plan and report against these within mutually agreed timelines and format.

- There is strong evidence on the ground of the effectiveness of delivery due to strong SPC PHD and Pacific MOH networks. However, reporting is annualised offering only a snapshot of performance, inherently limiting the ability to analyse trends, measure impact and demonstrate continuity. This limits the ability to discern progress over time and assess the effectiveness of initiatives. A reporting system that provides multi-year cumulative reporting would enable not only tracking of performance and change but also allow evaluation of implementation impact. The evaluation team understands SPC PHD has integrated annual data into PowerBI and established multi-year reporting, enabling trend analysis and multi-year progress.
- PHD reporting against internal KRAs which are not timebound to the life of the grant funding arrangement is a challenge. The PHD Business Plan EOPO is to be achieved by 2031⁶ and will likely continue to focus on long term outcomes. While this may be suitable for SPC as an organisation and acknowledges the needs of the Pacific Community Government of Australia Partnership 2024-2033, the challenge of balancing DFAT reporting requirements and considering opportunities to focus on nearer term outcomes remains.
- SPC PHD provides DFAT with a series of 1-page per country six-monthly summary
 presentations (which is neither recorded nor transcribed). This is not sufficient to map
 progress, assess achievements or determine impact, especially as it does not include a
 written report. This may also be attributed to unclear monitoring and reporting
 requirements, a lack of reporting templates or clear program indicators at the program
 design stage.
- Program design deficiencies become more challenging when there is staff turnover, either at SPC or DFAT, where sporadic documentation and suboptimal reporting can leave significant knowledge and reporting gaps. The evaluation team reviewed a PowerPoint presentation on reflective learning¹⁹. However, these sessions were not recorded with no formal report or minutes available. These would provide clarity on what was discussed and what had changed as a result of the reflective process to better inform program implementation.
- Evidence from KIIs support the premise that PHD is more effective and efficient than other
 divisions. However, this divisional structure encourages narrow focused programming and
 reporting. This can be seen through both the One Health and GEDSI lens where each Division
 is working with SPC PHD in those areas but without calibration or coordination across
 divisions. (See Annex 3).
- The inclusion of regular six-monthly reports within the business planning process provides an
 opportunity to reflect. However, the format of these reports, the lack of narrative, the
 challenged data and MEL framework remain a limitation.

Despite these challenges, the evaluation has identified strong evidence of high levels of satisfaction with SPC PHD among stakeholders. Those interviewed often evidenced positive behaviour change among partners and participating local stakeholders including increased engagement in regional meetings, improved communication and collaboration among participants and sharing of ideas and information post meetings/forums. Quality peer reviewed publications in PHD's NCD team provided

evidence to support ongoing activities and achievements. With COVID-19 there was strong evidence of effectiveness of SPC for example providing technical specialists who supported positive and beneficial changes to PICTs (further discussed under 4.2.4 in Effectiveness). It is evident that SPC can continue to provide a strengthened role through the provision of technical specialist with the ability to pivot and respond to emerging and reprioritised areas of need. Hence this evaluation determines a rating of **Very Good (6)** for effectiveness across all three investments. Opportunities exist to improve should the recommendations below be actioned, particularly in clearly defining IOs and EOPOs as well as addressing the broader issue of sustainability beyond DFAT funding.

Recommendations

- 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.
- o SPC PHD to strengthen collaboration with the Human Rights and Social Development Division, particularly regarding the implementation of GEDSI requirements from the 2019 Gender Review.
- SPC PHD to continue working with FNU on the maintenance of a data repository and knowledge hub where IP can be placed and FNU can provide access to regional chief investigators and function as custodian for PICTs.
- DFAT and SPC to consider a sustainability strategy to support continued effectiveness of activities and impacts beyond DFAT funding term.

4.2. Efficiency

4.2.1. Implementation arrangements and resourcing

The evaluation found that multiple funding and management arrangements and different focal points for overlapping activities created complexity and hindered efficiency (mainly within SPC and SPC PHD). While DFAT Suva Post was the focal point for all PHD related queries, there was mixed understanding within PHD about the different funding management arrangements.

Separate funding and management arrangements for the three programs posed challenges for timely and effective decision-making and SPC and SPC PHD reported having to provide duplicate reporting to DFAT Post and DFAT Canberra on the same activities based on separate requests for information. In addition, the separate funding arrangements required separate MEL, which lead to duplication in reporting and data fragmentation.

4.2.2. Utilisation of Funding

The evaluation team evidenced Statements of Income and Expenditure for the Technical Specialists (69294/55) from 1 October 2019 – 31 December 2023 and the Pac-EVIPP (69294/57) 23 March 2020 to 31 December 2023. As of 31 December 2023, 78% of funding was expended for the Technical Specialists and 70% utilisation was reported against the Pac-EVIPP program.

Based on the Statements of Income and Expenditure from 1 June 2021 – 30 November 2023 for the PHD Business Plan under Funding Arrangement number 69294/77, 102% of funding was expended. The income statements, provided in excel, included individualised tabs with a breakdown against the funding requirements confirming expenditure against agreed program activities. PHD provided real-time country reports against expenditure and Program Narrative reporting using PowerBI³⁸⁻⁴⁵.

The evaluation team commend SPC PHD for its financial management processes.

4.2.3. Coordination and Engagement

Stakeholders interviewed reported good coordination between PHD activities and DFAT bilateral programming activities. For example, in Tonga the NCD work funded under the bilateral program and the Tonga Health Promotion Foundation reported strong linkages and working relationships with the DFAT-funded PHD NCD Programme (NCDP). This working relationship supported efficiency by utilising the technical resources of SPC PHD to support the delivery of legislative and behaviour change activities. However, there was limited coordination on GEDSI between the DFAT bilateral programs and PHD at the country level, indicating a missed opportunity. The evaluation team understands PWL under HRSD has allocated funding specifically to address this need within PHD and will allocate a full time GEDSI position to PHD.

The evaluation found there is opportunity to leverage the significant technical skills and expertise available within SPC and SPC PHD to provide support at the country level. There was no evidence of a strategy for how SPC packages its services as a product to ensure equitable technical offering to the Pacific region. While SPC provides support for country-level priorities set at high-level meetings (such as Pacific Health Minister's Meeting (PHMM) or Pacific Heads of Health Meeting (PHoHM)), it was unclear how these priorities are set for multi-year support versus annual support. Stakeholders reported they were only able to understand what support SPC offers when SPC made contact, or they contacted SPC to request support. For example, all country-level stakeholders reported not seeing the PHD Business Plan or SPC Annual Plan. However, SPC PHD confirmed their close working relationship with countries and networks within these areas, which enables them to gauge and adequately address country-level technical needs. This was evidenced in the pandemic, where preparedness, isolation, prevention and infection control enabled timely management of COVID-19 cases once identified on the ground. Also, SPC has evolved as an organisation, moving away from project-funded activities to multi-year programming. To realise this transition, within PHD, there is opportunity to provide multi-year support to countries to ensure longer-term versus sporadic activity-based support. This may require more intentional and strategic technical support to PICTS that is multi-year, transparent, equitable and efficient.

The evaluation found there is clarity on the different roles and mandates of SPC and WHO and clear collaboration between these two organisations in-country. In-country stakeholders were able to clearly demarcate SPC and WHO support at the strategic level.

4.2.4. Impact of COVID-19

Participants identified SPC played a vital role during the pandemic, particularly in preparing Pacific MOHs and their workforces to anticipate an outbreak. PHD reported pivoting resources during COVID-19 to enable SPC to respond to the pandemic efficiently and effectively. This early pivoting allowed SPC to adequately prepare countries via training, development of standard operating procedures, and reporting and monitoring routine surveillance data. PICTs were supported in their development and implementation of strict border measures whilst working to increase vaccination rates, with many countries achieving 100% vaccination for first and second doses by the time first cases were detected^{37, 46}.

In 2020, SPC used its technical expertise and familiarity with IPC to lead the formation of the IPC Cell of the Pacific Joint Incident Management Team. SPC used an evidence-based approach to undertake an initial COVID-19 needs assessment across 15 PICTs, establishing a baseline for core competencies and identifying priority areas where IPC was identified in the top four priorities for pandemic preparedness. Through upskilling in IPC competencies during COVID-19, it was reported that these changes strengthened workforce development, developed and improved technical guidance documents, and embedded these skills and capabilities to service PICT MOH⁴⁷.

The epidemiologist reported challenges in the delivery of the Strengthening Health Interventions in the Pacific—Data for Decision Making (SHIP-DDM) courses due to COVID-19²⁹. Attempts were made to deliver online modules, but internet connectivity proved challenging, and courses were stalled between 2022 and 2024 as a result. Lessons learnt from COVID-19 and its impact on efficiency could be used to better prepare PHD to respond efficiently to emerging priorities in future, including natural disasters.

"SPC's support has been extremely important for laboratory quality management systems as we are working towards accreditation. With SPC's support, Fiji was the first in the region to start COVID testing, and we have been able to provide training to Tuvalu and Kiribati." — Lab Manager (SI03)

Stakeholders also identified improved access and availability of COVID-19 resources (equipment, reagents, disposables, and new SOPs), including vaccination protocols, due to SPC PHD networks and connections. Tonga MOH reported substantial support over the Tonga-Hunga-Hunga-Ha'apai eruption, subsequent Tsunami and outbreak of COVID-19 infections in 2022⁴⁸. It is documented that COVID-19 was introduced into Tonga at the same time as humanitarian support arrived. This included the SPC being a first point of contact for the MOH to review and revise SOPs in preparation for disease transmission. There were also reports of upgraded media equipment to support the communication of messages across the main island and the outer islands of Tonga. Fiji MOH reported close working relationships between PHD (IPC) and relevant sections of MOH to ensure access to testing and COVID-19 vaccinations. Stakeholders were able to confirm that routine reagents and supplies were being funded through SPC PHD.

Summary of Key Findings on Efficiency

Multiple funding arrangements managed by different sections of DFAT led to program management and implementation challenges, particularly in relation to reporting and timely decision-making. This was likely exacerbated by movement of key personnel managing the funding arrangements within SPC and DFAT. Establishing a consolidated, streamlined funding arrangement between DFAT and PHD with corresponding management and operational procedures for future investments has the potential to increase overall efficiency at implementation.

While the pivoting of funding to address COVID-19 was exemplary in its approach, the evaluation found no program documentation, evidence or reporting on the funding variation^{10, 15, 18, 19, 24, 32, 49-59}. To obtain information related to the COVID-19 pivot, the evaluation team had to consult with multiple sources and the lack of documentation made it challenging to substantiate the impact of the investment.

The evaluation found good financial record keeping with limited deviation from the budget. Any budget deviations were justified clearly recorded and documented. There is need for improved coordination and alignment of PHD activities with other DFAT bilateral programming and reporting requirements (based on an improved MEL system) to support efficiency and the achievement of outcomes under any future investment. Based on evaluation findings, the PHD programs are rated **Good (5)** for Efficiency. Opportunities exist to improve this rating to Very Good, through consolidated funding arrangements, streamlined reporting requirements and a sustainability plan.

Recommendations

- o DFAT consider a single funding arrangement for streamlined management of the investment.
- DFAT and SPC to collaborate and determine the most appropriate reporting and documentation for future funding arrangements.
- 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.
 - 4.3. Gender equality, disability, and social inclusion

4.3.1. GEDSI Strategy and Achievements

While PHD does not have an explicit inclusion strategy or Gender Equality, Disability and Social Inclusion (GEDSI) plan that aligns with DFAT GEDSI policy ⁵⁸ and the Gender Equity M&E Good Practice note ^{60, 61}. However GEDSI consideration is evident in the SPC Strategic Plan 2016-2020⁶²; For example, Goal 2, item 6 is to "Advance social development through the promotion of human rights, gender equality, cultural diversity (traditional knowledge and cultural practices) and opportunities for young people" (p6). The strategy further notes that social development will increasingly underpin SPCs work, and this work includes assistance for gender mainstreaming activities. Disability inclusion is not specifically mentioned in the Strategy.

In 2019, DFAT supported SPC's PHD to undertake a gender review of the division's 2019-2020 business plan⁶³. This review noted that gender received minimal attention in the PHD business plan and gender equality was not a focus of PHD's program of work nor its engagement with policy and sector leaders. The review further noted that gender assessments and analysis were not standard practice and gender equality and social inclusion had not been explicit concerns in programming, priority setting, analytical work, or ways of working. The SPC PHD reported discussion of the review from 2019 but felt they needed a Gender Adviser embedded within PHD to support implementation of the review recommendations.

While SPC PHD still does not have an established inclusion strategy or GEDSI Plan, goals, KRAs and pathways to GEDSI outcomes have been developed at both SPC and SPC PHD level. The PHD Business Plan 2022-2030 refers to Gender Diversity (p20) centred on gender parity at meetings and trainings. In early 2023, PHD'S Clinical Services Program (CSP) conducted a disability inclusion survey⁶⁴ that was completed by all 34 PHD staff. The staff rated themselves relatively highly with an average rating of 1.83 out of 3 for their own knowledge and perception while noting that they required strengthened knowledge, established frameworks, and support structures to apply disability inclusion more effectively to their work practice. The average rating of only 1.26 out of 3 for the organisation's inclusive practice resulted in an updated PHD Action Plan matrix on Disability Inclusion⁶⁵.

Gender and Women's Empowerment is reported as one of SPC's four Flagships (the other three are Climate Change, Oceans and Food Systems) for achieving collective impact towards SPC's Strategic Plan⁹. In the SPC Strategic Plan 2022-2031⁸, under KRA 4: Equity, Education and Social Development, the Policy to Action pathway is articulated as, "progress towards regional goals on education, training, culture, human rights, gender equality and social inclusion, through mainstreaming and concrete investments strengthen good governance (p13). In its 2022 Results report, SPC reported increased efforts to mainstream this work across our key sectors, including education, human rights, social development, fisheries, disaster and resilience, energy, maritime and oceans, agriculture and data and statistics (p42).

PHD listed the following GEDSI activities that have been undertaken as at March 2023¹⁹,

- Sex disaggregated data
- Engagement of women and CSOs
- Leadership and governance increased recognition of women within PHD and Pacific regional health governance meetings
- Collaboration with Human Rights and Social Development Pacific Women Lead
- Technical support for Human Papilloma Virus (HPV) testing (cervical cancer)
- Drafting PHD gender paper for SPC flagships

The evaluation found SPC's MANA has a Gender Dashboard that provides sex-disaggregated data and information on health and social outcomes. However, this is not reflected in PHD reporting and may require data validation/verification and cross-collaboration between PHD and HSRD.

In addition, while ending violence against women and girls is one of the three priority areas for DFAT gender equality policy, there was limited reference to this in PHD reports or interviews.

The evaluation team found that more robust collaboration between PHD and SPC's Human Rights and Social Development Division and Pacific Women Lead would provide the necessary support for improving gender parity and GEDSI mainstreaming.

4.3.2. Environmental safeguards policies, standards, and requirements

DFAT's environmental safeguards and social policy⁶⁶ sets out requirements against five safeguards:

- i) Environmental protection
- ii) Children, vulnerable and disadvantaged groups
- iii) Displacement and resettlement
- iv) Indigenous peoples
- v) Health and safety

The main purpose of the safeguards is to ensure DFAT's aid investments do not cause harm to its recipients or to their wider communities or environment. The review did not find specific wording relating to environmental safeguards included in either of the PHD plans^{6, 17} and therefore did not find any reporting against the environmental safeguards policies, standards and requirements (other than disability, as reported below). On review of the SPC Strategic Plan 2022 – 2031⁶⁷, which focuses on sustainable Pacific development through science, knowledge and innovation, Goal 1 is "All Pacific communities and cultures are empowered and resilient" and Goal 3 is "All Pacific people reach their full potential and live long and healthy lives", some of these safeguards may already be addressed

through SPC's broader work⁶⁸. These important areas need additional focus beyond the scope of this evaluation.

4.3.3. Engagement of relevant stakeholder groups

In its Performance story¹, the CSP has started to mainstream inclusion considerations in key regional meetings and trainings with the delivery of a GEDSI Workshop to representatives from 16 PICTs as a precursor to the 4th PHNM meeting in November 2023. Facilitated by the Fiji Disabled Person's Federation (FDPF), the sessions covered types of impairment, barriers to inclusion, and considerations for a more inclusive delivery of health services. The CSP anticipates delivering similar trainings in collaboration with Interplast and FDPF for other healthcare groups in 2024 and beyond, fostering greater awareness of inclusion needs and promoting improved integration into health policy and practice throughout the region.

SPC PHD country reports (Fiji, Solomon Islands, Tonga, Tuvalu, and Vanuatu) confirm active engagement of youth through the Pacific Youth Ambassador Project for NCD awareness programs. Fiji and Tuvalu reported engagement of, and support for, Fiji Diabetes Association while Tonga mobilised youth groups, CSOs and LGBT communities to address NCDs.

During stakeholder consultations, an executive member of a CSO board reported limited engagement with SPC. When raised with the PHD team, this was acknowledged and stronger engagement with CSOs and youth groups was identified as important, particularly in the NCD workspace. The evaluation team note the reported success of SPC PHD engaging with church groups in the Solomon Islands (discussed below).

4.3.4. Outcomes for women, children, and people with disability

The evaluation found little information on outcomes for women, children, and people with disability except in the Solomon Islands where it was reported that MOH had signed an MOU with the churches who are leading the NCD awareness and screening, and also reported a reduction in deaths from breast cancer. PHD funded the initial workshop and helped set up an MOU/partnership between MOH and the churches.

