Management Response to the Evaluation of the Health Security Initiative's Applied Research Program

Evaluation Overview

The Australian Government's Health Security Initiative (HSI) Applied Research Program was a five-year investment (2017-2023) administered by the Department of Foreign Affairs and Trade (DFAT), aimed at promoting applied health research to strengthen health security systems across the Indo-Pacific. The AUD31 million program supported 16 research projects through two funding streams: the Stronger Systems for Health Security (SSHS) Program and co-funding with the Australian Centre for International Agriculture Research (ACIAR) under the Research for One Health for Systems Strengthening (ROHSS) program.

In 2024, DFAT commissioned an independent evaluation to assess the program's progress, achievements, and alignment with its end-of-program outcomes (EOPOs). The evaluation covered seven areas of inquiry: effectiveness, efficiency, relevance, sustainability, gender equality, disability and social inclusion (GEDSI), monitoring and evaluation (M&E), and policy impact. The evaluation employed qualitative methods, including document review, key informant interviews, and country case studies in Fiji and Indonesia.

The evaluation identified areas of significant achievement but also noted opportunities for improvement, particularly in strengthening M&E systems and the integration of GEDSI principles across projects. DFAT accepts all recommendations.

Although the HSI has now concluded, recommendations from this evaluation are being addressed in current programming where relevant. Although not research-focused, Partnerships for a Healthy Region (PHR), the Australian Government's $620 million regional health initiative, has incorporated a number of the recommendations made by the evaluation. Under PHR, DFAT has partnered again with the University of Sydney (V-RESIST and WISH-FIJI; now WISH PACIFIC); Menzies School of Health Research (STRONG TL; now RESPOND); Burnet Institute (STRIVE PNG), ADDEpt (now FEiA), and ACIAR[1].

Key findings

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[1] Accelerating the Development of Evidence-based Policy and Practice in Papua New Guinea (ADEPPt-PNG); Field Epidemiology in Action 2 (FEiA); Stronger Surveillance and Systems Support for Rapid Identification and Containment of Resurgent or Resistant Vector Borne Pathogens in Papua New Guinea (STRIVE-PNG); Surveillance Training, Research Opportunities and National Guidelines for communicable disease control in Timor-Leste (STRONG TL); Regional Engagement in Surveillance and response to Priority diseases, providing Opportunities for National health system strengthening and Development (RESPOND); Combating the emergence and spread of antimicrobial resistant infectious diseases in Vietnam (V-RESIST-Vietnam); Securing health in Fiji through strengthened health systems and integrated water management to tackle typhoid, dengue, and leptospirosis (WISH-Fiji)

The evaluation found that the HSI Applied Research Program contributed significantly to regional health security but highlighted several key areas where program design and management could be improved:

Effectiveness

The evaluation found that many projects under the SSHS and ROHSS streams contributed to improved health security in the region, particularly using the One Health approach, which effectively engaged multiple sectors in addressing health threats. However, the evaluation noted that not all projects were equally successful in achieving their intended outcomes, especially in areas where clear Monitoring and Evaluation (M&E) systems were lacking.

Efficiency

The evaluation found that DFAT's flexible management approach, particularly during the COVID-19 pandemic, allowed projects to pivot effectively and continue making progress. However, the efficiency of project delivery was hindered in some cases by gaps in M&E reporting and inconsistencies in collaboration between projects.

GEDSI Integration

With the exception of some projects, such as WISH-Fiji which demonstrated strong gender outcomes and STRIVE-PNG which made good progress on integrating disability into their program, the evaluation found that the integration of gender equality, disability and social inclusion (GEDSI) across the program was inconsistent. Many projects did not fully incorporate GEDSI considerations during the design phase of individual projects, limiting their impact in these areas.

Sustainability

The evaluation highlighted that while many investments contributed to long-term health system strengthening, not all projects had explicit sustainability plans in place. The evaluation recommended that future investments should incorporate sustainability strategies to ensure that health security gains are institutionalised and continue beyond the life of the projects.

