

Fiji Health Program (FHP)

DFAT Management Response to Independent Strategic Review

Background

Australia is Fiji's primary partner in the health sector. Australia's bilateral support to Fiji's Health Sector (the "Fiji Health Program" or "FHP") is an Australian-funded multi-year investment focused on improving health outcomes for all Fijians (up to \$25 million 2017-2022). FHP is implemented through the Fiji Program Support Facility ("the Facility"). FHP works in partnership with the Ministry of Health and Medical Services (MHMS) to:

1. Reform public health services to provide a population-based approach for disease and the climate crisis;
2. Increase access to quality, safe and patient focused clinical services; and
3. Drive efficient & effective management of the health system.

Australia supports strengthened health services through a range of activities. These include: support for Fiji's COVID-19 response and vaccine roll-out; maternal and newborn care; non-communicable diseases and disability prevention; patient safety and quality care; rehabilitation services; supply chain reforms; and digital and health information.

Assistance is provided through: technical advice; procurement of services and goods capacity building and training support; and grants to civil society organisations.

Across all areas of support, Australia's bilateral health assistance seeks to support MHMS to improve gender equality, disability and social inclusion (GEDSI) in health services. FHP also provides support to prepare for and respond to natural disasters, particularly tropical cyclones, and public health threats, including COVID-19.

Overview of the Strategic Review

In March 2022, DFAT commissioned a Strategic Review of the FHP to:

- Review Australia's current bilateral health program assistance to Fiji based on lessons learnt during Phase 1 (2017- 2021) and evidence of what is or is not working well; and provide advice on FHP's Phase 2 assistance (2022-2024) including suggesting policy and program focus areas.

The review was conducted in-country from 14-24 March 2022, with the final report accepted by DFAT on 19 April 2022. Over 50 interviews were conducted from all levels of MHMS (including the Permanent Secretary for Health, Unit Heads, and other health managers), DFAT, FHP staff, Facility staff, and civil society organisations.

Management response

DFAT welcomes the findings of the Strategic Review, which will inform the Fiji Health Program design update (to December 2024).

The review found:

- FHP was generally working well and investing in areas that are appropriate and contributing to broader, longer-term organisational strengthening of MHMS.
- Individual activities had a direct, clear and measurable output / outcomes focus.

- A strong, growing evidence base was being used to support program improvements and risk management.

The review also made suggestions for program improvements, including:

- Encouraging MHMS implementation of strategies supported by FHP.
- The need for a more detailed GEDSI situational analysis and a roadmap to address how GEDSI can be integrated into targeted FHP interventions, particularly on institutionalising and sustaining GEDSI initiatives. As the review did not fully address GEDSI, FHP plans to undertake a more detailed analysis and roadmap development in late 2022, following the release of the Government of Fiji's gender assessment.
- The need to incorporate transition and handover planning to MHMS as part of activity designs. The review notes Fiji is an upper-middle income country and encouraged greater MHMS ownership for long-term sustainability (such as for midwifery education and supply chain reforms).
- Being aware that FHP's flexibility and responsiveness – while beneficial to supporting Fiji's COVID-19 response – also risks detracting from longer-term organisational strengthening. FHP will maintain an element of flexibility and responsiveness, but will also assess requests based on needs, urgency, ability of MHMS to fund, comparative advantage and strategic alignment with Australian investments, and value for money.

The following pages provide a more detailed response and actions against each of the recommendations from the Strategic Review.

Individual management response to the conclusions and summary of recommendations

From Strategic Review of the Fiji Health Program: Final Report

Conclusions/Recommendation	Response	Explanation	Action plan	Timeframes
Conclusion 1 It is for MHMS, DFAT, and the FHP to decide what existing activities should be retained and / or expanded and what activities could be phased out or transferred across to MHMS.	Agree	FHP will lead the design update process in coordination with DFAT and MHMS.	FHP to draft the program design update in consultation with MHMS and DFAT, and DFAT to have it independently appraised	October 2022
Recommendation 2 The Review identified a series of programs to retain / strengthen: <ul style="list-style-type: none"> - Digital and health information - Digital and health information with respect to NCD prevention and control - Supply chain reforms - Clinical governance - Disability and rehabilitation - Expanded program on immunisation 	Agree in part	To 2024, FHP will retain and strengthen: <ul style="list-style-type: none"> - Digital and health information, including with respect to NCD prevention and control - Supply chain reforms - Clinical governance - Disability and rehabilitation Regarding the recommendation to strengthen “Digital and health information with respect to NCD prevention and control”, FHP assistance will transition from a digital NCD screening pilot to broader support on NCD data and management (such as registries, reporting, etc). There will also be additional support for NCDs on prevention and control aligned to the NCD Strategic Plan 2023-2030 (currently being drafted by MHMS).	FHP to incorporate in the program design update	October 2022