We have raised awareness on breast and cervical cancer through churches and breast cancer has moved down to 3rd place for leading cause of death from 2nd in 2022 (prostrate has moved to 2nd place in 2023)"—A/Director (SI01)

Summary of Key Findings on GEDSI

Out of all the areas assessed in the evaluation, GEDSI was found to be an area in need of improvement in PHD. The Gender Review of the 2019-2020 Business Plan, completed in September 2019, was a positive step forward, however, there seems to have been no subsequent GEDSI plan or inclusion strategy developed to translate the recommendations into actions. The evaluation team found there is a need for systematic gender mainstreaming or transformative gender equality outcomes to be integrated into SPC PHD's Business Plan. The 2019 Gender Review further noted that gender receives minimal attention in the PHD Business Plan and that PHD's attention to gender has

¹ 2023 CSP Performance Story, Disability

been limited to achieving gender parity in participation at meetings and trainings. The evaluation team found PHD is aware and recognises the need for a GEDSI focus but without GEDSI technical support and assistance, they are not able to meet DFAT requirements. There exist opportunities to strengthen GEDSI work within SPC, between PHD and other relevant SPC divisions, particularly through engagement with Pacific Women Lead—which the evaluation team understands has now been undertaken. PHD is also well placed to raise GEDSI issues at the regional Heads of Health/ Ministerial meetings.

The evaluation team understands SPC is currently developing a gender and health concept paper. This needs to be done in a coordinated and negotiated manner with associated funding and technical support. During stakeholder consultations (and a follow up email with the PHD Director) it was confirmed that the SPC HRSD will provide three years of funding for a GEDSI position to progress the recommendations of the Gender Review of the 2019-2020 Business Plan.

There is weak evidence of sex-disaggregated data with little evidence of collaboration or linkages with gender advisers made available via HRSD and/or Pacific Women Lead. There is some evidence of engaging with people with disabilities, but this is limited. Climate change and disaster risks have been considered but are not reported on under the DFAT funding arrangement. There is also opportunity to improve consideration of risks and safeguarding under DFAT investments. Therefore, GEDSI is rated as **Adequate (4)** with opportunity to improve.

Recommendations

- 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.
- o If the two-year extension period is exercised, SPC PHD should be required to implement the 2019 Gender Review recommendations as a priority.
- 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.

4.4. Monitoring, Evaluation and Learning (MEL)

4.4.1. MEL System

Based on detailed review and discussions with stakeholders, SPC and SPC PHD have an effective and efficient dedicated MEL team who produce regular management and MEL reports within SPC PHD, to SPC and for wider stakeholders and donors/funding bodies. Further detailed discussions with the SPC PHD M&E manager revealed that the team were using Power BI to streamline and automate reporting. At the time of the evaluation, Power BI historical data was only available for 2022 and 2023. Previous data sets existed but had not been translated into the format necessary for Power BI reporting, limiting data analysis to 2022 and 2023. Compounding this lack of functional data was the decision by the MEL team to report progress by country against annual targets as a percentage of completion. These annual targets had no validated or verified baseline and as they were annualised it was not possible to map indicators, IOs, EOPOs, health impacts or health outcomes against the five KRAs or analyse cumulative trend analysis (assessing impact) in terms of health improvements and return on DFAT investment.

The lack of indicators, IOs, EOPOs and a Results Frameworks in the original program planning documentation and a reliance on the SPC Business Plan KRAs to map self-generated IOs and EOPOs, presented a unique set of challenges for the evaluation of the three programs. Stakeholders informed the evaluation team that three separate funding arrangements, with separate reporting requirements, created inefficiencies due to multiple different reporting requirements and timings.

SPC is a scientific and technical organisation and is by default the data custodian for its activities with PICTs. The evaluation team found an excess of data available from SPC, SPC PHD and the various MOH. Detailed evaluation of this data is beyond the scope of this evaluation. The evaluation team also has concerns about the validity and verifiability of the data due to a lack of stakeholder confidence in the country level data collection systems that SPC PHD relies on to generate data through PowerBI. In addition, to understand change, there is a need for a baseline and cumulative reporting over time (see section on effectiveness and efficiency above).

4.4.2. Reporting

Future program documents (including the proposed two-year extension) need to detail DFAT's reporting requirements from the outset. PHD MEL and Financial team play a vital role in ensuring DFAT's requirements are met. However, not defining these requirements at the outset and requesting data outside of agreed reporting cycles, requires additional management and M&E data custodian time to produce the requested reports, reducing PHD efficiency and impact (as it detracts from other activities).

There is opportunity to review how other donor funding is reported and if there are any lessons learnt that could potentially inform future funding and reporting between SPC PHD and DFAT.

DFAT has the opportunity through the two-year extension of funding for the SPC PHD Business Plan to work with SPC and SPC PHD to strengthen reporting including integrating cross cutting themes such as GEDSI, the environment and One Health into reporting.

Summary of Key Findings

The evaluation found the MEL challenge was twofold, a disconnect between program logic/MEL and the need to align reporting needs of DFAT and SPC. The recent changes to the M&E position in PHD may have also contributed to reporting challenges.

The DFAT IMR Ratings Matrix does not provide guidance against MEL, however based on review of the current MEL arrangements, and challenges the evaluation team experienced retrieving the necessary data, a rating of **Less than Adequate (3)** is determined for MEL. It is important to note the MEL rating does not reflect on SPC PHD MEL more broadly and instead reflects the MEL that is used to report against DFAT's funding including on efficiency and effectiveness. This rating is provided with the intention to consider improved funding arrangements with a strengthened and simplified set of specific, measurable, achievable and timebound outputs and outcomes in any future iterations (i.e. not against a Business Plan). The recommendations below identify opportunities for improving this rating.

Recommendations

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.
- 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.

5. Conclusion

The evaluation team concludes there is evidence to confirm the following ratings of DFAT's investments into the SPC PHD, delivered under the three funding arrangements of Supporting Pacific Community's Public Health Business Plan 2021-2024 (69294/62), Technical Specialists – Health Security Project Funding (69294/55) and the Pacific Evidence Informed Policies and Programs (Pac-EVIPP) (69294/57).

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

Key Criteria	Rating
Effectiveness	Very Good
Efficiency	Good
GEDSI	Adequate
Monitoring & Evaluation	Less than adequate

Despite these ratings the evaluation team supports the provision of a two-year funding extension for the SPC PHD Business Plan. This extension would provide DFAT, SPC and SPC PHD with an opportunity to consider and implement the recommendations of this evaluation and consolidate achievements to date.

The evaluation found strong evidence for effectiveness with the program demonstrating good progress against the Business Plan KRAs despite sub-optimal reporting and documentation. There was also strong evidence of high levels of satisfaction amongst stakeholders and strong evidence of positive behaviour change (e.g. system strengthening, new SOPs, legal and technical support) among partners and in-country MOH's (e.g. improved IPC SOPs, improved lab SOPs, improved NCD SOPs) through SPC PHD support. However, there is opportunity to improve efficiency, GEDSI and Monitoring, Evaluation and Learning under any future funding arrangements to SPC PHD.

6. Acknowledgements

The evaluation team acknowledges the support provided by the Director of SPC PHD, Berlin Kafoa and the entire PHD team who made time to be interviewed and to respond with the necessary reports and or documentation. The team also would like to thank previous staff members, such as the former Director General Audrey Aumua, former Director of SPC PHD Dr Paula Vivili and former Deputy Director SPC PHD Sunia Soakai, who made themselves available to be part of the KIIs to ensure the evaluation team achieved data saturation and helped by providing some of the additional documentation in support of the KEQs. The team is grateful to all the participants from the Ministries of Health in Fiji, Tonga, and the Solomon Islands, whose contributions were valuable to provide the insights needed to inform the evaluation.

Lastly, the team would like to thank DFAT Canberra, Suva Post and Tonga post and Tonga Health Systems Support Program who helped to schedule and set up interviews.

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8. Annex 1: Terms of Reference (TOR) – Evaluation Questions

Criteria	Focus Questions
	a. To what extent did SPC PHD achieve its End of Program Outcomes and Intermediate Outcomes under the programs and projects? b. Has SPC PHD contributed to results outside of its EOPOs and IOs?
	c. To what extent have MoH institutional capacity and governance structures been strengthened in a sample of relevant countries? d. How has SPC PHD's effectiveness been hindered and/or enhanced by the SPC PHD modalities, governance arrangements and
Effectiveness	resourcing?
	e. To what extent has SPC PHD achieved multi-sectoral collaboration and tested approaches in One Health?
	f. In what ways could effectiveness be improved, particularly considering the impact of COVID-19 on MoHs?
	g. How effective has the SPC PHD used other GoA investments within the organisation (e.g. Pacific women Lead) to support
	implementation of activities under the three investments? Did the Program achieve its objectives?
	a. Were the Program governance arrangements appropriate?
	b. Has SPC PHD made the appropriate use of time and resources for achieving outcomes?
	c. To what extent has COVID-19 and other disasters impacted program efficiency?
Efficiency	d. To what extent are the program governance mechanisms efficient and effective in informing strategic engagement and decision making?
	e. To what extent have SPC PHD's modalities and resourcing been efficient in achieving the end of program outcomes?
	f. To what extent has DFAT management been efficient in its support to PHD?
	g. To what extend has DFAT funding enabled SPC PHD to respond efficiently to emerging priorities for example COVID-19 and natural disasters?
	a. To what extent does SPC PHD inclusive strategy meet DFAT's gender, disability, and social inclusion (GEDSI) policies?
	b. To what extent does SPC PHD inclusive strategy meet environmental safeguards policies, standards, and requirements?
GEDSI	b. To what extend have relevant stakeholder groups (such as women and people with disabilities) been involved in design and
	implementation of SPC PHD programs?
	c. To what extent have SPC PHD enabled outcomes that have benefited women and children, and people with disabilities?
	a. To what extent was the M&E system for each of the three projects fit for purpose?
	b. To what extent did the M&E system for each project provide adequate data and information to support monitoring, implementation and
Monitoring	decision making as well as reporting to DFAT?
and evaluation	c. To what extent is SPC PHD strengthening information systems to better monitor and plan for GEDSI?
and reporting	d. How effectively did the M&E system for each of the three projects measure progress against the end of program outcomes?
	e. Has the program reporting met DFAT's needs and satisfied reporting requirements? respond efficiently to emerging priorities for example COVID-19 and natural disasters?

9 Anney 2: Key Evaluation Questions (KEQ) Traffic Light Summary

Some issues

identified

9. Annex 2: Key Evaluation Questions (KEQ) Traffic Light Summary									
Project Measures									
Effectiveness		Efficiency		GEDSI & Environment		Sustainability		Monitoring & Evaluation	
KEQ No.	Rating	KEQ No.	Rating	KEQ No.	Rating	KEQ No.	Rating	KEQ No.	Rating
1.1	No or minor issues	2.1	No or minor issues	3.1	Some issues identified	4.1	No or minor issues	5.1	Some issues identified
1.2	No or minor issues	2.2	No or minor issues	3.2	Some issues identified	4.2	Some issues identified	5.2	Some issues identified
1.3	No or minor issues	2.3 (a)	No or minor issues	3.3	No or minor issues	4.3	No or minor issues	5.3	Some issues identified
1.4	No or minor issues	2.3	No or minor issues	3.4	No or minor issues	4.4	No or minor issues	5.4	Substantial challenges
1.5	No or minor issues	2.4	No or minor issues	3.5 (a)	Some issues identified	4.5	No or minor issues	5.5	Some issues identified
1.6	No or minor issues	2.5	Some issues identified	3.5 (b)	Some issues identified	4.6	Some issues identified	5.6	Some issues identified
1.7	Some issues identified	2.6	No or minor issues	3.6	No or minor issues			5.7	No or minor issues
1.8	Some issues identified	2.7 (a)	No or minor issues			•			
1.9 (a)	Some issues identified	2.7 (b)	No or minor issues						

1.9 (b)

Some issues

identified

2.8 (a)

1.9 (c)	Some issues identified	2.8 (b)	Some issues identified
1.9 (d)	Some issues identified	2.8 (c)	Some issues identified
1.10	No or minor issues	2.9	Some issues identified
		2.10	Some issues identified

Key:

Substantial challenges found requiring action
Some issues identified requiring consideration/remedy
No or minor issues identified, and/or positives identified

10. Annex 3: Evaluation KEQs – completed

#	Program Measure: Effectiveness		
1.1	To what extent did SPC PHD achieve its EOPOs and IOs?	No or	
		minor	
		issues	

SPC PHD, through consultation and negotiation, refined and defined its own EOPO and IOs for the three programs, mapped against its 5 KRAs. This is a novel yet successful strategy in terms of program management. The challenge comes when looking for the effect of the programs as this was not defined at the start and was evolved over time. Not that the IO or EOPO are necessarily weak, but little if any verifiable or validated baseline were agreed and the expected effect evolved, effectiveness is relative and thus difficult to measure even with the IOs and EOPOs.

SPC PHD it can be said with confidence that the evidence supplied (data and documents) all support the statement that SPC PHD comprehensively achieved its IOs and EOPOs to the extent that they are defined in SPC PHD documentation. SPC PHD reports weekly and monthly internally and within

SPC annual report against the IOs and notes the EOPOs. SPC PHD produced regular updates (PowerBI available for 2022 and 2023, previous years available but not in PowerBI) of its progress but as these reports are 'annualised' and have no agreed 'baseline' it is difficult to evaluate if the IOs and EOPOs are valid and verifiable and relevant to the baselines.

End of Program Outcomes and Intermediate Outcomes are usually placed within agreements at the start of any project or program to indicate agreement by all parties involved with shared understanding on what EOPO and IOs would be delivered against the funding provided. The comments provided below is against the assessment of what was found in the agreements, as these provide the basis of whether an understanding of what agreed deliverables was found. All monies referenced in this document is in Australian Dollars (AUD) unless otherwise stated.

The Terms of Reference (TOR) for this evaluation identified three agreements with a total value of AUD21.3m. However, on review the three agreements (below) totalled AUD13,320,308:

DFAT Funding Agreement 69294/55 – Technical Specialists – Health Security Project Funding; Funding: AUD1,311,000 (6.1%)

DFAT Funding Agreement 6294/57 – Pacific Evidence Informed Policies and Programs (Pac-EVIPP); Funding: AUD3,009,308 (14.1%)

DFAT Funding Agreement 69294/62 – Supporting Pacific Community's Public Health Division (PHD) Business Plan 2021-2024; Funding: AUD9,000,000 (42.3%)

An initial assessment found a difference of ~AUD7,979,692 difference between the Evaluation TOR and the Agreements provided. Additional documentation sourced from SPC identified an additional three agreements that provided the extra funding.

Additional agreements identified by SPC:

DFAT Funding Agreement 69294/69 – Phase 2 Pacific Specialised Clinical Services & Health Workforce Improvement Program (PCSHWIP); Funding: 1,000,000

DFAT Funding Agreement 69294/76 – Strengthening Vaccination Capacity for PICTs through SPC OHD Business Plan; Funding AUD1,057,310

DFAT Funding Agreement 69294/77 – Partnership for a Healthy Region – SPC PHD Business Plan; Funding 10,900,000 (replaced the previous Agreement 69294/62)

Financial acquittals were only found for the additional agreements. However, based on the documentation provided and the additional documents gathered, an assessment of the three agreements provided, we can confirm the agreed deliverables, milestones and any outputs and outcomes agreed via the signed agreements were delivered and expensed as agreed with DFAT. We note that the Business Plan is delivered against Key Result Areas

(KRAs). As there is no clarity within DFAT's agreement on what EOPO or IO are to be delivered, and that the Business Plan 2021-2024 is included in the agreement, it is therefore confirmed delivery was as per the requirements of the funding agreements.

For the PacEVIPP and Technical Specialists agreements included milestone payments against outputs such as the recruitment of the technical specialists, submission of their workplans and for PacEVIPP the receipt of annual and acquittal reports, which were understood to have been provided.

In consulting with those at SPC it was clear with multiple donor funding, there is a need to reduce the reporting requirements (not add to it). This requires for future funding, including the 2-year extension; there is a need for DFAT and SPC to clearly identify what EOPO and IOs are to be expected; what format they should come in and how when these should be provided.

A rating of green is provided, although SPC-PHD fulfilled its contractual requirements under the various funding agreements identified above, concerns remain as to the validity, relevance, and transparency of the of IOs and EOPOs. This lack of clarity can result in inefficiencies in contract management, delivery, and effectiveness. For example, constantly requesting information from SPC by DFAT or constantly seeking clarification from DFAT on agreement conditions/ requirements from SPC.

We provide below examples to further demonstrate systemic (and sustained) changes of specific areas of effectiveness that was identified in-country:

Overall, countries confirm their appreciation for SPC support. It is a reputable regional organisation with buy in from Pacific governments:

PHD employs good savvy technical officers who understand the development context of the region.

PHD effectively leads regional architecture on health governance and has the mandate of the region.

This is unique and specific to SPC. PHD convenes Ministers of Health and Heads of Health meetings which set the priorities for the PHD BP. PHD also convenes Directors of Health meetings and more recently, Heads of Nursing meetings. Inputs are sought from technical areas in the country on activities to be supported. All those interviewed from PS/CEO MOH, Directors, Managers, technical staff - no one has seen or knows what is in the PHD BP - it lacks visibility and country ownership.

The list of what PICT informants have identified should be considered as a key achievement. These have been fed into SPC PHD planning and where possible embedded in workplans and activities.

At the country level (Tonga/Solomon Islands), they report of **strengthened legislation on NCD Prevention & Control - specifically Tobacco control legislation** as a direct result of TA from PHD Legal Adviser

Countries report strengthened surveillance systems, skills application, and structure. The FETP is most effective in upskilling participants including nurses analytic and reporting skills.

The SHIP DDM course has been effective in the collection and use of data for decision making - although management of data systems within all MOH continue to be a challenge.

Establishment of the Public Health Observatory and research repository in partnership with FNU

This enables SPC to focus on technical assistance to countries while FNU as an academic institution hosts the repository for research and publications/reports - Pacific literature that is findable (expression by Dean, FNU). The idea of the observatory is translation from evidence to Policy.