Relevance

The program was well aligned with broad national health security priorities in partner countries and Australia's foreign policy goals, particularly in its response to the COVID-19 pandemic. However, some smaller research projects were less relevant to immediate national health security needs, focusing more on academic research than practical applications.

Evaluation Limitations

The evaluation encountered limitations, including reliance on project reporting that was not always comprehensive, the absence of key informants for interviews, and inconsistent use of M&E frameworks across projects. This made it difficult to assess cumulative impact across all projects.

Management Response to the Evaluation Recommendations

Recommendation	Response	Explanation and Next Steps
Recommendation 1: Australia's future investment in applied health research and One Health should include explicit focus on	ACCEPT	The evaluation highlighted that investments contributed to capacity building, particularly in surveillance systems, laboratory upgrades, and training for local researchers. However,

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strengthening institutional research capacity and local leadership in national contexts for sustained systems strengthening and health security.		sustainability of these outcomes remains uncertain without further institutional support and leadership development.

Partners with continued funding under PHR have integrated this recommendation into their respective designs to build institutional capacity through tailored training programs, mentorship opportunities, and partnerships with local and regional institutions to strengthen leadership and long-term systems capacity. DFAT requires all PHR partners to provide MEL plans and reports to ensure these objectives are monitored, measured and reported. |
| **Recommendation 2**: Australia's future investments in applied health research and One Health should increase focus on strengthening the research-to-policy interface and policy outcomes. | **ACCEPT** | The evaluation found that while some projects effectively engaged policymakers, others lacked clear pathways to translate research into actionable policy. A structured focus on policy engagement is needed to enhance research utilisation. Where research is included within programming, PHR partners are asked to develop mechanisms to ensure research is action orientated, including to strengthen the research-to-policy interface, including structured engagement with policymakers, co-creation of policy briefs, and targeted dissemination of research findings.

Although PHR does not include a prominent research focus, all PHR partners are dealing with the generation and application of public health evidence for action and policy application. Therefore, DFAT is working with PHR partners to develop mechanisms to ensure activities are action-oriented to strengthen the evidence-to-policy interface, including structured engagement.

For example, the ADDEPt program (now FEiA) recently held the first data-to-policy workshop together with Vital Strategies, concluding in all participants developing a policy brief reflecting a public health intervention they investigated earlier in their training. Through connection with respective embassies where partners are |

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		positioned to deliver outcomes, connection and communication with policy makers is enabled.
Recommendation 3: Australia's future investments in applied health research and One Health should continue to strengthen end-user engagement in research design, implementation, and sense-making of findings towards practical uptake and use.	**ACCEPT**	Projects such as STRIVE-PNG, WISH-Fiji and ADDEPt effectively engaged end-users, leading to practical uptake of research findings. However, end-user engagement was inconsistent across projects, particularly in the design phase.

PHR will continue providing funding to STRIVE-PNG, WISH-Fiji (now known as WISH-PACIFIC) and ADDEPt (now FEiA) to enhance the involvement of end-users, including policymakers and community representatives, at key stages of the research cycle to ensure relevance and uptake of findings. |
| **Recommendation 4**: Australia's future investments in applied health research and One Health should strengthen country and regional level collaboration between research teams and communicate research findings to end-users through regional perspectives for practical uptake and use by national leaders. | **ACCEPT** | The evaluation emphasised the importance of regional collaboration and knowledge sharing, citing examples where cross-country partnerships strengthened health systems and policy outcomes. However, collaboration was limited in some projects, particularly during the acute phase of the COVID-19 pandemic.