Conclusions/Recommendation	Response	Explanation	Action plan	Timeframes
		Regarding the recommendation for an “expanded program on immunisation” (EPI) support, FHP will not undertake EPI-specific activities except in relation to COVID-19 vaccinations, which FHP will continue to support on data management and logistics. FHP will provide ad hoc support for emergencies or in systems strengthening (such as supply chain and health information reforms to support vaccinations), but will not work directly on broader EPI reforms.		
Recommendation 3 There are some areas, while unquestionably important, are recommended to possibly phase down or not recommended for major investment: <ul style="list-style-type: none"> - COVID-19 as an emergency response project - Climate change - Public financial management - Mental health 	Agree	<p>FHP has begun incorporating lessons learnt from the COVID response into program activities. This is particularly the case with the Patient Safety and Quality Care Project (and investments in infection prevention and control (IPC)), the Supply Chain Reform Project (including intra-hospital logistics), and the Digital and Health Information Project.</p> <p>FHP is funding mental health services through Empower Pacific until June 2023 and the development of national counselling standards.</p> <p>FHP does not have any significant public financial management activities</p>	<p>FHP to incorporate COVID lessons and gaps into the program design update, and continue to support climate change as a cross-cutting issue.</p> <p>FHP to work with MHMS to develop a sustainability / exit strategy for FHP funding to hospital-based counselling</p>	<p>June 2022</p> <p>September 2022</p>

Conclusions/Recommendation	Response	Explanation	Action plan	Timeframes
Recommendation 4 There are some possible new areas to invest in: <ul style="list-style-type: none"> - Divisional Command Centres 	Agree in part	FHP will explore ways to assist Divisional Command Centres through existing projects, such as health information, supply chains, and risk communications.	FHP to develop options and provide recommendation to DFAT on support for Divisional Command Centres	October 2022
Recommendation 5 There are some areas where this Review recommends FHP transition existing programs across to MHMS over the longer term (eg beyond December 2024): <ul style="list-style-type: none"> - Midwifery education - EPI 	Agree	FHP currently funds the majority of midwifery education in Fiji, which has sustainability risks. EPI activities have been transitioned to MHMS. There remain some staff supporting the COVID vaccination program which have been extended to December 2022.	DFAT/FHP to advocate to MHMS to include budget line for midwifery education of at least 10% (ideally 50%) in next budget.	August 2022, and August 2023
Recommendation 6 FHP does not currently invest in large infrastructure, but if requested to do so would need to carefully balance the relative advantages but also disadvantages.	Agree in part	DFAT is investing in refurbishments of Kadavu and Taveuni Hospitals. This will be managed separately under the Facility (not by FHP). FHP will continue to undertake smaller-scale refurbishments where it contributes to strategic objectives and is assessed as manageable by the existing staff and skillsets. Examples include ward refurbishments, disability-access for health facilities (such as ramps and railings), and other entry points.	Nil	n/a

Annex A: Key result areas for Phase 2 from Annex 2 of the Strategic Review

Conclusions/Recommendation	Response	Explanation	Action plan	Timeframes
Recommendation 7 The Fiji Health Program (FHP) or the overarching Facility Management Unit (FMU) should consider engaging a dedicated Communications Officer for Health to increase the number and quality of public diplomacy opportunities. FHP has demonstrated regular production of social media posts and events with DFAT, but further investment in this area will help to elevate the profile of Australia's investment in Fiji's health sector.	Agree in part	DFAT will not engage a dedicated Communications Officer for Health. DFAT Communications Officers will work with the FPSF Communications team to highlight program achievements of Australia's support to the Fiji health sector.		n/a
Recommendation 8 Re-constitution of PCC in some form and shape by end 2022, but then assess if it is effective in terms of achieving desired results.	Agree	PCC is scheduled to meet 6-monthly. Meeting held in June 2022, with next meeting scheduled for November 2022.	FHP to organise next PCC.	November 2022
Recommendation 9 DFAT, MHMS and FHP agree within 3 months of the final approval of this Review on a framework for giving strategic focus to FHP activities, while retaining a capacity for a quick response mechanism to be used outside of pandemics and natural disaster emergencies. DFAT, MHMS and FHP review how effective and successful that framework is at the end of 2023 and make adjustments aimed at improving the situation by December 2024. A	Agree in part	The FHP design update will maintain an element of budget flexibility and responsiveness (both overall and within activities)	FHP to incorporate in program design update	October 2022