Effective engagement with Churches in Solomon Islands on NCD PCP

NCD Solomon Islands reported that SPC supported a workshop with CSO and churches. This led to the signing of MOU with church leaders for the screening and awareness on NCDs with the churches taking the lead role. The impact is that churches are now not selling cigarettes in their compound. They are now serving more local foods for catering. The Anglican church has stopped serving processed foods. As a result, they have noted the reduction in cases with high blood pressure and there is better control of blood sugar. Awareness on breast and cervical cancer in the churches has led to breast cancer moving into third place in 2023 from second place in 2022 as major cause of death for women.

Effective COVID support

In 2021 report, PHD reviewed/developed 43 COVID-19 SOPs/guidance documents for Fiji, FSM, Niue, Tonga, Vanuatu & reviewed/ developed National IPC guidelines/workplans for Fiji, Vanuatu, Solomon Islands, Kiribati.

At the end of the evaluation an overriding requirement for DFAT staff and SPC is to work at all levels to retain and reinforce the trust that exists between the two organisations. This trust has served both well and will do so in the future so long as it is maintained and strengthened.

1.2 Has SPC PHD contributed to results outside of its EOPO and IOs? issues

The evaluators recognise that the COVID-19 activities were not anticipated or planned for but were the result of the global pandemic and with the support of DFAT at all levels SPC PHD were allowed to pivot project funding to meet the regional needs. This was not in SPC PHD business plan or workplan. There are many reports from SPC and others that recognise the critical gaps in regional technical knowledge that were addressed by this funding. SPC PHD increased the links across Pacific laboratories, such as the Fiji CDC with external laboratories during the outbreak. This strengthened

work on the ground and enable greater capacity and capability to services other areas outside of Fiji (i.e. Fiji CDC linking with other laboratories across the Pacific). There was also identified efficiencies in transporting samples where SPC used its connections again to enable effective transportation of samples for testing. This work during COVID increased the capacity of most national laboratories (further described below). This pivoting of resources during the pandemic to service and strengthen much needed areas in the Pacific is a major success for both DFAT and SPC.

PHD Key result areas (Risk Management Matrix)

PICTs own and lead the change agenda for health services improvement in the region.

Improved capabilities & knowledge/skills gains leading to practice change & improved effectiveness & efficiency within Pacific MOHs

Legislation, Policies, guidelines, and standards enforced /implemented in PICTs.

Innovation, digitalisation & technology introduced by PHD resulting in improved effectiveness & efficiencies with Pacific MOHs.

Data, Statistics, and knowledge used to inform evidence-based planning and policy decisions.

PHD has a BP **Results Assessment Framework** against which they publish an annual report on progress and achievements -E.g. 2021 -overall achievement is 79% -based on average of SPRP 75%; OOD 76%; NCD-PCP 93%; Lab 69%; CSP 81%. Each Division has KRAs and Objectives and activities and reports on outputs, Immediate outcomes, and intermediate outcomes. As this data is annualised it is impossible to report health impact or improvements over a specific time. SPC PHD agreed this could easily be improved and data for previous years input to provide more analysis of health impact and improvement over time which would help DFAT evidence a good return on investment.

SPC could easily generate additional reporting at an agreed frequency that would provide DFAT Post and Canberra with the data needed for their own reporting requirements.

1.3 To what extent have the Ministry of Health (MoH) institutional capacity and governance structures been strengthened in a sample of relevant countries?

No or minor issues

There is strong evidence from both documentation and KII results of institutional capacity strengthening from SPC's work in the Pacific in both clinical (PacEVIPP and the Technical Specialists, clinical governance) as well as the non-clinical in its work around NCDs. SPC was reported to strengthen communication and collaboration between countries in the Ministers of Health, Heads of Health, and newly established platforms of Heads of Nursing

and Public Health Heads Meetings. This was confirmed by different stakeholders at interviews. SPC through its secretariat role, was able to provide the regional architecture to enable collaboration at high level whilst also providing opportunities for countries to learn and network with each other. These regional forums were identified as one of the most important catalysts for health in the region. The role of SPC PHD as Secretariat is pivotal as it calls the meetings, co- develops the agenda, and provides briefings and support to the delegates to ensure an informed and relevant discussion and dissemination of the results/ discussions to build on successful events and strengthen decision making. These forums also provide opportunity for informal discussion, coordination and liaison between member countries further improving capacity, knowledge, and governance.

The SHIP-DDM courses conducted via the technical specialists have also been reported as strengthening surveillance and data management on the ground. A local facilitator in Tonga described the courses as "I can see now there is greater appreciation for data, across all the projects [run by those in the training] there is improvement in the data collection and in reporting. We are really happy."

It was mentioned during several interviews that the practical benefit of the eighty-four mini projects in terms of change, improvements and governance were significant. Small, focused projects designed to improve the health practice at a local level is a great example of both improving institutional capacity and governance strengthening for low cost and SPC is looking to provide continuing funding to increase the number of graduates from these courses.

Majority of participants who participated in the SHIP-DDM course reported the improvements to the work that had been engaged in and expressed a desire for additional courses and increased opportunities for their colleagues to attend. The felt that by opening the courses to more people within the Ministry of Health (clinical and non-clinical) with additional support for those without the pre-entry qualification as this course is provided at postgraduate level. Participants asked for training in the pre-requisite knowledge required to help participants start on the same level. There were reports of participants dropping out midway due to various reasons, one of which, included struggling to keep up due to lack of foundational knowledge on the course. They asked could a pathway back into the course be introduced to continue to build capacity.

There was also strong feedback on SPC's support during COVID-19. COVID-19 saw the need to pivot funding (with support from DFAT and Post) to an unpredictable and new area. At the time of review, it was clear SPC's contribution had resulted in improved laboratory conditions and strengthening in preparation for other communicable diseases such as zika, chikungunya and Dengi stereotyping. There was the building up of the Fiji CDC where it was able to provide training to other PICTs. There were two compact container laboratories in Fiji (Suva and Nadi) and in Tonga which has provided necessary equipment for official testing. SPC provided exemplary support during COVID-19, and pivoted on the pandemic to build local capacity such as training and embedding 32 IPC focal points in the PICTs MOHs.

There was also good report in the work around clinical governance. Although doctors specialise in their clinical fields it is important for those with management or leadership responsibilities to understand the importance of good clinical governance. SPC has provided support and has shown initiative in supporting the connection between

Limitations of the support that SPC provided in this area include the need for strengthened capabilities that filter through from the agenda setting spaces (Heads of Health and Ministers of Health Meetings) to implementation on the ground. For example, the need to ensure data validation, equitable delivery across spaces e.g. national and provincial level, as well as considering maintenance of new equipment once installed. Sustainability of any support provided should be considered at the front end.

This rating is both green, there are areas that could be improve during the next 2-year extension.

In all three countries consulted as part of this evaluation, both those interviewed, and documents supplied provide evidence that human resource capacity in terms of technical skills/knowledge have been strengthened.

It was difficult to assess overall institutional capacity and governance structures as staff turnover is a major challenge. KIIs report weak/poor management Information System (MIS) and dysfunctional/discredited Hospital Information System (HIS). Extensive data sets exist within the separate MOHs, departments, clinics and even to the level of clinician. Few if any of these systems are integrates, no data baseline has been established/agreed and no data validation, verification or indeed mapping has been done.

How has SPC PHD's effectiveness been hindered and/or enhanced by the SPC PHD modalities, governance arrangements and resourcing?

No or minor issues

SPC PHD modalities and governance arrangements have been able to deliver against the SPC PHD Business Plan.

SPC, as an organisation is evolving and moving away from project-based funding agreements into more longer-term programme-based funding. However, SPC has not yet fully articulated how this works, particularly within PHD. It is important for DFAT to be supportive of this process as this may result in greater effectiveness and efficiencies in SPC PHD's delivery and subsequent M&E and reporting. There is a need for strategic and intentional engagement with countries, with opportunity for countries to seek support from SPC with a clear understanding of what can be provided over the short and longer term. This means SPC PHD should be able to offer a list of specific services that is kept up to date and provide examples of past success possibly through case studies in the annual report and SPC PHD web presence.

Also SPC as an organisation continues to evolve and grow sometimes resulting in divisions that may not be effectively engage, for example, communication between PHD and SPC's Human Rights and Social Development Division (HRSD) where Pacific Women's Lead is housed. Also, for member countries, the distinctions between each division are much less visible. Countries reported high satisfaction with SPC's technical expertise but were not always clear on the range of technical expertise available across SPC (not just PHD) in terms of health. This lack of visibility may hinder equitable access with greater technical support being offered to those that know the expertise is available, not necessarily where the greatest need or good could be affected. SPC PHD should collaborate with member countries at all levels to promulgate the technical expertise that is available and a simple method on how to access it.

However the evaluation team is fully supportive of the two-year extension and while not wishing to add an administrative burden condition sees benefit in SPC PHD considering these findings as opportunities to improve.

This is rated as green as SPC PHD's modalities work, however, there is work where DFAT (and or other donors) can support effectiveness (and efficiencies) by moving into coordinated programme-based funding modalities, potentially allowing SPC to strategically offer programme-based services to member countries.

To what extent has SPC PHD achieved multi-sectoral collaboration and tested approaches in One Health (also known as Planetary Health)?

No or minor issues

For the sake of this evaluation, the terms One Health and Planetary Health are regionally interchangeable. One Health while not a new concept is gaining international renewed momentum (WHO, 2024) and this is becoming of renewed interest within SPC and the Pacific. SPC PHD has a clear mandate from Ministers and Heads of Health meetings regarding One Health, however this still needs to be embedded into policy and practice at the strategic, country and on the ground (and across SPC divisions). The evaluation team were informed SPC has a One Health adviser based within Land Resources Division, but they were not available at the time of the field visit. There was evidence of significant work around climatic and addressing environmental challenges, particularly work with Agriculture and Fisheries and Health on food security. In Fiji, there was report of progress made around vector control, especially with the SHIP-DDM course. There was also work in legislation and the legal team that the SPC PHD team was working with countries to coordinate and strengthen legislation, such as tobacco control. This corresponded with the DFAT bilateral area where majority of this work was housed. However, this was reported as still being project-based with no strategic undertaking or coordination in place. For example, when funding runs out the work ceases. There is a need for greater multi-sectoral collaboration and for country ownership to progress the One Health agenda. There may be a need to understand the practicalities of what One Health means and how that might be implemented by ministers.

A yellow rating is provided as there is support at high level but there is a need to translate it into practice or to implement this agenda.

In what ways could effectiveness be improved, particularly in light of the impact of COVID-19 on MoHs?

No or minor issues

Information on improvements have been provided above, against each criterion.

Effectiveness has been improved (re COVID) with evidence from KIIs confirming sustained changes on the ground especially in the area of IPC. PICTs reported lower death rates as a result of COVID-19 compared to Australia and New Zealand³⁷. This is significant and lends towards the efforts on the ground, particularly SPC's responsiveness to support PICTs with strict border protection allowing time to build immunisation coverage.

Lab capacity for testing has increased with sustainability and maintenance and replacement of equipment an essential area of consideration in the support SPC provided countries. KIIs confirmed trainings were provided as well as PICTs supported in developing procurement processes that considered maintenance, consumables and waste management. PICTs then kept asset registers that ensured monitoring and timely procurement of consumables.

Since 2022, with DFAT support, SPC PHD has recruited an adviser in biomedical engineering, and re-established a regional network to provide coordination and much needed training, in order to help sustain the biomedical and laboratory equipment provided under COVID-19 related programs. SPC PHD's laboratory team has expanded with DFAT support, and amongst the initiatives to support the sustainability of PCR capacity is helping countries to become members of the US Centers for Disease Control and Prevention International Reagent Resource (CDC IRR), which provides a wide range of laboratory reagents to developing countries free of charge.

It was noted that several of the laboratories were looking at introducing genetic sequencing. The evaluation team understands this may be costly and needs careful assessment

How effective has the SPC PHD used other Government of Australia (GoA) investments within the organisation (e.g. Pacific Women Lead) to support implementation of activities under the three investments?

The Pacific Women Lead (PWL) is managed by SPC's Human Rights and Social Development Division. At the time of in-country consultations it was not clear to the evaluation team, both within SPC and external to SPC what Pacific Women Lead is able to offer in terms of effect (this is expected to change over time). Also, the review found SPC PHD still have outstanding the 2019 Gender Review Recommendations. During follow-up interviews, it is

understood SPC PHD require a full-time Gender position, within SPC, to provide the support required to streamline GEDSI through PHD's BP. The evaluation team is satisfied that SPC PHD has made progress towards addressing these recommendations. .

There was clear evidence of activities that worked in each of the bilateral programs in the countries assessed but sometimes communication between SPC divisions can be limited. Also, the evaluation team found cross-over between SPC PHD activities and the DFAT bilateral program and coordination between these programs can be limited reducing synergy and opportunity for greater effectiveness.

Opportunities for improvement exist that could bring visibility, synergy and improve effect between SPC PHD and the DFAT bilateral program:

DFAT Suva Regional and Bilateral to coordinate and identify which activities should be crosscutting across SPC work (e.g. between the Fiji Program Support Facility and SPC or SPC PHD and Tonga/ Solomons Post). This is a DFAT internal opportunity.

SPC PHD to share its Business Plan with member countries as part of a broader awareness raising campaign to member countries and donors. This may be refined with an SPC PHD Engagement Strategy.

PHD has effectively used the DFAT funding to leverage other donor funding assistance.

PWL through SPC HRSD division confirmed support to PHD for a GEDSI Adviser role. PHD has confirmed an agreement reached with HRSD for 2 years funding for a GEDSI adviser and PHD will provide 1 year - this will enable PHD to recruit for a GEDSI adviser.

SPC and SPC PHD could do more to coordinate with bilateral and other donor investments to improve effectiveness.

1.8 Have changed circumstances and risks been taken into account to update the intervention logic? identified

There is no intervention logic available to the evaluation team on the DFAT Funding Arrangements, that was used to measure and evaluate the SPC PHD funding.

SPC uses the Performance Evaluation Assessment Report and Learning (PEARL) evaluation approach and there is evidence of changed circumstances and risks, but these are often not considered / included to update a program logic.

PHD has developed a Risk Management Matrix 2023 where they have a description of the risks associated with the PHD KRAs, - likelihood, consequences, overall risk rating and risk treatment. This is a dynamic management tool that is adjusted dependent on prescribed risk factors. This is

an adaptive tool that could be used to update intervention logic if such a framework were to be introduced beyond the theory of change framework that is evident across multiple activities and is discussed during the evaluation interviews.

1.9(a) Indicators: Are the indicators well defined and relevant to measure the achievement of the objectives?

Some issues identified

SPC program indicators and key result areas (KRAs) are clearly defined and measured and are relevant to the work that SPC does. There is a need to clearly set out what these indicators will be for future funding.

Key Result Areas (KRAs) are not indicators. KRAs are effective and both IOs and EPOS are included in reporting KRAs and mapped across activities.

1.9(b) Are all related data available and gender-disaggregated, if relevant?

Some issues identified

Very limited gender-disaggregated data was available. There is a clear need for SPC to ensure a GEDSI-based lens is included in its data collection and reporting on activities and impact.

PHD collects sex-disaggregated data - male/female. However, there is little evidence of gender analysis to explain what the data suggests and how these impacts on male/female health status/outcomes.

1.9(c)
Are baselines and target values set realistic or do they need to be updated?
issues
identified

Baseline values are revised annually. It is understood SPC PHD has now moved to trend analysis using PowerBI. This is fundamental for future program iterations as it will allow tracking over time and performance management.

Questions on data validity and whether the data is verifiable in lines with baseline development, reporting against activities impact, effect and outcome seeking sustainable improvements in indicators (One health, climate, GEDSI and good governance)

We understand SPC is undertaking activities around collating NCD and clinical health outcome data indicators. This is ongoing work and is important for the region, however, the comment above is relevant to SPC as an organisation and its deliverables against DFAT and other donor funding. During evaluation interviews several data gaps, collation issues and data trust issues were discussed. This calls into question health planning are data sets

(evidence) are incomplete, unreliable and or open to manipulation. Further work on this area would support strategic planning for both DFAT and SPC PHD.

1.9(d) What are the indicators that are linked to the DFAT program results framework, and do they serve proper results reporting?

Some issues identified

A results framework was found within SPC PHD, however, with the DFAT Funding Arrangements, the results framework was found only in one out of the three agreements. This is discussed under the introduction. This evaluation considered any and all indicators, even if Key Results Areas.

The evaluation noted SPC has developed a strong trust-based relationship with DFAT and Post. This relationship is personality driven by the professionals operating within DFAT and SPC. However, as those individuals move on in their careers, the institutional knowledge and indeed earned trust, may become challenged. It is important that DFAT maintain and evidence this continuing trust in SPC, whilst providing scaffolding to support change and to defining the necessary monitoring / reporting framework.

1.10 Any issue from TOR (One health & the environment) linked to effectiveness and the proposed 2-year extension to SPC PHD Public Health Business Plan?

No or minor issues

At the timing of the evaluation there are no concerns linked to effectiveness that would prevent the 2-year extension being granted.

However, DFAT may want to consider an advisory note linking the 2-year extension with the need for SPA to look at inter divisional / cross cutting issues such as One Health, Environment, (and GEDSI). DFAT needs to continue internal discussion on these areas and what is expected and to share these developments with SPC. DFAT should look to discuss these evolving topics with SPC and to ensure that future agreements clearly communicate these expectations as they mature within DFAT. This will help improve effectiveness and efficiencies in the funding arrangement with SPC.

There is appreciation of One health, but the PHD focus is on human health (public health services), not on environmental or animal health. This will need to come into focus in the 2-year extension. The SPC Results Report 2022 states under KFA 6 - Planetary Health that SPC has been working to promote planetary Health, integrating human, animal, and environmental health (pg. 3)

Chief Health Officer in relation to questions on One Health "SPC has done it but in Silos."