DFAT will support the establishment of regional collaboration, including annual knowledge-sharing workshops and online forums, to enhance cross-partner engagement and dissemination of findings. In addition, some of the projects to receive further funding from DFAT such as the ADEPPt program have included initiatives such as regional communities of practice, cross-country knowledge exchange and regional alumni networks in their design. |
| **Recommendation 5**: Australia's future investments in applied health research and One Health should require application of best practice international development approaches as a foundation to research, to strengthen development effectiveness and achieve a | **PARTIALLY ACCEPT** | Successful projects applied principles of partnership, capacity building, and co-design, contributing to effective and sustainable outcomes. However, these practices were inconsistently applied across all investments. DFAT future health research programs will endeavour to adopt best practices, such as participatory design, capacity-building strategies, and inclusive approaches, embedded as requirements in project guidelines. For example, |

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broad set of development outcomes.		we have co-funded two Centres for Research Excellence on One Health with NHMRC.
Recommendation 6: Australia's future investments in applied health research and One Health should strengthen program-level MEL to ensure that individual projects within a program align their EOPOs with the investment-level EOPOs.	**ACCEPT**	The evaluation identified weaknesses in MEL frameworks, with many projects failing to align their monitoring systems with program-level EOPOs, resulting in inconsistent reporting of outcomes and impacts. DFAT will implement a revised MEL framework for PHR with clear alignment between project and program-level outcomes, providing training to project teams to ensure robust and standardized reporting. Partners funded under PHR were required to explicitly align their designs with the initiative's end of program and intermediate outcomes. DFAT also developed a set of common indicators to measure progress against the PHR outcomes, and partners are integrating these into their MEL plans and reporting against them six-monthly.
Recommendation 7: Australia's future investments in applied health research and One Health should strengthen GEDSI through practical and sustained guidance to investment teams to ensure tangible contributions are made.	**PARTIALLY ACCEPT**	The evaluation found that GEDSI integration was inconsistent, with only a few projects able to provide evidence of progress, including WISH-Fiji demonstrating tangible gender outcomes and STRIVE-PNG working with local organisations to integrate disability considerations. DFAT has already taken action to lift performance on GEDSI in PHR. This includes mandating gender and disability analyses, strategies and action plans for the majority of PHR projects and requiring budget allocation for planned activities on gender equality and disability equity and rights. All PHR projects over $3million AUD will be required to integrate a gender equality outcome in line with the mandate in place across DFAT development investments. They are also strongly encouraged to integrate disability inclusion into program logics. DFAT will review all MEL plans and frameworks which will include attention to GEDSI elements Projects and partners will be required to report GEDSI-related outcomes and encouraged to submit case studies. DFAT will also continue to provide resources and support to partners,

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		including through the PHR GEDSI Community of Practice that was established in 2024.
Recommendation 8: Australia's future investments in applied health research and One Health should maintain and strengthen a 'systems' perspective and transdisciplinary approach, including multi-stakeholder/sector engagement to contribute to regional health security.	**PARTIALLY ACCEPT**	The evaluation highlighted the success of the systems-based transdisciplinary approaches in projects such as STRIVE-PNG and WISH-Fiji, which engaged multiple sectors and stakeholders. However, this approach was not consistently applied across all projects. Where applicable, PHR partners are encouraged to adopt a systems-based approach, ensuring collaboration across sectors such as health, agriculture, and environment to address complex health security challenges. PHR has incorporated cross-cutting priorities including One Health that partners are expected to address within their design proposals. This is evident through the funding provided to ACIAR and WISH-Pacific in particular whose main objective is improving and strengthening One/planetary health in the face of climate change.
Recommendation 9: Australia's future investments in applied health research and One Health should consider multi-stage, longer-term research funding to create foundations for partnership and research impact/development outcomes.	**PARTIALLY ACCEPT**	Short project timelines limited the ability of some investments to achieve sustained outcomes. The evaluation recommended multi-stage funding to support deeper partnerships and longer-term impact. While not primarily research focused, PHR has continued funding partners such as STRIVE-PNG, WISH-PACIFIC and ACIAR, enabling sustained partnerships and sufficient time to achieve meaningful and lasting impact from research activities. In addition, several partners including the University of Newcastle have secured additional funding from Posts in relevant countries, deepening relationships and ensuring further sustainability.