preferred option is for 80% of program expenditure to be allocated to strategic goals aligned to the MHMS Strategic Plan, with 20% being allocated to a quick response mechanism for routine (i.e. non pandemic or natural disaster events) that FHP always give priority to those quick response requests that clearly allow FHP / Australia to “add value” to the activity requested and is not used simply to “fill gaps”.				
Recommendation 10 Budget. A “ways of working” document is agreed between MHMS, DFAT and FHP to ensure that MHMS requests are genuinely additional to, and not a means of bypassing or substituting for, MHMS procedures or expenditure effort.	Agree in part	For requests, FHP should assess these through lens of: Urgency; Need/impact; MHMS capacity to fund; Comparative advantage and strategic alignment of FHP; and, Value for Money.	FHP to develop categories and email template to assess requests > A\$50,000 (when not included the Annual Work Plan already agreed between MHMS and DFAT)	June 2022
Recommendation 11 Weaknesses and gaps in donor coordination and donor mapping. That by June 2023 MHMS has a clear, accurate, “mapping” of all external support to the health sector in Fiji, and that there is clear evidence that such mapping is being used to prioritise and allocate requests to partners in a coordinated, transparent manner.	Agree	FHFP will support MHMS through the engagement of a Development Partner Coordination Specialist.	FHP to engage development partner coordination specialist	August 2022

Recommendation 12 FHP host a “COVID 19 lesson learning workshop within 3 months of this Review being approved”. The intended outcome is to identify, explain and explore how FHP was able to quickly support rapid surge activities related to COVID 19 while still protecting against fiduciary, fraud, and other risks. Such lessons may then influence the way MHMS and broader Government of Fiji processes are conducted during a pandemic or natural disaster emergency.	Agree	FHP will support MHMS to host a lessons learning workshop on COVID (covering the Ministry's response.	FHP support COVID lessons learning workshop for MHMS	July 2022
Recommendation 13 Transition Plan for transferring remaining COVID 19 responses across from FHP to MHMS agreed within 3 months of this Review being approved.	Agree	The only outstanding activities are human resources. This has been agreed with MHMS to transition lab staff, and vaccine staff to MHMS in December 2022 and health inspectors in January 2023. The Vaccine staff will be determined by the needs and situation in Q4 2022.	FHP to send letter of agreement to PSH outlining timelines	June 2022
Recommendation 14 Transition plan agreed to by no later than end 2022, and a specific budget line and start of MHMS funding of midwifery commences in 2023 and is sustained by MHMS.	Agree	FHP has a plan in place to facilitate the transition - signed as part of a Letter of Agreement with MHMS - however, it has been challenging getting it implemented. Ongoing advocacy will be undertaken to get midwifery education its own budget line in MHMS budget.	FHP to raise at each PCC. FHP to include indicator on % funded by MHMS as part of reporting.	June 2022
Recommendation 15 MHMS, DFAT and FHP agree, within 3 months of this Review being accepted, to building on the experience of the NCD screening project,	Agree in part	FHP will transition to a more general NCD package of support. While the recommendation from the NCD Screening Project Steering Group is not to continue to	FHP to incorporate in program design update	June 2022

		be allocated to support them. Activities and deliverables will be developed in coordination with OPDs and MHMS.	FHP to incorporate funding for OPDs in next AWP	
Recommendation 18 Data on costs, and especially cost-savings to MHMS compared to the previous and existing situation are being collected within 3 months of this Review report being accepted and endorsed.	Agree	These will be documented as part of Story of Change and other MEL deliverables. FHP will explore additional VfM analysis and improve linkage between reporting and costs.	FHP to include finance/resourcing indicators in results framework	June 2022
Recommendation 19 Rural health facility survey. FHP conduct a workshop within 3 months of this Review being accepted, explaining the purpose and use of the survey. Survey conducted 3-6 months later to track the extent to which MHMS is using the survey to inform decision making in practice and, if not, why not.	Agree in part	Agree with recommendation, but next national health facility survey will be conducted in early 2024. This is to align more closely with the roll-out of mSupply. Better reporting is needed on MHMS's use of the survey results for action. This is a follow up survey to the health facility survey undertaken in 2020 to show whether there have been any improvements to medicines availability.	FHP to hold workshop with MHMS and partners before undertaking national health facility survey	Late 2023 or Early 2024
Recommendation 20 MERLA capturing financial and other resource data. By December 2024 there is evidence that the enhanced MERLA has (i) identified and captured data that had not been available before on the actual financial and HR costs of particular interventions and (ii) that data is being used as the evidence base to inform program decisions including whether and how to scale up programs at a national level.	Agree	FHP will incorporate more financial analytics into reporting. Further discussion is needed on what this will look like in practice. FHP will explore options for Value for Money analysis and cost/benefit analyses.	FHP to include financial reporting in six-monthly updates. FHP to include finance/resourcing indicators in results framework	July 2022 June 2022