The One Health / Planetary Health Meeting, held from July 27-29, 2022, focused on sharing countries One Health experiences, fostering cross-SPC collaborations, and beginning to establish an integrated 'Planetary Health' framework for SPC's Key Focal Area 6. The importance of understanding the

interconnectedness between human and natural systems was stressed throughout, recognizing the crucial role of Indigenous knowledge and holistic views in health promotion. Country experiences with One Health projects, including initiatives from Fiji, Tonga, Samoa, and Solomon Islands, were shared. Each project highlighted the necessity of interdisciplinary collaboration and the ongoing challenges, such as limited resources, data sharing reluctance, and varying knowledge levels in data collection. (Separate Report shared by Berlin on17/1)

There is greater awareness and recognition at the country level of climatic impacts on diseases. It is recognised that SPC has a One Health adviser working within the Land Resources Division.

Conclusion:

SPC has effectively delivered against its Business Plan and the milestones identified in the signed funding agreements.

In future there should be negotiated EOPOs and IOs, that do not require extra or new work on SPC's part.

This work may or may not require further technical support depending on the ability of the organisations to communicate and understand each of their policies and processes.

PHD is highly regarded for their leadership and mandate in regional architecture of health governance, they offer relevant specialist technical assistance, training and governance which is much needed given high staff turnover experienced and the expense of sending staff for longer term education.

#	Program Measure: Efficiency		
2.1		No or	
	Has the SPC PHD made the appropriate use of time and resources for achieving outcomes?	minor	
		issues	

Yes. SPC offers services to twenty-two of its PICTs and Territories member island countries covering a total population of 11.8 million. There is evidence of appropriate use of time and resources resulting in good progress against the Business Plan. However, SPC PHD desires to transition from project and activity-based delivery to more programme-based delivery. This should result in greater efficiencies both in delivery, monitoring, and reporting.

It has been mentioned against 1.1 where efficiencies in reporting can be gained from better or clearer EOPO and IOs in the funding agreement.

An observation discussed with PHD is the low execution on projects compared to the high execution on program funding (BP) which has salaries so there is higher draw down. Small projects are hard to implement as they rely on existing staff who already have the business plan activities to execute.

Program funding has more flexibility to adjust activities and repurpose, if necessary, whereas projects with a lot of activities require greater resources to deliver than is often within the project plan.

SPC recruitment process is a challenge - it can take up to 15months to recruit. This leads to human resource capacity challenges which was also expressed by DFAT Suva Post.

SPC has recognised that chasing donor funding has limitations and consequences. SPC sees responding to new project calls as a distraction and produces short term prioritisation often at the cost of more impactful/sustainable activities.

2.2 To what extent has COVID-19 and other disasters impacted program efficiency?

No or minor issues

COVID-19 delayed agreed programs and activities however, this also provided opportunity for SPC to support the region in preparing systems for COVID-19. Tonga reported how SPC was instrumental in refining many of its Standard Operating Procedures (SOPs) in surveillance and public health mobilisation to allow vaccination and then testing for COVID-19 cases. There was also good progress gained from other countries since there was a delay in the first case of COVID-19 being found in Tonga.

Fiji reported work around the building of a compact-container laboratory in Suva and in Nadi. This allowed people not to travel too far when seeking COVID-19 services. Hence, although COVID-19 delayed other program delivery, it did provide an opportunity for SPC to pivot its program.

COVID 19 required PHD to pivot its support to supporting countries with a public health crisis they had not faced previously and did not have the experience for. SPC was efficient in re-purposing its support and was able to provide technical know how

2.3 To what extent are the program governance mechanisms efficient and effective in informing strategic engagement and decision making?

No or minor issues

Currently SPC PHD has high level mechanisms in place from the Ministers and Heads of Health Meetings to inform its strategic direction with member countries. However, there is no evidence of strategic engagement from SPC to drive decisions on how it approaches countries. Countries interviewed reported waiting for SPC or asking SPC if they have a need. There is no intentional support or understanding of SPC's PHD Business Plan that can identify areas that they can approach SPC with.

PHD reports to SPC governing body, which is Committee of Representatives of Government and Administrations (CRGA), that is led by SPC Management and leadership. PHD receives core funding from SPC budget from member contributions. There is a head agreement between DFAT and SPC which is a strategic partnership - over 10 years and high level. Program funding for PHD is provided by Canberra but managed by Fiji Post. SPC is under the impression that the current governance and DFAT reporting arrangement is working as they have not been told otherwise - there is an annual and six-monthly reporting of ppt presentation and submission of a narrative report.

Both the evaluation team and SPC PHD recognizes that DFAT require specific information for their internal and external reporting. SPC PHD agrees this can be provided so long as it is clear what is required and by when.

To what extent have SPC PHD's modalities and resourcing been efficient in achieving the end of program outcomes?

No or minor issues

The evaluation team found exemplary recording, management and tracking of resources, particularly financial against the DFAT Funding Arrangements. SPC is to be commended on its management of the funds and timely expenditure as agreed.

2.5 To what extent has DFAT management been efficient in its support to PHD?

issues
identified

There is some frustration on both sides (DFAT/SPC/SPC PHD) with DFAT requests for information, particularly around administrative burden. DFAT's management and SPC PHD engagement can often hinge on trust which is built on established professional relations. This is understandable considering Pacific culture and understanding that these activities are delivered and maintained by Pacific nationals. However, there are challenges when there is a change/ movement in positions. There is a need to build stronger management structures into the Funding Agreement to ensure deliverables are met, with appropriately identified outputs, outcomes and measures and indicators in place. This should not require new work but a reframing of current work for more efficient and reduced reporting burden. Streamlining processes can also save time and effort on DFAT's part in achieving its own internal reporting requirements.

At the start of the evaluation, it was difficult to understand the DFAT management lines, but it became clear that while funding approval originates from Canberra, ongoing coordination, and management rests with Fiji Post. PHD did not raise any concerns about this element re efficiency.

However, for this evaluation purposes, the team lacked independent evidence on efficiency in terms of DFAT management support to SPC PHD.

Again, it was apparent that without Key DFAT personnel at Suva Post (Paulini now in Tuvalu, Dr. Frances on leave), it was initially difficult to get a clear picture, but we were able to have a call later which clarified things the sustainability of such a personality driven governance mechanism needs further discussion and perhaps scaffolding to ensure trust is maintained through any change in personnel.

2.6 To what extent has DFAT funding enabled SPC PHD to respond efficiently to emerging priorities for example COVID-19 and natural disasters?

No or minor issues

The pandemic tested the regional capability, capacity, and ability to meet local needs. With the support of DFAT, SPC PHD was able to strategically pivot of DFAT funding and apply SPC PHD technical knowledge to respond to the region's emerging needs. The result in the response to COVID-19 is a clear example of the flexibility within the funding agreement (and DFAT/Post /SPC/ SPC PHD) to enable timely response to natural disasters and emerging priorities. There should be an in-built mechanism within funding agreements to allow this to take place for greater efficiencies, such as including a clause that enables timely response to identified emerging priorities such as COVID-19 and natural disasters.

DFAT funding has been substantial in this area, but has it increased the expectation from SPC member countries of reliance on DFAT funding and an expectation DFAT directly or through SPC or the bi lateral funding arrangements will look to maintain, repair, and support this COVID capability beyond the emergency phase.

2.7(a)

Inputs

a) To what extent correspond the resources made available by the action with the targeted needs?

No or minor issues

SPC PHD was found to take an evidence-based approach, together with their regional networks and local knowledge, to effectively identify resources and support to countries. Also, SPC PHD was found to identify learnings across its sections to reiterate and adapt to its other work. For example, its work with IPC, during the pandemic where in-country assessments undertaken via surveys and online discussions allowed identifying of priority areas for PICTS. This was translated across to work undertaken with the biomedical field.

However, this information was gathered through KIIs. Consideration should be given to developing and maintaining a program repository where all relevant documents including design, contract, regular progress reports, all correspondence, IOs, EOPOS reports and amendments are stored in an accessible manageable document management system.

2.7(b)		To what degree are resources (inputs) which are not DFAT-funded made available on time from other stakeholders?	No or	
	2.7(b)		minor	
		Stakenoluers:	issues	

The evaluation team discussed other funding donors with SPC, and it was commented that DFAT finding was often 'conditional' and other funders were discretionary. In other words, discretionary funding allowed much greater freedom of action and ability to respond quickly to urgent demands from member countries. Conditional funding needed greater degree of coordination, lacked discretion, flexibility and had the added burden of regular reporting to the donor.

		Delays	Some	
2.8(a)	2.8(a)	If there are delays, how important are they and what are the consequences?	issues	
			identified	

It was clear from discussions that delays occurred (sometimes due to recruitment issues, COVID and cultural factors). Additional documents were supplies detailing and justifying these amendments. However, the evaluation team felt these amendments were not documented well in that they did not contain enough information on.

What the change was and what caused it

What was done and why and

What was affected and or delayed.

It would be important to document these changes at program level and this should be included as part of the regular/financial reporting e.g. if a budget line is reduced or increased by x% there should be an accompanying explanation on why and how. It may be impractical to include this at work plan level since this should be more outcome-based vs activity based. Reflecting changes on financials may be easier to document.

2.8(b) What are the reasons for these delays and to what extent have appropriate corrective measures been implemented? No or minor issues

To confirm the previous answer, COVID 19 required PHD to pivot from its planned activities as COVID support to countries. Also, a lack of or delays in human resource recruitment perpetuates the delays. It is difficult to gauge how this can be addressed as this is a broader SPC issue and not within the scope of this evaluation.

2.8(c)		To what extent have the planning documents been revised according to the monitoring conducted by the Implementing Partner(s)?	Some	ļ
	2.8(c)		issues	ļ
			identified	
				l

SPC PHD have a detailed and robust PEARL based monitoring framework. However, this internal monitoring has some inherent weaknesses and in additional the monitoring carried out by SPC PHD does not directly feed back into the DFAT planning document. The PEARL results feed into SPC PHD, weekly progress reports, six monthly reflections and annual reports which in turn are reported against PHD activities

2.9 Have the outputs been produced/delivered in a cost-efficient manner? issues identified

The scope of this review only can confirm outputs have been produced/ delivered in the agreed manner, as per each contract. It is beyond the scope of this evaluation and its TOR to determine if outputs have been produced or delivered in a cost-efficient manner. To do this, a standard need to be set on what would be considered cost effective. It may be possible in future work with SPC to compare costings across the years (as a financial trend analysis). However, inflation and the rising cost of doing business globally has significantly risen.

	Any issue from TOR (One health & the environment) linked to efficiency and the proposed 2-year	Some	
2.10	extension to SPC PHD Public Health Business Plan?	issues identified	

Discussed above.

Conclusion:

Based on evidence reviewed and interviews undertaken this evaluation can conclude SPC PHD has delivered against its Business Plan and Funding Agreements.

There is opportunity to improve the delivery and management model through better funding agreement conditions. For example, adding of a clause to allow SPC PHD to respond quickly to future pandemics or natural disasters as part of the agreement, include clearly identified IOs and EOPOs based on what is already available (not adding new work for SPC) as agreed by SPC and DFAT.

There should also be improvements in the administration and management from DFAT's end. These activities, though basic, can safeguard against turnover and institutional knowledge loss.

#	Program Measure: Gender Equality, Disability, and Social Inclusion (GEDSI) and the Environment		
3.1	To what extent does SPC PHD inclusive strategy meet DFAT's GEDSI and environmental policies, standards, and requirements?	Some issues identified	

It is clear from evaluation documentation and discussions that both SPC and SPC PHD understands the need to include GEDSI, and environmental policies and standards and requirements into its processes. SPC PHD has identified the additional need for internal technical support to include this across their programs. PWL has identified this as a priority in its broader work with SPC and has indicated its willingness to provide technical support should it be requested. However, at the time of evaluation PHD does not yet have an Inclusive strategy to address GEDSI, or environmental policies standards and requirements.

There are no explicit GEDSI requirements in the funding agreements - this needs to be made explicit and a note could be included in the 2-year extension if PHD is required to report on this.

A Gender review of the 2019-2020 BP was conducted which identified issues to be addressed but recommendations not progressed.

2019 GEDSI Report states a Gender Plan to be developed - no evidence that this has been progressed.

PHD reported GEDSI Activities - March 2023

Gender specific data

Engagement of women CSO's

Leadership and governance – increased recognition of women within PHD, Pacific regional health governance meetings

Collaboration with Human Rights and Social Development – Pacific Women Lead

Technical support to HPV testing (cervical cancer)

Drafting PHD gender paper for SPC flagship

PHD BP Page 21

The SPC Social and Environmental Responsibility policy and implement its obligations. 7.3.4 Social and Environmental Responsibility

SPC's Social and environmental responsibility Policy sets out the social and environmental safeguards and aim to avoid, reduce, or compensate for negative effects of SPC activities (projects & operations). The three pillars of the policy are as follows:

Pillar 1: SPC people - To provide its staff with a workplace that promotes diversity and inclusion, guarantees equal rights, and provides for a safe, healthy, and dynamic working environment.

Pillar 2: SPC operations - Greening SPC to be a responsible organisation in the fight against climate change and biodiversity erosion through the reduction of SPC's environmental and carbon footprints.

Pillar 3: SPC programmes - Designing a robust social and environmental management system (ESMS) to support programmes and projects to deliver activities that maximise social benefits, by preventing or, where not possible, mitigating any significant or unjustified social and environmental impacts, in line with Performance standards 1-8 of the Green Climate Fund

Through its divisional environmental focal point, PHD will engage with SPC Social and Environmental Responsibility policy and implement its obligations.

PAC EVIPP Grant Arrangement specifically states cross-cutting issues - gender equality, climate change, disability inclusiveness - gender balance for training participants and eventually as senior health decision makers; mainstream gender and social inclusion into SHIP-P training content including analysis of gender data and case studies; sex disaggregated data; gender indicators and gender analysis. There is no evidence in reporting.

Technical Specialist - Epidemiologist - No GEDSI reference in their TOR or person specs despite earlier reference to gender and social inclusion mainstreaming in SHIP-DDM training **there is however reporting that** Participation by women in the FETP and related training have been high with all training cohorts registering more than 50% female participation.

		Some	
3.2	To what extent do EOPOs /IOs meet GEDSI, and environmental policies, standards, and requirements?	issues	
		identified	

Future planning documents, agreements, EOPOs/ IOs need to clearly articulate what GEDSI, and environmental should be included in the funding agreement.

Currently there are no EOPOs related to GEDSI, and environmental policies, standards, and requirements.

To what extent have relevant stakeholder groups (such as women and people with disabilities) been involved in design and implementation of SPC PHD programs? No or minor issues

There is some evidence via impact stories that stakeholder groups such as women and people with disabilities were involved in designing PHD programs. Also, the SPC 2021 report states that stakeholder engagement was not achieved well.

The evaluation found a general lack of engagement by CSOs except in the Solomon Islands where MOH has signed an MOU with the churches who were leading the NCD awareness and screening and a clear impact in reduction of breast cancer results.

SPC PHD country reports show that youth have been actively engaged with NCD awareness programmes.

Fiji Report states Support for Fiji Diabetes Association engaged youth to address NCD through Arts - This was confirmed by the MOH Wellness Centre Pacific Youth Ambassador Project **Tonga** Report - Mobilisation of youth groups, CSOs and LGBT communities to address NCD **Solomons** - Engaging youth to address NCD, Pacific Youth Ambassador Project **Vanuatu** engaging youth in addressing NCDs - Pacific Youth Ambassador project **Tuvalu** engagement of Diabetes Association for NCD awareness and advocacy.

This is a clear area for improvement in the 2-year extension and needs careful consideration in any future funding.

	To what extent have SPC PHD enabled outcomes that have benefited women and children, and people	No or	
3.4	with disabilities?	minor	
	with disabilities:	issues	

Few gender-specific activities supported by PHD include, but not limited to the following:

Leading the work on cervical cancer screening in PICTs as part of the larger cancer screening work supported by several development partners.

Enhancing women leadership within the regional health space through the convening of the Pacific Heads of Nursing and midwifery meeting

Engagement of Pacific women in the fight against NCDs

Collaboration with the Pacific Women's Lead on health specific projects

PHD Progress against 2021 RAF -LSP - Plan for 2022 - Plan for more cancer registry and cervical cancer elimination program

Few gender-specific activities supported by PHD include, but not limited to the following:

Leading the work on cervical cancer screening in PICTs as part of the larger cancer screening work supported by several development partners. Enhancing women leadership within the regional health space through the convening of the Pacific Heads of Nursing and midwifery meeting Engagement of Pacific women in the fight against NCDs Collaboration with the Pacific Women's Lead on health specific projects PHD Progress against 2021 RAF -LSP - Plan for 2022 - Plan for more cancer registry and cervical cancer elimination program 3.5(a) Some How do these groups assess the usefulness of the outputs and outcomes achieved? issues identified No interviews were conducted with these groups due to time and access limitations. Further work needs to be done on supporting these groups as regards access and output/outcome. 3.5(b) Some To what extent do GEDSI groups benefit from the outputs and outcomes? issues identified Little evidence, no interviews conducted with these groups due to time and access limitations. Further work needs to be done on supporting these groups as regards access and output/outcome. 3.6 No or Multi-partner actions. How effective is the governance structure of the programs? minor issues

The evaluation team heard from those interviewed the value and success of Monitoring Alliance for MANA & ECHO partners meeting.

In addition, an area highlighted for further work by SPC PHD, and stakeholders was to review and evaluate National Multi-sectoral NCD Plan in terms of effect and outcome. It is recognized by all the poor NCD outcomes are often embedded in societal and behavioural habits which have developed over generations so quick fix or rapid change is unlikely to me measurable. This results in little measurable impact or health improvement. This is why the

evaluation team suggests further work on NCD to rework the structure and strategy to ensure regionally and culturally relevant expending governance to include community groups including church leaders.

Examples of multi partner action are Fiji World Food Day event – raising NCD awareness with communities, stakeholder, and community groups.

Tonga - Tonga National NCD Plan/Strategy

The evaluation team is clear that DFAT, Post, SPC and SPC PHD recognizes the need for GEDSI activities and reporting. However, the majority the reports examined are often GEDSI Blind. There is no SPC or SPC PHD GEDSI Plan or regional strategy. SPC PHD Director reports that they are planning to draft a Gender and Health concept paper and plan for the division by the end of March 2024.

Gender and Women's Empowerment is one of SPC's 4 Flagships (the other three are Climate Change, Oceans and Food systems) and the HRSD division of SPC with PWL resources can support all the divisions of SPC including PHD.

SPC PHD is well placed to raise GEDSI issues at the regional Heads of Health/ Ministerial meetings and technical health issues.

SPCPHD is aware and recognises the need for a GEDSI focus but without GEDSI technical support and assistance, they will not be able to meet DFAT requirements.

SPC PHD conducted a Gender Review in 2019. It made the following statement which sums up the current situation "PHD's current approach to gender-Gender equality is not a focus of PHD's current program of work or its engagement with policy and sector leaders. Gender receives minimal attention in the PHD business plan. PHD's attention to gender has centred on achieving gender parity in participation at meetings and training. The primary constraint to gender mainstreaming is the lack of gender expertise in the division and limited staff capacity to assess how gender relates to their specific technical program area to identify practical actions. Nevertheless, across PHD there is openness and recognition of the relevance and importance of gender equality to sustainable development and achieving the visions of the Pacific Community and a fertile ground for taking gender mainstreaming forward."

It is pleasing to report that HRSD/PWL and PHD will provide 2-year funding so the position and SPC PHD will provide one year funding - this will lead to a position to be created for 3 years.

On budget for GEDSI activities, SPC PHD Director states there is flexibility within the current DFAT programme funding that allow them to review budget lines but if they do not have adequate funds for this within the 2-year extension, then they must seek support from other development partners for GEDSI activities.

A key activity expressed by countries is for SPC to convene/facilitate learning exchanges between countries taping into DFAT bilateral GEDSI support to strengthening a community of practice on the application of GEDSI analysis in health, SOPs on clinical management of GBV, Referral services; Package of Essential services on GBV, Protocols on Referral systems.

The recommendation for a 2-year full-time GESI and Health Adviser is still relevant and recommended for implementation in the 2-year extension.

Conclusion:

This is an area with the potential for greatest gain and opportunity for SPC PHD to focus on in the 2-year extension and any future funding.

There is agreement from SPC PHD this area needs strengthening, and it is important to understand to support progress on this agenda for the region. SPC and SPC PHD both need to develop a cross cutting GEDSI lens to provide technical support for such priorities within the different divisions and report GEDSI activities, outcomes, and impact across the member countries.

An extension should include a requirement for GEDSI reporting.

#	Program Measure: Sustainability		
4.1	Are key stakeholders acquiring the necessary institutional and human capacities to ensure the continued flow of benefits?	No or minor issues	

Yes. Answered under 1.3.

It is clear from the evaluation interviews and supporting documents that without continuing DFAT funding of SPC PHD activities (through the BP and project funding) SPC PHD will not be able to continue to deliver its BP and activities, which are designed to meet both institutional and human capacity of key stakeholders (e.g. PHD and member country MoH)

4.2 How well is the action embedded into local structures and does this contribute to sustainability? issues identified

Answered above under 1.3.

The evaluation interviews and documentation supplied by SPC PHD and DFAT, clearly shows that SPC PHD activities are negotiated, coordinated, and supported (thus embedded) within local structures. Locals are being trained, which contributes to sustainability. However, staff turnover continues to be a challenge faced by all countries. Most of the activities are sustainable so long as DFAT funding remains.

Re COVID strengthening. Regional technical expertise continues to be provided by SPC PHD and meets ongoing laboratory needs (regarding improving SOPs governance and system strengthening).

Since 2022, with DFAT support, SPC PHD has recruited an adviser in biomedical engineering, and re-established a regional network to provide coordination and much needed training, in order to help sustain the biomedical and laboratory equipment provided under COVID-19 related programs. SPC PHD's laboratory team has expanded with DFAT support, and amongst the initiatives to support the sustainability of PCR capacity is helping countries to become members of the US Centers for Disease Control and Prevention International Reagent Resource (CDC IRR), which provides a wide range of laboratory reagents to developing countries free of charge. Initiatives such as these should be continued and expanded where possible.

		No or	
4.3	Is access to the benefits affordable for target groups on the longer term?	minor	
		issues	

As the activities and thus benefits are provided free of charge through SPC PHD, and member countries access is not a concern in either the short or long term.

The question of access could be examined e.g. are those with chronic health needs identifiable in the population and are they able to access necessary health services and support to manage their conditions. Distance is an access issue which may impact access to benefits due to cost (affordability of transport which may increase over time).

Have the relevant authorities (DFAT/SPC/Stakeholders) taken financial measures to ensure the continuation of benefits after the end of the action, beyond the life of the programs?

No or minor issues

Although there were limitations on the financial measures taken to ensure continuity in programs, there was substantial evidence to indicate ownership of programs by PICT MoHs, where SPC support is seen as a partnership vs one time funding opportunities.

It is acknowledged there may be positions or resources funded that may require continued funding, such as the Epidemiologist and the IPC Advisor. However, these positions have allowed SPC PHD to deliver technical services effectively and efficiently for its member countries.

SPC has been able to leverage the DFAT funding to receive complimentary funding support from other development partners.

It is understood, SPC may continue to rely on DFAT funding to deliver both its BP and programs.

4.5 Can the target groups and/or relevant authorities/institutions afford the maintenance or replacement of the technologies/services/outputs introduced by the action?

No or minor issues

There is evidence from countries that SPC PHD provided technical expertise that was holistic particularly around procurement and maintenance of equipment. This was significant with donated equipment where countries were able to specify their needs and included consumables in their requests. It is understood SPC also provided support for countries to hold and maintain asset registers that allowed the monitoring and replacement of equipment as required.

Any issue from TOR [One health, the environment) linked to sustainability and the proposed 2-year extension to SPC PHD Public Health Business Plan.

Some issues identified

Yes. Answered previously.

4.6

SPC PHD will need support (in addition to the One Health adviser in the Land Resources Division) to further develop and maintain a focus (through the divisions) and cross cutting lens (across divisions, programs, and activities) regarding One Health, and the environment in terms of sustainability beyond the 2-year extension to the BP.

It was proposed by an interviewee that SPC should review their public health focus which is siloed within SPC PHD and thread public health across the other SPC divisions. This a more cost effective and sustainable development rather than expanding SPC PHD which requires more resources.

Lastly DFAT needs to clearly articulate its intentions in terms of policy and expectation as regards the environment. It is a confusing term and raises more question than answers were available. SPC and SPC PHD are actively supporting member countries in terms of climate change, health service

resilience etc. It is suggested that DFAT and SPC / SPC PHD collaborate on what the environment as an action area looks like in terms of activities, impact, and outcome.

Conclusion:

SPC PHD is and will continue to be dependent on donor funding to be able to meet the needs of PICTs. SPC is contributing to improving the knowledge and skills of public health professionals who sustain the country health systems. SPC helps to strengthen health systems at the across the region and at country level.

#	Program Measure: Monitoring and Evaluation and reporting			
5.1	To what extent did the M&E system for each program provide adequate data and information to support monitoring, implementation and decision making as well as reporting to DFAT?	Some issues identi	fied	

Answered previously.

SPC and SPC PHD have a strong PEARL based M&E framework and an extensive data set. While SPC PHD needs to reflect on the data validity, data verification and may need further technical support in this area. Once developed, SPC PHD will be able to produce data of a quality that is fit for purpose and able to support evidence-based decision making and this should further evidence activities, impact and effect that can be reported with confidence to DFAT.

The current annualised baseline is a poor measure of activities that run over several years, and this needs further development to show real value. It is not a lack of data, its developing and implementing a verifiable, validated dashboard with power BI support and the ability to drill down into the datasets in terms of activities and funding streams (i.e. providing evidence to DFAT and other donors of the dollar cost for impact and effect. At present data focuses on dollar cost per activity (both the finance management system and PEARL systems)

Inputting previous years data is also essential to show trajectory/change where no baseline is available.

To what extent are monitoring and evaluation findings produced by the Implei available to all key stakeholders?	To what extent are monitoring and evaluation findings produced by the Implementing Dartner(s) made		Some		i	
			issues		ì	
		available to all key stakeholders:		identified		ı
					<u> </u>	
	Answered previously					

SPC and SPC PHD produce excellent reports on activities, internal IOs and EOPOs. These reports are available if requested. In addition, SPC PHD produce regular internal reports mapping progress and risk which could be made available if requested. In addition, SPC PHD are happy to collaborate to determine what data is required and at what time to ensure regular updates to support DFAT and post internal and external reporting requirements.

To what extent did the M&E system for each program provide adequate data and information to support monitoring, implementation and decision making as well as reporting to DFAT?

Some issues identified

Answered previously.

While each program does not have an adequate M&E, the SPC PHD PEARL M&E framework is more than adequate and will improve in relevance as it becomes more 'fit for purpose.' It is a new framework, and the capability of the team is evolving as they better understand the M&E requirements of SPC, SPC PHD and DFAT (as well as other donors)

5.4 To what extent is SPC PHD strengthening information systems to better monitor and plan for GEDSI?

Some issues identified

There is an opportunity for SPC PHD to strengthen its information systems (PEARL) to better monitor and plan for GEDSI and SPC PHD are aware of this but are yet to action this initiative.

There is also evidence of GEDSI data collected but this is neither cohesively, comprehensive nor consistent across member countries. For example, in Tonga information is collected by the Police and the Women's and Children Crisis Centre, there is also information collected at the hospital (hospital information system), but these are not triangulated. There is not a consolidated GEDSI database that is used for decision making. SPC PHD is conscious that it could improve what is being collected, how it is collected and what the information is used for e.g. should be used to improve the referral pathways or to identify domestic violence signs or abuse signs, particularly when presenting at the hospital/ clinics.

The evaluation team are informed that once a GEDSI adviser is funded and recruited, SPC PHD will have the capacity for GEDSI activities including data analysis and how to translate GEDSI disaggregated data into information for better monitoring.

A Gender Analysis of SPC's Global Health Security Activity (funded by US) recommended that;)

SPC will prepare a Gender Action Plan that will be guided by the following recommendations to help ensure that the new GHS activity will integrate gender considerations throughout implementation.

Actively involve women, girls, and other marginalized/vulnerable people, as well as their associated networks and organizations, in the development of policies, decisions, and plans related to health security preparedness and response. This should occur at the regional, national, provincial, and community levels, to prevent any unintentional discrimination and exclusion of those who are most vulnerable.

Strengthen local capacity to

- Understand and analyse the gendered differences of health security risks and impacts between men and women across geographies and socioeconomic status.
- Embed gender dimensions within health security plans.
- Disaggregate data by sex, age, gender identity, disability, and other vulnerability factors; and to use such data to inform health security decisions.
- Include gender sensitivity in the training of health care workers and ensure their safety, with priority support to women on the frontlines.

Improve the integration of health and service protocols for response that address GBV, SRHR, child protection and the needs of persons living with disabilities.

Ensure accurate health information reaches women, girls, and other vulnerable groups by:

- Working with relevant local networks to share relatable and accurate health information so women and girls understand the health risk, how it is transmitted, the symptoms and how to protect themselves and their dependents.
- Ensuring that women can access health communications in ways they can understand, considering language, ability, age, and literacy levels. Also factor in access to information tools such as mobile phones and the internet.
- Involving women in surveillance and response to help signal the start of an outbreak and improve the overall health situation.

Have targeted messaging to men to increase their role in contributing to gender equality as it relates to health security?

		Some	i
5.5	How effectively did the M&E system for each of the three programs measure progress against EOPOs?	issues	ì
		identified	ì

As the program documents did not specify EOPOs, from the outset and EOPOs were established by SPC PHD in relation to its own activities it could be argued that SPC PHD M&E was able to effectively measure progress. However, this is subject to several caveats; validity of data, verification or data, relevance of data, annualised baseline reporting, lack of depth to published data (last two years only).

Limited evidence on health impact or health effect is available in the current SPC PHD M&E framework. The current system would struggle to capture meaningful stories to provide evidence of the theory of change that is often at the core of SPC PHD activities. Such stories add value and indeed relevance to any M&E data.

If DFAT seeks to ensure an objective measure of the effectiveness of the M&E system, there is a need to agree with SPC / SPC PHD what these would be.

It is important to note that SPC PHD has been able to deliver against its agreed Business Plan activities and continues to track progress against these at program and project level.

5.6 Has the program reporting met DFAT's needs and satisfied reporting requirements?

Some issues identified

SPC PHD consistently meets the reporting requirements and needs of DFAT and other donors.

SPC and SPC PHD generates a substantial set of data, not all of which is pitched at a level that DFAT needs for its internal reporting.

SPC / SPC PHD produces a range of impact stories, and SPC PHD should be commended as DFAT use them extensively.

Further work is required to align DFAT and post reporting requirements in terms of data, evidence, and timelines.

Are there good practices inherent to the action which could be useful to share beyond the program context?

No or minor issues

Yes. DFAT COVID support, FETP, SHIP-DDM national projects and NCD strategies are all worthy of more detailed reporting as examples of excellence, impactful and effective projects that can be repeated and extended often at low or no cost.

Conclusion:

Overall, there is evidence of effectiveness and efficiencies despite a lack of los and EOPOs.

SPC PHD is transitioning from short term project-based activities to longer term program-based funding arrangements. This fits into the proposed head agreement.

There is further opportunity for DFAT to support this approach and support SPC PHD identify strategy opportunities for engagement with its partner countries. This would enable SPC / SPC PHD to deliver a more consistent technical portfolio, mapped against regional strategic objectives and evidenced through SPC PHD BP, offering a range of services to its member countries.

There is opportunity to duplicate success from country to country where SPC PHD forward-plan their engagement in the region.

There are opportunities for efficient delivery and for reduced reporting burden for SPC and SPC PHD.

There is a need to address GEDSI and other cross cutting issues (One Health, environment etc). However, this needs to be done in a coordinated and negotiated manner with associated funding and technical support.

GEDSI issue has gained momentum and would be good to understand its priority at the Ministers and Heads of Health Meeting.

There are clear opportunities to include GEDSI across SPC Divisions with a cross cutting lens and within SPC PHD, to include indicators across all databases.

11. Annex 4: Summary of initial analysis of KEQs mapped to Evaluation questions

Evaluation Measures	Evidence matrix
	SPC has effectively delivered against its Business Plan and the milestones identified in the signed funding agreements.
	In future there should be negotiated EOPOs and IOs, that do not require extra or new work on SPC's part.
Effectiveness	This work may or may not require further technical support depending on the ability of the DFAT and SPC to communicate and understand each of their policies and processes. PHD is highly regarded for their leadership and mandate in regional architecture of health governance, they offer relevant specialist technical assistance, training and governance which is much needed given high staff turnover experienced and the expense of sending staff for longer term education.
Efficiency	Based on evidence reviewed and interviews undertaken this evaluation can conclude SPC PHD has delivered against its Business Plan and Funding Agreements. There is an opportunity to improve the delivery and management model through better funding agreement conditions. For example, adding of a clause to allow SPC PHD to respond quickly to future pandemics or natural disasters as part of the agreement, include clearly identified IOs and EOPOs based on what is already available (not adding new work for SPC) as agreed by SPC and DFAT. There should also be improvements in the administration and management from DFAT's end. These activities, though basic, can safeguard against turnover and institutional knowledge loss.
GEDSI & the Environment	This is an area with the potential for greatest gain and opportunity for SPC PHD to focus on in the 2-year extension and any future funding. There is agreement from SPC PHD that this area needs strengthening, and it is important to understand to support progress on this agenda for the region. SPC and SPC PHD both need to develop a cross cutting GEDSI lens to provide technical support for such priorities within the different divisions and report GEDSI activities, outcomes, and impact across the member countries. An extension should include a requirement for GEDSI reporting.
Sustainability	SPC PHD is and will continue to be dependent on donor funding to be able to meet the needs of PICTs. SPC is contributing to improving the knowledge and skills of public health professionals who sustain the country's health systems. SPC helps to continue to strengthen health systems across the region and at country level.

Overall, there is evidence of effectiveness and efficiencies despite a lack of IOs and EOPOs. SPC PHD is looking to transition from short term project-based activities to longer term program-based funding arrangements. This fits into the proposed head agreement.

Monitoring and evaluative and reporting

There is a further opportunity for DFAT to support this approach and support SPC PHD identify strategy opportunities for engagement with its partner countries. This would enable SPC / SPC PHD to deliver a more consistent technical portfolio, mapped against regional strategic objectives and evidenced through SPC PHD BP, offering a range of services to its member countries. There is an opportunity to duplicate success from country to country where SPC PHD forward-plan their engagement in the region. There are opportunities for efficient delivery and for reduced reporting burden for SPC and SPC PHD.

There is a need to address GEDSI and other cross cutting issues (One Health, environment etc.). However, this needs to be done in a coordinated and negotiated manner with associated funding and technical support. GEDSI issue has gained momentum and would be good to understand its priority at the Ministers and Heads of Health Meeting. There are clear opportunities to include GEDSI across SPC Divisions with a cross cutting lens and within SPC PHD, to include indicators across all databases.