Recommendation 21 Strengthening public financial management through DFAT regional support. Within 3 months of the Review report being accepted, that MHMS has advised DFAT of the priority health financing challenges and policies it wishes to address, and MHMS views on the most appropriate international agency to assist them. DFAT then decides if it is prepared to provide financing, including through DFAT's regional programs, to respond.	No action needed	DFAT will leverage support for MHMS through its existing relationship with the World Bank, through its PASA 2023-2026 Plan (for Fiji specific activities). Post will ensure that any Fiji specific initiatives are aligned with MHMS priorities.	n/a	n/a
Recommendation 22 That FHP commission an independent analysis of how to further strengthen GEDSI outputs and outcomes, preferably by the end of 2022, based on the findings of recent DFAT AQC and IMR ratings as well as MHMS' views, priorities and experience.	Agree	FHP will explore option of a more detailed review of GEDSI in Q3/Q4 2022. A GEDSI analysis was undertaken as part of the Strategic Review.	FHP to develop proposal for GEDSI review/roadmap	October 2022
Recommendation 23 That the senior levels of DFAT, MHMS and FHP meet on a quarterly basis to ensure FHP responds to high priority, value-adding activities, and not activities that could / should be done using MHMS' own systems.	Agree in part	The PCC will continue to meet formally on a six-monthly basis, with regular interactions between DFAT, MHMS and FEP in between.	FHP to facilitate next PCC	November 2022
Recommendation 24 MHMS, DFAT and FHP identify the root causes of / possible responses to high turnover of IT	Agree	FHP is scaling up its support to MHMS IT.	FHP to include IT staffing as a key policy priority	June 2022

staff in MHMS within 3 months of accepting this report.				
Recommendation 25 MHMS and FHP have agreed on a program of action / support for better capturing financial and resource costs of MHMS programs within 3 months of accepting this report. That any agreed new approach is then trialed and piloted promptly, with a particular and specific focus of testing if the data on financial and other resource costs does then actually help managers and decision makers to make more informed, better, and defensible decisions about priority setting and resource allocations. If not, the capturing of data needs to be revised until it does meet the practical needs of managers seeking to make better decisions.	Agree in part	Agree in principle. FHP will continue to produce monthly budget reports tracking expenditure for each project.	FHP to produce monthly budget report by program to capture expenditure/burn rate. FHP to include finance/resourcing indicators in results framework	June 2022 June 2022
Recommendation 26 Meningococcal Report recommendations. KRA's and timing to be decided between MHMS and FHP within three months of the acceptance of this Strategic Review	Agree in part	This was handed over to MHMS who are leading the next steps. Fiji CDC is liaising directly with MCRI.	No further actions needed	n/a
Recommendation 27 MHMS and FHP to agree within 6 months of the acceptance of this Strategic Review a strategy, roadmap and timetable for FHP to progressively transition its support across to MHMS.	Agree	FHP to outline human resource and ongoing support costs for MHMS to take over relevant interventions (such as mSupply, RIS/PACS, midwifery, clinical governance). This will be outlined in letter of agreement with MHMS.	FHP to send letter of agreement to PSH for transitioning costs/resources to MHMS	October 2022

<p>Recommendation 28</p> <p>That within 6 months of the acceptance of this Strategic Review that MHMS, FHP and DFAT have agreed on the desirability / feasibility / appropriateness / relative costs and benefits of FHP supporting Divisional Command Centres in some way.</p>	<p>Agree</p>	<p>Strategic priorities will be discussed in PCC. May be options to support through Digital Health. If further support is needed on governance/PFM/legislation, then this may require a revision to program design. It is not yet clear what, if any, activities FHP is well positioned to support.</p>	<p>FHP to develop options and provide recommendation to DFAT on support for Divisional Command Centres</p>	<p>October 2022</p>
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