12. Annex 5: List of documents reviewed

Nb all documents are on SHS OneDrive

- o 2023 Performance Story for Clinical Services Programme (CSP) Disability Inclusion
- 2023 Performance Story for Laboratory Strengthening Programme (LSP) Benefits of implementing quality management system in an organization through public private partnership.
- 2023 Performance Story for Non-Communicable Diseases Programme (NCDP) Utilising innovative digital tools improved knowledge, skills, and practices on healthy lifestyle behaviour among children in Wallis and Futuna
- 2023 Performance Story for Non-Communicable Diseases Programme (NCDP) Strengthening Tobacco Control: The Road to Scale Up Policy and Legislation Acts in Nauru
- 2023 Performance Story for Surveillance, Preparedness and Response Programme (SPRP) -'Vanuatu leaving no one behind'.
- o Additional documents sourced:
- o Agreement 69294/55 signed.
- o Agreement 69294/57 (includes PacEVIPP EOI Table)
- o Agreement 69294/62
- o Amendment 69294/55 no cost extension
- o American Samoa Country Report January 2022 October 2023
- o Antimicrobial Resistance Dashboard
- Cook Islands Country Report January 2022 October 2023
- o DFAT Annual Investment Monitoring Report (IMR) Ratings Matrix Template
- o DFAT IPC Presentation
- o Director of Clinical Services Meeting, Information Paper No. 2 (16-17 August 2023)
- DRAFT Gender Review of the Pacific Community's Public Health Division Business Plan 2019-2020 (DFAT Funded via SHS) (final copy never provided to SPC, opportunities for mainstreaming Gender in PHD identified)
- Evaluation of the Secretariat of the Pacific Community Government of Australia Partnership: Final Report (August 2016)
- o Fiji Country Report 2022
- Fiji Ministry of Health and Medical Services Operational Plan 2021 2022
- o Fiji Ministry of Health and Medical Services Operational Plan 2020 2021
- o Fiji National Disability Inclusive Health and Rehabilitation Plan 2023 2027
- o Financial reporting RMF CSP Jan Oct 2023
- o Financial reporting RMF HSSP Jan Dec 2023
- o Financial reporting RMF LSP Jan Nov 2023
- o Financial reporting RMF NCD Jan Dec 2023
- o Financial reporting RMF SPRP Jan Dec 2023
- o French Polynesia Country Report January 2022 October 2023
- GENDER ANALYSIS: THE PACIFIC COMMUNITY GLOBAL HEALTH SECURITY ACTIVITY 2023
- GENDER ANALYSIS: THE PACIFIC COMMUNITY GLOBAL HEALTH SECURITY ACTIVITY (December 2023)
- Gender Equality and Women's Empowerment Strategy
- HALA FONONGA (TONGA'S NATIONAL STRATEGY FOR THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES 2021-2025)
- o Kiribati Country Report 2022

- Links CoVID-19 Stories (Social Media Posts)
- List of student improvement projects and examples of stories for SHIP-DDM (links provided)
- Minister Of Health and Medical Services of Fiji, Hon Dr Atonio Lalabalavu: Statement on Advancing the Use of The One Health Approach in the Pacific (Address in Pacific Heads of Health Meeting, Nukualofa Tonga 2023)
- Nauru Country Report 2022
- NCD Program Review and Way Forward Narrative Report 2023
- o NCD Programme Review (2016-2022) and way forward PPT
- o NCDP Publication List 2019 2023
- Niue Country Report January 2022 October 2023
- One Health / Planetary Health Meeting Report 27 29 July 2022
- Overview of Pacific Regional Health Architecture (Presentation at Pacific Heads of Health, 25 April 2023)
- o Pac-EVIPP Progress Report June 2022
- o Pacific Biomedical Engineering Network (PBEN) Meeting Report, 29-31 May 2023 Nadi, Fiji
- o Pacific Community (SPC) Results Report 2018
- o Pacific Community Results Report 2022
- Pacific Community Strategic Plan 2022 2031
- o Pacific Evidence Informed Policies and Programs (PacEVIPP) mini design final
- o Pacific Regional Biomedical Workforce and Situational Analysis Report 2023
- o Performance Stories (2016 2023) compilation
- o PHD 2023 Mid-Year Results
- o PHD Business Plan 2021 Dec 2022
- PHD Business Plan 2022 2026 (27 March 2023)
- o PHD DFAT Presentation 2023
- o PHD Team reflections & recommendations going forward 2021.
- o PNG Country 2022
- o PPHSN LabNet Catalogue, 2024 Edition, Update 14 May 2024
- Presentation on upskilling infection prevention control competencies in Vanuatu amidst the COVID-19 pandemic
- Public Health Division (PHD) Disability Survey Summary Results (October 2023)
- Review of the Revised Pacific Platform for Action on the Advancement of Women and Gender Equality 2005-2015
- Samoa Country Report 2022
- Samoa Country Report January 2022 October 2023
- SHIP-DDM Summary Training Report 2022
- Solomons Islands Country Report 2022
- o SPC DFAT Health Specialists Report June 2022
- SPC PEARL Principles
- o SPC PHD Business Plan 2022 2025 (18 Oct 2023)
- SPC PHD Updates for DFAT August 2021
- o SPC Results Report 2021
- SPC Results Report 2022
- o SPC's Pacific Food Systems Flagship Programme
- o SPC's Public Health Division's contributions to climate action in PICTs (June 2022)
- o SPC's Strategic Plan 2022-2031
- Strengthening Biomedical Services in the Pacific, Pacific Heads of Health Meeting (15-17 Apia, Samoa)

- Summary End of Year Reflections 2022 Summary NCD Programme
- Summary Results: IPC Preliminary Progress Assessment Survey, (Presentation at Pacific Infection Prevention and Control Network Meeting)
- o The Pacific Community, Governance Compendium 2022
- o Tokelau Country Report January 2022 October 2023
- o Tonga Country Report 2022
- Tonga Country Report January 2022 October 2023
- TUIAKI 'I HE 'AMANAKI KI HA TONGA MO'UI LELEI (TONGA NATIONAL STRATEGY FOR THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES 2021–2025)
- o Tuvalu Country Report 2022
- o Tuvalu Country Report January 2022 October 2023
- Upskilling Infection Prevention and Control Competencies in Vanuatu Amidst the COVID-19
 Pandemic
- o USAID SPC GHS Program Submission 15/12/2023
- USAID—SPC Global Health Security in the Pacific Islands Activity Program Description: Activity
 title: Strengthening Global Health Security in the Pacific Islands
- Vanuatu Country Report 2022
- o Vulnerability of Pacific Island Country Hospitals: Critical Infrastructure that must be addressed.
- Wallis and Futuna Country Report January 2022 October 2023

13. Annex 6: List of informants

FIJI LIST OF INDIVIDUALS/MEETINGS

	DFAT	
1	Kat Knope	Senior Health Adviser and Program Manager/Country
	·	Focal Point for Fiji and Tuvalu
		Disease Surveillance and Prevention Section
		Indo-Pacific Centre for Health Security
2.	Sophie Temby	Counsellor, AHC
3.	Fleur Calcutt	First Secretary, Health
		Australia High Commission, 37 Princess Street, Suva
4.	Frances Bingwor	Senior Program Manager
5.	Tui Sikivou	Program Manager - Health
6.	Alex Knox	SPC Focal Point, DFAT Canberra
7.	Paulini Nainima	(former) Senior Program Manager
	SPC	
8.	Dr. Paula Vivili	Deputy Director General
9.	Dr. Audrey Aumua	(Former) Deputy Director General
10.	Dr. Berlin Kafoa	Director, Public Health Division
11.	Sunia Soakai	(Former) Deputy Director, PHD
12.	Dr. Silina Motofaga	Team Leader, Clinical Services Program
13.	Amy Simpson	Team Leader, Surveillance, Preparedness and
		Response Programme
14.	Richard Alu	Finance and Administration Manager
15.	Patrick Chinyamuchiko	Planning MEL Adviser
16.	Evlyn Mani	Communications & Information Officer
17.	Dr. Salanieta Saketa	Senior Epidemiologist
18.	Dr. Louise Fonua	Epidemiologist-Training
19.	Dr. Si Thu Win Tin	Team Leader, NCD Prevention and Control Program
20.	Dr. Amerita Ravuvu	NCD Adviser, Policy & Planning
21.	Elisiva Na'ati	NCD Adviser Public Health Nutrition
22.	Dr. Tanieru Tekiang	NCD Adviser Advocacy & CSO Engagement
23.	Dr. Ilisapeci Kubuabola	NCD Adviser M & E & Surveillance
24.	Selai Nasiga	NCD Legal Adviser
25.	Neomai Maravuakula	Team Leader, Governance and Institutional
		Strengthening, Human Rights and Social Development
		Division
26.	Margaret Leong	IPC Adviser, Clinical Services
27.	Dr Eka Buadromo	Senior Laboratory Adviser, Clinical Services
	Ministry of Health & Medical	
	Services	
28.	Dr. Jemesa Tudravu	Acting Permanent Secretary - Ministry of Health &
		Medical Services (since Dec 2023)
29.	Dr. James Fong	(Former) Permanent Secretary
30.	Dr. Josese Turagava	Chief Surgeon
31.	Dr. Devina Nand	Head of Wellness
32.	Ateca Kama	Chief Dietician
33.	Sr. Ili Nabose	Clinical Governance, CWM Hospital Administration
34.	Shalini Singh	Laboratory Manager, Fiji Centre of Disease Control

35.	Vimal Deo	Chief Health Inspector	
		•	
36.	Ateca Vuidreketi	Executive Assistant, Permanent Secretary	
	Fiji Program Support Facility		
37.	Philip Hulcome	Team Leader	
38.	Dr. Alipate Vakamoce	Clinical Governance Lead	
39.	Seema Naidu	Gender and Inclusion Senior Adviser	
	WHO		
40.	Dr. Tomo Kanda	Team Coordinator, Pacific Non-Communicable	
		Diseases and Health through Life Course	
		Office of WHO Representative, Division of Pacific	
		Technical Support	
41.	Nola Vanualailai	Technical Officer	
42.	Mina Kashiwabara	Technical Officer	
	Fiji National University		
43.	Dr. Donald Wilson	Acting Dean, College of Medicine, Nursing & Health	
		Sciences	

TONGA LIST OF INDIVIDUALS/MEETINGS

	DFAT		
44.	Alison Gow	First Secretary, Development	
		Australian High Commission, Nuku'alofa	
	Tonga Australia Support Platform		
45.	Clare Whelan	Lead Adviser/ Team Leader	
		Tonga Health System Support Program-Phase 3	
	Ministry of Health		
46.	Dr. Reynold Ofanoa	Chief Executive Officer (since June 2023)	
47.	Dr. Siale Aka'uloa	(Former) CEO	
48.	Dr. Ofa Sanft Tukia	Acting Chief Medical Officer, Public Health	
49	Dr. Ana Aka'uola	Medical Superintendent	
50.	Nursing Sr. Mele Sii Inukihaangana	Chief Nursing Officer	
	Filise		
51.	Dr Sione Tomiki	Head of National Diabetes Centre	
52.	Nursing Sister Seilini Soakai	NCD Nursing Supervisor	
53.	Dr. Joseph Takai	Senior Medical Officer, Communicable Diseases	
		Program	
54.	Mrs Senisaleti Pasikala	Principal Medical Scientist	
		Senior Laboratory Technician and Head of Laboratory	
55.	Sr Evelini Vatikani	Staff Nurse Diplomat	
		IPC Sister, Vaiola Hospital	
56.	Dr Ana Mahe	Senior Medical Officer, Communicable Diseases (co-	
		facilitator DDM -Field Epidemiology course)	
57.	Ms Tina Vunipola	Senior Health Promotion Officer Communicable	
		Diseases (co-facilitator DDM with Dr Ana)	
58.	Mrs. Filisi Tonga	Acting Chief Environmental Health Officer	
59.	Kahoa Faleafa Vehikite	Senior Health Promotion Officer - Graphic Designer	
60.	Stanford Mafuahingano	Health Promotion Media Technician Grade 1	
61.	Siosaia Vakasiuola	Physiotherapist, Rehabilitation Department	
62.	Sitanulei Folau	Lower limb Prosthetist	
63.	Martha Schankel	Prosthetist/ Orthotist	

	Tonga Health Promotion		
	Foundation		
65.	Ms. Ofeina Filimoehala	Chief Executive Officer	
65.	Karen Fukofuka	NCD Adviser	
	Ministry of Internal Affairs		
66.	Polotu Paunga	Acting Chief Executive Office	
67.	Luisa Manuofetoa	Deputy CEO, Social Protection and Disability	
	Non-Government Organisations		
68.	Drew Havea	Board Chairman, Civil Society Forum of Tonga	
69.	Sela Sausimi Tuipulotu	Senior Counsellor Advocate, Women and Children	
		Crisis Centre (WCCC)	
70.	Malia Forget Tuitupou	Senior Counsellor Advocate, WCCC	
	WHO		
71.	Dr. Anup Singh Gurung	Officer In-Charge, Tonga	
	Others		
72.	Michael Parker	Deputy Team Leader, Pacific Horticultural &	
		Agricultural Market Access Plus Program (PHAMA+)	
73.	Shariful Islam	Senior Portfolio Adviser, Phamaplus	
74.	Dave Comrie	National Operations Manager - PALM, Labour	
		Solutions	
	DFAT Solomon Islands		
75.	Elise Newton	First Secretary (Health), Australian High Commission,	
		Honiara	
76.	Zina Fefera	Senior Program Manager -Health	
	Ministry of Health & Medical		
	Services - Solomon Islands		
77.	Dr. Gregory Jilini	Deputy Secretary for Health Care	
78.	Mr. Michael Larui	National Director of Nursing	
79.	Dr. Janella Solomon	Medical Superintendent	
80.	Mr. Adrian Leamana	Director- Health Promotion	
81.	Ms. Nevalyn Naesango	Director - NCD	
82.	Alison Sio	Manager, Public Health Emergency & Surveillance	

14. Annex 7: SPC Public Health Division Projects and Programs (from TOR) – evaluation summary

EOPEs/ KRAs (activity area)	SPC PHD Business Plan funding (including uncommitted funds from 23-24 onwards)	Advisers project funding (HSI)	PacEVIPP project funding (HSI)	HSI/VAHSI through SPC PHD Business Plan	Evaluation summary
1	Improve multisectoral response to NCD and reduced premature mortality	Improved coordination, systems and policy for infection prevention and control (infection prevention and control)	Strengthened human resource capacity that improves regional health security in partner countries. (FETP)	Country readiness and response operations for COVID-19 scaled up for containment and mitigation (laboratories)	Extensive evidence of FETP and laboratory improvements (SOPs, capacity, and capability). Early signs IPC regional links are developing and should strengthen over time. Training to continue. Sustainability of some lab services in question. Hopefully the DFAT supported, SPC PHD recruited adviser in biomedical engineering will be able to mitigate this risk.
2	Strengthen capacity for health security surveillance, preparedness & management, and response	Improved capacity and coordination of epidemiology training across the PICTs (FETP)		All PICTs have access to the latest science, technical guidance, clinical care, equipment & supplies to reduce preventable morbidity, mortality, and the adverse social and economic impacts of COVID-19 (includes nurse training in critical care and new ventilators)	Recognition and praise from KIIs that funding pivoted to COVID 19 and is now repositioned to deliver what was originally planned. Some concerns were raised re visibility of some of the technical services that are available and little understanding on the ground re how to access the services that are available. Frustration in some quarters that FETP is not still recruiting and is focused on completing those already enrolled.
3	Strengthen laboratory capacity to support clinical and public health surveillance			Health care workers are kept safe through access to the knowledge, skills and resources need for safe practice, including access to personal protective equipment and optimal infection prevention and control practices.	A regional meeting of IPC was coordinated by SPC. Feedback confirmed the value of such events. The challenge was implementation of improved practice within a fragile health system so reliant on DFAT

	priorities in the Pacific		(infection prevention and control surveys)	funding. This is not a deterrent to IPC just a challenge. Improving capability and capacity of Lab during COVID has significantly improved SOPs and detection. While consumables are managed within existing MOH budgets, servicing, repair, and replacement is out with existing local budgets.
				Since 2022, with DFAT support, SPC PHD has recruited an adviser in biomedical engineering, and re-established a regional network to provide coordination and much needed training, in order to help sustain the biomedical and laboratory equipment provided under COVID-19 related programs. SPC PHD's laboratory team has expanded with DFAT support, and amongst the initiatives to support the sustainability of PCR capacity is helping countries to become members of the US Centers for Disease Control and Prevention International Reagent Resource (CDC IRR), which provides a wide range of laboratory reagents to
4	Strengthen clinical & nursing services in PICTs	Improved coordination, systems and policy for infection prevention and control (infection prevention and control)	Strengthened human resource capacity that improves regional health security in partner countries. (FETP)	developing countries free of charge. Regional forum has been established for heads of nursing to improve collaboration, discussion, and improvements across PICTs. Evidence was gathered supporting these initiatives and evidencing the benefits through change in policy, practice, and governance. One challenge that is difficult to address is staff losses to overseas either through advanced training or offers of employment. This question was discussed as

				it likely to have an increasing impact on delivery of nursing services.
5	Strengthen PICT's health systems	Improved capacity and coordination of epidemiology training across the PICTs (FETP)		Another benefit to the FETP is 111 system improvement projects (Table 2 SPC DFAT Grants report update – June 2022) ¹⁷ that have been designed, delivered, and implemented on the ground across PICTs. The work of SPC PHD with FNU continues to be fundamental to the ongoing success of this activity. In addition, SPC PHD is working with FNU to develop a data depository and knowledge hub where IP can be placed and FNU can function as custodian for PICTs.
6	Enhance divisional support services (admin, comm, MEL) and improve financial and risk management as a means for efficient service delivery.			KIIs and supporting documentation evidence the seminal work of SPC PHD in developing excellent fiscal management and M&E systems. SPC confirm that these systems are being introduced, adapted, and implemented (over time) across SPC. The new financial and M&E reporting frameworks provide SPC and SPC PHD with the information necessary to make timely and informed decisions. A question that is still outstanding is how this data can be adjusted to ensure it is verifiable and validated on a regular basis. In addition, the reporting is back dated to include historical data, trend analysis and address health impact and improved health outcome.
IO's				The state of the s
1		Improved coordination, systems and policy for infection prevention and control (infection prevention and control)	Strengthened human resource capacity that improves regional health security in partner countries. (FETP)	Covered above

2	Improved capacity and coordination of epidemiology training across the PICTs (FETP)		Covered above
3			No IO identified
4	Improved coordination, systems and policy for infection prevention and control (infection prevention and control)	Strengthened human resource capacity that improves regional health security in partner countries. (FETP)	Covered above
5			No IO identified

15. Annex 8: Terms of Reference (abridged)

Position Title	Evaluation of The Pacific Community (SPC) Public Health Division (PHD) Investments		
Program	 SPC PHD Public Health Business Plan (funded under HSI and VAHSI) Specialist advisers project funding (funded by HSI) 		
	Pacific Informed Evidence Informed Policy and Programs (PacEVIPP) (funded by HSI)		
Background	Between 2019-20 and 2021-22, DFAT provided AUD21 million in funding to The Pacific Community (SPC) Public Health Division (PHD) across three aligned programs funded by the Office of the Pacific (OTP) Regional Health Program, the Health Security Initiative (HSI) and the Vaccine Access and Health Security Initiative (VAHSI):		
	SPC PHD Public Health Business Plan (AUD17 million) including HSI funds (AUD3.5 million) and VAHSI funds (AUD1.9 million)		
	Specialist advisers project funding from HSI (AUD1.3 million)		
	Pacific Evidence Informed Policy and Programs (PacEVIPP) project (AUD3.0 million)		
	All these programs will end in the 2023-2024 fiscal year. The SPC PHD Business Plan arrangement has an option to extend for a further two years (depending on the outcome of this evaluation), while most activities under the other two projects are included a new 5-year AUD7.5 million agreement under the Partnerships for a Healthy Region Initiative.		
	These three projects provided SPC PHD resourcing to:		
	Sustain and strengthen critical coordination and governance work through the regional architecture.		
	Deliver programs in non-communicable diseases, laboratory strengthening, clinical services and health systems strengthening.		
	Expand and pivot to provide additional assistance to countries during the COVID-19 pandemic, and pivot back to strengthening routine health services.		
	Expand on in-country delivery approaches, such as FETP, now routinely delivered in-country instead of regionally, prior to 2020.		
	Engage additional experts (infection prevention and control, epidemiology, biomedical engineering).		

The intended outcomes of these three projects are summarised at below.

The SPC PHD Programs and Projects are managed by DFAT's Global Health Division (GHD) and the Human Development Section at Suva Post.

Purpose and objectives

The evaluation team will conduct an end of program evaluation of the SPC PHD Programs and Projects. The evaluation will provide key findings on the program's performance against nominated criteria. The outcome from the evaluation will inform the decision to extend the SPC PHD Business Plan funding arrangement. It will provide recommendations on modifications, or updates as required, to the design for the next phase of Australian investment.

Duty Statement

The evaluation will:

Evaluate SPC PHD's **effectiveness** in terms of progress toward achieving the EOPOS and IOs for each of the three projects.

Assess SPC PHD's performance in terms of:

- efficiency
- gender quality, disability, and social inclusion
- one health
- monitoring and evaluation

Evaluate the effectiveness and efficiency of the component of the SPC PHD programs which pivoted to COVID-19 response, including its mechanisms and modalities, as well as coherence and coordination with other development partners.

Provide recommendations for improving performance of Australia's future investment in SPC PHD including recommendations for improving GEDSI outcomes.

The evaluation should respond to the following key evaluation questions with a credible evidence base. Sub-questions will be prioritised and refined further with the DFAT team through the evaluation plan:

1. Effectiveness

- a. To what extent did SPC PHD achieve its End of Program Outcomes and Intermediate Outcomes under the programs and projects?
- b. Has SPC PHD contributed to results outside of its EOPOs and IOs?
- c. To what extent have MoH institutional capacity and governance structures been strengthened in a sample of relevant countries?
- d. How has SPC PHD's effectiveness been hindered and/or enhanced by the SPC PHD modalities, governance arrangements and resourcing?

- e. To what extent has SPC PHD achieved multi-sectoral collaboration and tested approaches in One Health?
- f. In what ways could effectiveness be improved, particularly considering the impact of COVID-19 on MoHs?
- g. How effective has the SPC PHD used other GoA investments within the organisation (e.g. Pacific women Lead) to support implementation of activities under the three investments?

2. Efficiency

Has SPC PHD made the appropriate use of time and resources for achieving outcomes?

To what extent has COVID-19 and other disasters impacted program efficiency?

To what extent are the program governance mechanisms efficient and effective in informing strategic engagement and decision making?

To what extent have SPC PHD's modalities and resourcing been efficient in achieving the end of program outcomes?

To what extent has DFAT management been efficient in its support to PHD?

To what extend has DFAT funding enabled SPC PHD to respond efficiently to emerging priorities for example COVID-19 and natural disasters?

3. Gender equality, disability, and social inclusion (GEDSI), and environment

- a. To what extent does SPC PHD inclusive strategy meet DFAT's gender, disability, and social inclusion (GEDSI) policies?
- b. To what extent does SPC PHD inclusive strategy meet environmental safeguards policies, standards, and requirements?
- b. To what extend have relevant stakeholder groups (such as women and people with disabilities) been involved in design and implementation of SPC PHD programs?
- c. To what extent have SPC PHD enabled outcomes that have benefited women and children, and people with disabilities?

4. Monitoring and evaluation and reporting

a. To what extent was the M&E system for each of the three projects fit for purpose?

- b. To what extent did the M&E system for each project provide adequate data and information to support monitoring, implementation and decision making as well as reporting to DFAT?
- c. To what extent is SPC PHD strengthening information systems to better monitor and plan for GEDSI?
- d. How effectively did the M&E system for each of the three projects measure progress against the end of program outcomes?
- e. Has the program reporting met DFAT's needs and satisfied reporting requirements?

In consultation with selected MoH, this evaluation will inform DFAT's decision on whether to extend funding for SPC PHD for a further two years under the current Program funding arrangement.

16. Annex 9: Evaluation Plan (abridged)

Background

Introduction to the SPC PHD Investments

Between 2019-20 and 2021-22, DFAT provided AUD21 million in funding to the Pacific Community (SPC) Public Health Division (PHD). This funding was split across three aligned programs, funded by the Office of the Pacific Regional Health Program, the Health Security Initiative (HSI), and the Vaccine Access and Health Security Initiative (VAHSI):

- SPC PHD Public Health Business Plan (AUD17 million), including HSI funds (AUD3.5 million) and VAHSI funds (AUD1.9 million
- Specialist advisers project funding from HSI (AUD1.3 million)
- Pacific Evidence Informed Policy and Programs (PacEVIPP) project (AUD3.0 million)

These programs will end in the 2023-2024 financial year. The SPC PHD Public Health Business Plan arrangement has the option to extend for a further two years, depending on the outcome of a program evaluation.

Most activities under the Specialist Advisers Project and the PacEVIPP are included within a new 5-year AUD7.5 million agreement under the Partnerships for a Healthy Region Initiative.

The SPC PHD Programs are managed by DFAT's Global Health Division (GHD) and the Human Development Section at Suva Post (HDS).

Purpose of the Evaluation

The evaluation will provide key findings on the performance of the identified programs, in consultation with key stakeholders, against criteria and Key Evaluation Questions (KEQs) included in the TOR. The evaluation will provide recommendations for the design for the next phase of investment. This evaluation will inform DFAT's decision on whether to extend the SPC PHD Business Plan funding arrangement and future program design.

Scope of the Evaluation

The TOR limited the scope of the evaluation to 2019–2022. The Evaluation Team, and the DFAT program manager, have agreed to expand the scope of the evaluation to include 2022–24.

To effectively evaluate the three programs, the Evaluation Team will conduct consultations in Fiji and Tonga in mid-late January 2024. The team will also remotely interview key stakeholders from the Solomon Islands.

The evaluation will use KEQs to evidence progress and/or achievements against the activities, outputs and outcomes as indicated in each of the three program documents. Where activities/outputs/outcomes are absent, generic, or complex i.e. 69294/62 'Supporting Pacific Community's Public Health Division Business Plan 2021-2024', the evaluation team will seek additional evidence to allow a fair evaluation.

Evaluation Team

DFAT has procured the services of an evaluation team to conduct an end of program evaluation of the selected SPC PHD programs.

The Evaluation Team is led by **Dr Andrew Mathieson** who has over 30 years' experience in global health, public health, monitoring, and evaluation frameworks (design, implementation, and independent evaluation) throughout the Pacific, Middle East, and Africa. Dr Mathieson will be responsible for leading on all aspects of the evaluation including coordinating document review; producing an agreed evaluation plan, coordinating, and leading in-country and remote consultations; delivering a presentation of the consultation summary, and final evaluation report; and managing the inputs of other team members at all stages of the evaluation.

Elizabeth Palu (Pesi), Pacific Regional Health Specialist, has worked in the Pacific and across the Asia Pacific for the past 15 years within the Ministry of Health (Tonga), the Australian High Commission and as a Program manager within DFAT. Pesi's responsibilities include document review (including technical and contextual health), contributing to KEQ document, participation in Key Informant Interview (KIIs), and technical input on the evaluation plan, presentation, and evaluation report. Pesi will also coordinate the Tonga consultation schedule and work with Emele Duituturaga on the Solomon remote consultation schedule.

Emele Duituturaga, Gender, Disability and Social Inclusion (GEDSI) Specialist. Emele has over 35 years of experience in health policy (across the Pacific), monitoring and evaluation, and GEDSI (Government of Fiji Permanent Secretary). Emele will be responsible for document review (with a focus on GEDSI and First Nations); contributing to KEQ document; participation in KIIs; technical input on the evaluation plan, presentation, and evaluation report. Emele will also coordinate the Fiji consultation schedule and work with Pesi on the Solomon Islands remote consultation schedule.

Evaluation Design

Objectives of the Evaluation

The objectives of the evaluation are to:

- Evaluate SPC PHD's effectiveness in achieving the End of Program Outcomes (EOPOs) for each
 of the three programs.
- Assess SPC PHD's performance in terms of:
 - Effectiveness
 - Efficiency
 - Gender equality, disability, and social inclusion (GEDSI, First Nations and Environment
 - Sustainability
 - Monitoring and evaluation

The evaluation team have designed the KEQs to ensure the concept of 'One Health' is addressed during this evaluation. 'One Health' is an integrated, unifying approach to balance and optimise the health of people, animals, and the environment. It is particularly important to prevent, predict, detect, and respond to global health threats such as the COVID-19 pandemic.

• Evaluate the effectiveness and efficiency of the components of the SPC PHD programs which pivoted to respond to the COVID-19 pandemic.

² https://www.who.int/health-topics/one-health#tab=tab 1

Provide recommendations for improving performance of Australia's future investment in SPC
 PHD, including recommendations for improving GEDSI outcomes.

The Evaluation Team will align its activities with DFAT's development and foreign policy priorities and will incorporate DFAT's cross-cutting priorities on gender, disability, and First Nations. The Evaluation Team will consider its approach in line with any additional direction from DFAT.

Proposed Approach and Methodology

Approach

The Evaluation Team's approach to the evaluation process will comply with DFATs Design and Monitoring and Evaluation Standards³′, Gender Equality and Women's Empowerment Policy,⁴ and Gender Equality, Disability and Social Inclusion analysis - good practice note.⁵

Additional priority considerations include:

- Need for a fit for purpose evaluation design which considers the problem-driven iterative adaptation (PDIA) approach of the program, and implications for monitoring, evaluation, and learning.
- Available tools and frameworks to inform analysis of progress in the context of a PDIA approach.
- The dynamic operating environment which SPC has had to adjust to, including impacts of the COVID-19 pandemic, on the overall functioning of the health system.
- Culturally responsive and inclusive approaches to ensure the meaningful engagement of a cross-section of stakeholders, including organisations representing under-served and hardto-reach groups.

Methodology

The evaluation will have three phases.:

- **Phase One** Planning Meeting, Evaluation Plan, Desktop Review, Data Collection and Stakeholder Interview Preparation
- **Phase Two** Data Collection/Stakeholder interviews/ in Country feedback / early findings presentation
- Phase Three Analysis and Report Writing

The following section describes the approach for each phase. A provisional Evaluation Workplan is available.

Phase One – Planning Meeting, Evaluation Plan, Desktop Review, and Data Collection Preparation

Planning Meeting – (Complete)

The Evaluation Team will hold an initial planning meeting DFAT colleagues to discuss the evaluation approach and timing of the data collection /stakeholder interview phase.

Evaluation Plan – (Draft Complete)

 $^{^{3} \ \}underline{\text{https://www.dfat.gov.au/about-us/publications/Pages/dfat-monitoring-and-evaluation-standards}}.$

⁴ https://dwa.gov.vu/index.php/economic-empowerment/economic-government-policy

 $[\]begin{tabular}{ll} 5 $ \underline{$https://www.dfat.gov.au/publications/development/gender-equality-disability-and-social-inclusion-analysis-good-practice-note} \end{tabular}$

The Evaluation Team will consolidate the outcomes of the initial planning meeting with DFAT to inform the development of an initial Evaluation Plan (this document). The Evaluation Team will share the Evaluation Plan, and annexes for DFAT review and input prior to finalisation.

Desktop Review – (Commenced)

The Evaluation Team commenced a desktop review of the existing evidence in early December 2023, using the DFAT supplied Initial Reading List (**Annex D**). Additional and publicly available literature was sourced through relevant websites, including DFAT, SPC, Fiji Ministry of Health (MoH), and the World Health Organisation (WHO).

The Evaluation Team expects additional documents to be added to the evidence base for the Evaluation Report during the evaluation process.

Through the desktop review, the Evaluation Team will map the existing policy and project landscape. This will include forming an understanding of the key stakeholders, particularly MoH partners. The desktop review will also identify relevant secondary data for analysis.

The document review process will guide the selection of key informants and the development of interview guides (as required).

Data Collection/stakeholder Interview Preparation

The Evaluation Team have produced a Key Evaluation Questions (KEQs) document using a traffic light system that will provide the basis for the evaluation during the Data Collection phase.

The KEQs were identified in the TOR and are informed by the Desktop Review and ongoing consultation with DFAT. The Evaluation Team will work with SPC/MoH and DFAT to prepare for data collection. This will include, for example, compiling lists of interviewees/key informants.

Proposed Key Evaluation Questions (KEQ)

Effectiveness

- 1.1 To what extent did SPC PHD achieve its End of Program Outcomes (EOPO) and Intermediate Outcomes (IO)?
- 1.2 Has SPC PhD contributed to results outside of its EOPO and IOs?
- 1.3 To what extent have the Ministry of Health (MoH) institutional capacity and governance structures been strengthened in a sample of relevant countries?
- 1.4 How has SPC PHD's effectiveness been hindered and/or enhanced by the SPC PHD modalities, governance arrangements and resourcing?
- 1.5 To what extent has SPC PHD achieved multi-sectoral collaboration and tested approaches in One Health (also known as Planetary Health)?
- 1.6 In what ways could effectiveness be improved, particularly in light of the impact of COVID-19 on MoHs?
- 1.7 How effective has the SPC PHD used other Government of Australia (GoA) investments within the organisation (e.g. Pacific Women Lead) to support implementation of activities under the three investments?

- 1.8 Have changed circumstances and risks been taken into account to update the intervention logic?
- 1.9(a) Are the indicators well defined and relevant to measure the achievement of the outcomes?
- 1.9(b) Are all related data available and sex-disaggregated, if relevant?
- 1.9(c) Are baselines and target values set realistic or do they need to be updated?
- 1.9(d) What are the indicators that are linked to the DFAT program results framework, and do they support reporting on results?
- 1.10 Any issue from TOR (One Health, First Nations the environment) linked to effectiveness and the proposed 2-year extension to SPC PHD Public Health Business Plan?

Efficiency

- 2.1 Has the SPC PHD made appropriate use of time and resources for achieving outcomes?
- 2.2 To what extent have COVID-19 and other disasters impacted program efficiency?
- 2.3 To what extent are the program governance mechanisms efficient and effective in informing strategic engagement and decision making?
- 2.4 To what extent have SPC PHD's modalities and resourcing been efficient in achieving the end of program outcomes?
- 2.5 To what extent has DFAT management been efficient in its support to PHD?
- 2.6 To what extent has DFAT funding enabled SPC PHD to respond efficiently to emerging priorities for example COVID-19 and natural disasters?
- 2.7(a) To what extent correspond the resources made available by the action with the targeted needs?
- 2.7(b) To what degree are resources (inputs) which are not DFAT-funded made available on time from other stakeholders?
- 2.8 (a) If there were delays, what were the consequences?
- 2.8(b) If there were delays, what were the reasons for these delays and to what extent have appropriate corrective measures been implemented?
- 2.8(c) To what extent have the planning documents been revised according to the monitoring conducted by the Implementing Partner(s)?
- 2.9 Have the outputs been produced/delivered in a cost-efficient manner?
- 2.10 Any issue from TOR (One Health, First Nations the environment) linked to efficiency and the proposed 2-year extension to SPC PHD Public Health Business Plan?

Gender Equality, Disability, and Social Inclusion (GEDSI), First Nations and Environment

- 3.1 To what extent does SPC PHD inclusive strategy meet DFAT's GEDSI, First Nations and environmental policies, standards, and requirements?
- 3.2 To what extent do EOPOs /IOs meet:
 - GEDSI
 - First Nations

- Environmental policies, standards, and requirements?
- 3.3 To what extent have relevant stakeholder groups (such as women and people with disabilities) been involved in design and implementation of SPC PHD programs?
- 3.4 To what extent have SPC PHD enabled outcomes benefited women and children, people with disabilities and diverse groups, or those that are marginalised?
- 3.5(a) How do stakeholders/GEDSI groups assess the usefulness of the outputs and outcomes achieved?
- 3.5(b) To what extent do GEDSI groups benefit from the outputs and outcomes?
- 3.6 multi-partner actions: How effective is the governance structure of the programs?

Sustainability

- 4.1 Are key stakeholders acquiring the necessary institutional and human capacities to ensure the continued flow of benefits?
- 4.2 How well are the activities embedded into local structures and does this contribute to sustainability?
- 4.3 Is access to the benefits affordable for target groups in the longer term?
- 4.4 Have the relevant stakeholders (DFAT/SPC/Stakeholders) taken financial measures to ensure the continuation of benefits after the end of the activities, beyond the life of the programs?
- 4.5 Can the target groups and/or relevant authorities/institutions afford the maintenance or replacement of the technologies/services/outputs introduced by the activities?
- 4.6 Any issue from TOR [One health, First Nations the environment) linked to sustainability and the proposed 2-year extension to SPC PHD Public Health Business Plan.

Monitoring and Evaluation and Reporting

- 5.1 To what extent did the M&E system for each program provide adequate data and information to support monitoring, implementation and decision making as well as reporting to DFAT?
- 5.2 To what extent are monitoring and evaluation findings produced by the Implementing Partner(s) made available to all key stakeholders?
- 5.3 (a) To what extent did the M&E system for each program provide adequate data and information to support monitoring, implementation and decision making as well as reporting to DFAT?
- 5.3 (b) To what extent has M&E data been used by decision makers?
- 5.4 To what extent is SPC PHD strengthening information systems to better monitor and plan for GEDSI?
- 5.5 How effectively did the M&E system for each of the three programs measure progress against the end of program outcomes?
- 5.6 Has the program reporting met DFAT's needs and satisfied reporting requirements?
- 5.7 Are their good M&E practices inherent to the activities which could be useful to share beyond the program context?

5.8 Any issue from the TOR [One health, First Nations the environment) linked to sustainability and the proposed 2-year extension to SPC PHD Public Health Business Plan.

Phase Two – Data Collection

The Evaluation Team will use data collection methods, including key informant interviews (KIIs), 'deep dives' to further examine key information, and feedback sessions with DFAT on preliminary findings.

The Evaluation Team will conduct data collection face-to-face in Fiji (between the 15-19 January 2024) and Tonga (22-26 January 2024), and remotely with interviewees in the Solomon Islands. Additional remote interviews will be carried out as required where individuals are not available for face-to-face meetings.

DFAT will seek agreement from partner countries to participate in the evaluation and provide contact details for the evaluation to contact individuals to schedule interviews.

Inception Meeting

The data collection phase will commence with an inception meeting with Fiji DFAT staff. The purpose of this meeting will be to confirm final logistical, administrative and consultation arrangements.

Key Informant Interviews and Focus Group Discussions

The Evaluation Team will conduct over fifty KIIs with individuals (or small groups, if appropriate). Stakeholders invited to interviews will include staff representatives from respective governments, provincial bodies, SPC, DFAT, Civil Society Organisations (CSOs), beneficiaries, and other relevant stakeholders.

The Evaluation Team has prepared a preliminary list of stakeholders (Annex A), which will be further refined and approved in consultation with DFAT, prior to commencement of consultations. (Annex A)

The Evaluation Team will use a semi-structured interview approach. Interviews will be tailored to each category of informants. Interviews are expected to range from 45 to 90 minutes depending on the content and the level of feedback and information that the interviewees may have.

The evaluation will maintain consistency of questions across stakeholder groups and include case studies from multiple perspectives.

Evaluation team members will take notes during KIIs in real-time, finalising and sharing summaries on an ongoing basis throughout the Data Collection phase.

Data Validation Session

The Evaluation Team will host a Data Validation Session with key representatives from Fiji and Tonga during the Data Collection phase. The Evaluation Team will use this session to obtain final feedback, clarification and approval of key data gathered throughout the consultation.

The Evaluation Team anticipates this session will run for approximately two hours.

Aide Memoire

At the conclusion of the Data Collection Phase, the Evaluation Team will provide a summary of preliminary findings, in the form of an Aide Memoire. This will be complemented by a PowerPoint

presentation for DFAT on 14 February 2024. The Aide Memoire will outline initial findings of the Evaluation against the KEQs and provide preliminary recommendations if available.

Phase Three – Analysis and Report Writing

Preliminary Analysis

The Evaluation will focus on answering the KEQs, outlined above. The KEQs are designed to provide evidence against the evaluation criteria.

The Evaluation Team will use comparative analysis to assess the effectiveness of the different programs including under specific conditions, such as the COVID-19 pandemic.

The evaluation will compare stakeholder experiences across different groups and locations. The evaluation will also trace the theory of change through selected case studies, linking activities & community practice, outcomes, and impact.

The Evaluation team will conduct data analysis including regular interpretation and validation discussions. The team will utilise a data analysis matrix as a framework to guide the Evaluation and to support identification of emerging themes and data gaps, which will inform further consultations and additional key informant interviews.

The regional health and GEDSI specialists will play an important role in helping to conduct and interpret culturally specific or politically sensitive interviews. The Evaluation Team will leverage the expertise of the GEDSI specialist to provide technical oversight and interpretation of data in key thematic areas, informed in part by the deep dive during the desktop review. Following data collection, the Evaluation team will conduct the preliminary analysis of data against the KEQs.

The composition of the Evaluation Team ensures cultural nuances will be factored into the evaluation.

Synthesis of Evidence

The Evaluation Team will capture preliminary findings and conclusions in an 'evidence matrix', which categorises analysis (drawing on both the document review and interviews) and recommendations by KEQ and sub-questions. The matrix will ensure the Evaluation Team prepares a systematic and thorough response to each main KEQ. The matrix will also support verification of the data against gender equality, disability and social inclusion considerations and identify any gaps for additional clarification.

The Evaluation Team will use the matrix as the basis for developing the Evaluation Report.

Reporting

The Evaluation Report will respond to each KEQ and present findings and recommendations. The report will be structured against the KEQs.

The report will be up to 30 pages (not including the Executive Summary and Annexes) and comply with DFAT Monitoring and Evaluation Standards.

The Evaluation Team has accounted for two rounds of feedback on the draft report from DFAT.

Data Collection and Management Protocols

Stakeholders from SPC, MoH Fiji, and Tonga have all agreed to participate in this evaluation.

At the commencement of interviews, the Evaluation Team will inform the stakeholders being interviewed:

- The purpose, methods, and intended use of the interviews.
- The interviews are voluntary and will not influence the participation of interviewees in programs.
- That express permission of the interviewee(s) will be sought prior to recording, and if any interviews are recorded, it will be for the reference of the Evaluation Team only.
- That interviews are confidential, and that permission will be sought prior to publication if the Evaluation Team would like to attribute views in the report.
- That all interview recordings will be disposed of after the Final Evaluation Report has been approved by DFAT.

The Team Lead (Dr Andrew Mathieson) will conduct training with the Evaluation Team on the principles of qualitative data collection, KIIs and the semi-structured interview methodology prior to the commencement of data collection.

The Pacific Regional Health Specialist will brief the Evaluation Team on relevant cultural, safeguarding and access considerations.

The GEDSI Specialist will also brief the Evaluation Team on relevant considerations.

The evaluation team acknowledge child protection protocols however there will be no contact with children throughout the evaluation.

Sampling Strategy

A stakeholder consultation list has been developed in close consultation with relevant DFAT staff. DFAT has an in-depth and contemporary knowledge of key stakeholders and personnel details, including recent changes at the leadership level within the Fiji MoH. The Evaluation Team has relied upon the expertise of DFAT staff to develop the stakeholder list.

The groups represented in Phase Two - Data Collection can be broadly categorised as follows:

- SPC PHD
- MoH National and Sub-national level (Fiji, Tonga, and the Solomon Islands)
- Suva Post, Suva, Fiji (for regional programs)
- WHO Division of Pacific Technical Support
- United Nations partner agencies
- Fiji National University College of Medicine, Nursing and Health Science
- Australian High Commission; Fiji, Tonga, and Solomon Islands (Health Teams)
- DFAT GHD
- CSOs
- Local non-government organisations, including Fiji and Tonga-based environmental, advocacy groups, and groups representing the interests of, for example, First Nations, women and girls, and people with disability.
- International Non-Government Organisations

Limitations and potential limitations

The Evaluation Team is unaware of regular or detailed progress reports from the Programs being evaluated. Typical reports would include a status update on progress towards Intermediate Objectives (IOs) and EOPOs. Due to the lack of available progress reports, the Evaluation Team may not have access to a clear set of key performance indicators, baseline data, or trend data. The Evaluation Team may, therefore, need to request some specific preparatory data from SPC.

The depth of analysis undertaken by the Evaluation Team will depend, in part, on the availability of data, including environment, sex, and disability disaggregated data collected and reported by DFAT, respective MOHs, and SPC.

Economic analysis of efficiency (e.g. cost-benefit analysis) is beyond the scope of the evaluation.

Where the evaluation carries out consultation activities with beneficiaries / clients of services it will be done in compliance with protocols set out by the Australian Evaluation Society.

Secondary data sources will be used to evidence IOs and the impact of the programs on beneficiaries.

GEDSI considerations

The Evaluation Team will analyse the extent to which gender equality, disability, and social inclusion (GEDSI) are being addressed by the SPC PhD programs, including the impact of both targeted and mainstreamed activities and the extent to which these align with the changing policy and strategic context. Targeted GEDSI questions are proposed in the KEQs, with a primary focus on overall performance. A desktop review will include examining the implementation of SPC PHD program outcomes, considering DFAT's Gender Equality and Women's Empowerment Strategy⁶.

⁶ https://www.dfat.gov.au/about-us/publications/development-for-all-2015-2020

17. Annex 10: Anonymised quotes from those interviewed

Note: All those participating in the evaluation including **KIIs** were informed all quotes would be anonymised.

Fiji MOH "MOH specifically requested SPC for specialist training. For COVID, with SPC specialist support throughout, we were able to mount a strong, coordinated response. We were able to develop SOPs and quidelines which were not there before."

Fiji CDC "SPC's support has been extremely important for laboratory capacity, improving our capability, implementing new quality management systems to support us working towards accreditation. With SPC's support, Fiji was the first in the region to start COVID testing, and we have been able to provide training to Tuvalu and Kiribati."

Fiji Facility "SPC helped MOH write its protocols. There was a lot of information from WHO, but SPC makes it practical, they know what is needed. Specific IPC guidelines - this was a big impact."

FNU "Through our engagement with SPC, we have contributed to strengthening health workforce through specialisation training and delivery at the country level."

MOH Tonga "we have had a great relationship with SPC throughout the years, we have a common understanding, they have been very responsive. For COVID 19 the SPC team had a mix of expertise, and they had the Fiji experience and were able to help us. The DDM participants were very useful, they were proactive in leading MOH during COVID with new contact tracing and manage data SOPs. Prior to this they had limited expertise."

MOH Tonga "We are so grateful for the support of SPC to help us develop effective tobacco controls legislation".

MOH Tonga "I have always found SPC to be very responsive, Toga benefited from the SPC COVID 19 experience in Fiji".

Environmental Health, Fiji (DDM graduate) "The good thing about the course is I know how to use data for decision making".

NCD, Tonga "We acknowledge SPC material which we use in building our capacity, data collection and improving SOPs".

Tonga Health Promotion Foundation" SPC provided input into our National Strategy review, editing and funding for printing."

MOH, Tonga "The specialist training by SPC has been especially useful. One good thing with SPC is the convene regional meetings which build capacity from exchanges. We don't get enough budget from government, so we need ongoing educational support through continued DFAT/SPC funding".

MOH, Solomon Islands "I am delighted with support from SPC, their role in building regional architecture. They give ongoing training - we are starting to see the impact of migration on nursing services. They gave significant support throughout the COVID 19 outbreak. The FETP training is very relevant for the Islands, very practical. Island countries can rely on SPC as a regional organisation run by Pacific Island people when talking about issues affecting the islands - they understand the health context".

Health Promotion, Sols "SPC has always been a traditional partner with technical assistance and resources. They support us to attend the Pacific health leaders' workshops, purchase computers, TV screens, run workshops, and with the Pacific games. But they need to do more than just provide resources. They need to do more to improve impact at the community level - supporting programmes and providing the logistics to carry out the program."

Public Health Emergency & Surveillance, Sols "SPC support in surveillance, filed epidemiology, DDM has been invaluable. This has given nurses skills in simple analysis and meaningful report writing. As a result, we now have a nationally coordinated response system which is also an early warning system".

NCD, Sols" Without SPC, we wouldn't be as successful. We are able to reach out to them and they are responsive. They have provided legal support for drafting legislation, and we have been able to implement the Tobacco Control Act. We are thankful to SPC for funding our workshop with communities and the churches which led to signing MOU with church leaders for the church to lead awareness and screening. Churches are now not selling cigarettes in their compounds and the Anglican church does not serve processed food for their catering. We have seen high blood pressure reducing and better control of blood sugar from those screened. We have raised awareness on breast and cervical cancer through churches and breast cancer has moved down to 3rd place for leading cause of death from 2nd in 2022 (prostrate has moved to 2nd place in 2023)".

MOH Fiji "...when SPC sets up their own documentation they don't invite the Ministry to co-design. I have never seen an SPC Annual Report, it might be directed to higher level but have never seen one [given] to the Ministry."

MOH Fiji "COVID was a big learning curve, was very tough, [with] having to take an incident management team approach (IMT) with WHO incident support. It was a very challenging way of working in a crisis and it worked..."

MOH Fiji "It is extremely important that we continue to receive 'funding' from DFAT through SPC, otherwise there is no health connection or health networking across the Pacific. The ongoing support to labs across Tahiti, New Caledonia and Fiji CDC is happening because there is an ongoing 'support' program (via SPC)."

CDC Fiji "SPC has had massive and instrumental support in laboratory quality management system. So, in 2017 there was an audit but no Quality Assurance Officer. At the time it was only at 45% capacity but once a Quality Assurance Officer was in place 2020 onwards this increased the laboratory capacity to 95% in 2021. SPC was instrumental in this".

SPC PHD "We have raised with DFAT and Pacific Lead Women the need to provide clarity. It is not clear what Pacific Lead Women's health focus is. There is certainly a need for health systems to have a gender policy and they had Gender adviser sit in but PLW's focus is not clear."

SPC "DFAT has different health programs and there's limited evidence of synergy...there is a reputational risk, a risk of not having visibility, a risk of inefficiencies and duplication and the risk of siloed working relationships".

SPC "We just want to have clarity (and consistency) on what DFAT wants ... need clarity on what they [DFAT] need, they are moving towards this [program vs project], to bring the contract for the general partnership under one."

MOH Tonga "MOH and SPC relationship has been a good one, there's a common understanding and they are flexible, and they improvise to facilitate and provide what MoH has requested ... If there are other areas that the country needs, and they see there is a strong justification for it then SPC supports and goes up to Heads of Health. Donors' forum that got started in 2020 has worked well."

WHO "WHO is working towards better coordination [with SPC] and share plans between each SPC and WHO".

MOH Tonga "There's institutional capacity challenges for Tonga Health (TH). Within TH current staff there's only 1 person with PH qualification, M&E manager (joined TH) Oct-Sept manager."

MOH Sols "The set up of SPC public health division works, the regional architecture is very successful and useful and would be useful to have WHO SPC PHD also coord

18. Annex 11: Examples of student projects under SHIP-DDM

Fiji

- 1.Improving the efficiency of transfer of emergency cases from Taveuni hospital to divisional hospital (From an average of 2.3 days to 1 day by December 2022)
- 2.Improving the completeness of the national public health laboratory database for dengue and leptospirosis by reducing the average percentage of incomplete details from 17.6% to 10% by the end of December 2022.
- 3.Improving the Influenza Surveillance in Nadi Hospital through strengthening the EWARS ILI reporting and ILI virological sample collection
- 4.Improving the leptospirosis notification process for Nadi Sub-divisional Hospital
- 5.Strengthening the Urgent Notification of Typhoid Lab Confirmed Cases in the Central Division.
- 6.Improving Dengue like illness Reporting in EWARS in the Eastern Division
- 7.Improving the Accuracy and Completeness of Passenger Arrival Cards from 60% to 95% for Surveillance Outbreak Response Management and Analysis System (SORMAS) Data Entry at Border Health Protection Unit (Nadi Airport)
- 8.A cross-sectional study of Tamanu utilization for COVID-19 testing by healthcare facilities and personnel in the Central Division of the Fiji Ministry of Health and Medical Services, 2022
- 9. Waiting time as an index of quality of radiology services in Lautoka hospital
- 10.Diabetic Foot Assessment: A quality improvement project aimed at assessing and screening diabetic patients in Lakeba Health Facility
- 11.Closing the quality gap in public health reporting: A Pilot in the Eastern Division
- 12. Strengthening healthcare waste management practice among health facilities in Lomaiviti Subdivision by December 2022.
- 13.COVID-19 Vaccination Data Validation Process in the Central Division

Kiribati

- 1. Strengthening public health surveillance in Kiritimati Island
- 2.Exploring knowledge, attitudes & practice of pregnant women in respect to antenatal clinic attendance in Betio, 2023
- 3. Strengthening diarrheal outbreak investigation in South Tarawa
- 4.Improving completeness of Syndromic Surveillance System (SSS) reporting from sentinel sites in Kiribati
- 5.Strengthening Dengue Fever case investigation on South Tarawa, Kiribati
- 6.Strengthening reporting on reticulated water testing results in South Tarawa Kiribati
- 7.A review of characteristics of women with gestational diabetes from the year 2020 to 2021 at Tungaru Central Hospital
- 8.Improving hospital waste segregation in Tungaru Central Hospital, Kiribati
- 9.Improving the water quality monitoring in South Tarawa (Environmental Health)
- 10.Improving cause of death diagnosis to comply with ICD-10 coding in the Emergency Outpatient Department of Tungaru Central Hospital, Kiribati.