



Australian Government
AusAID

PNG Health System Capacity Development Program (HSCDP)

Health and HIV/AIDS Implementation Services
Provider pre-tender Industry Briefing

8 November 2011



Outline of presentation

- Australian policy context
- Delivery Strategy
- Capacity Diagnostics
- HSCDP
 - overview (indicative)
 - Forms of aid
 - Governance
 - Roles and responsibilities



Changing Australian policy context

- > Repositioning of Australian assistance
 - Development Cooperation Treaty Review resulted in repositioning of the aid program with Health (including HIV) and Education as flagship sectors
 - Continued support for law and justice and transport infrastructure sectors
 - More investment at sub-national level where service delivery occurs
 - Technical Assistance Review resulted in capping of advisers numbers, and shifting modalities
 - Promote greater coherence across the aid program



PNG-Australia Partnership for Development

Combined Health and HIV schedule under the Partnership and commits PNG and Australia to work together to achieve the following targets:

> **Health**

- Increase the percentage of 1 year old children nationally vaccinated with 3 doses of DTP-HEpB-HiB pentavalent vaccine from 51 to 80 per cent and measles vaccinations from 50 to 80 per cent by 2015
- Increase the percentage of deliveries supervised by a trained nurse, midwife or doctor from 40 to 44 per cent by 2015
- Increase the availability of essential medical supplies, including drugs and testing equipment for HIV, tuberculosis and malaria, through reducing stock outs from 25 to 15 per cent by 2015.



Australia-PNG Health Delivery Strategy 2011-15

- > Goal: to reduce the number of women dying from pregnancy-related complications and children under five from preventable causes
- > Two-tracked approach to strengthen PNG's primary health care system to deliver better outcomes for women and children:
 - Support **six key functions of PNG's health system** required to ensure health facilities can provide free supervised deliveries, family planning and child immunisation services; and
 - Provide a more **intensive package of support to five priority provinces** with a focus on demonstrating measurable outcomes and learning lessons to apply elsewhere



Delivery Strategy high level development outcomes

- Proportion of deliveries supervised by trained nurse/ midwife/ doctor increased from 40 to 44 percent (~8,000 additional supervised deliveries per year)
- Couple years protection increased from 81 to 125/1,000 women of reproductive age
- Proportion of children receiving 3 doses pentavalent vaccine increased from 51 to 80 per cent
- Proportion of children receiving measles vaccinations increased from 50 to 80 per cent



Delivery Strategy Priority Provinces

Australia will have an intensive focus in five provinces:

- > Provincial Health Authority pilots:
 - Western Highlands Province
 - Eastern Highlands Province
 - Milne Bay
- > Autonomous Region of Bougainville
- > Western Province



Capacity Diagnostics

- > Conducted for priority provinces and key functions of NDOH (November 2011-February 2012)
- > joint with NDOH, based around NDOH service delivery plans and priorities, National Health Standards
- > Will identify:
 - existing capacity constraints and opportunities
 - entry points for GoPNG and Development partners to support local priorities
 - specific recommendations on how AusAID can contribute to improving health service delivery
- > Will result in service agreements agreed with Provincial Health Authorities/Governments
- > These will form the basis for finalising the scope, support and expected results from HSCDP



Joint Capacity diagnostics

- > Objectives
 - Identify coherent approaches and strategies to strengthen functions and incentives around improved health service delivery
 - Undertake M&E baseline data assessment of organisational capacities, health system and service delivery performance
 - Aligned to agreed priorities, recommend specific entry points, approaches and types of support for AusAID investments, particularly HSCDP
- > Diagnostics and related service agreements will also be completed for health worker training institutions in 2012



Health Sector Capacity Development Program

- > AUD 60 million, 2012 to 2014-15
- > Purpose: to strengthen key partner performance, functions and systems, and incentives within PNG's health system to better deliver rural services (priority provinces) through:
 - Strengthening functions and systems of organisations and partners responsible for delivering/influencing health services
 - Addressing incentives to promote a stronger culture of implementation, performance & accountability
- > Complements other forms of aid in the broader health program (financing, procurement, scholarships, partnerships)



HSCDP – forms of aid

> Technical assistance

- Short and long term training opportunities
- Peer learning and mentoring through exchange or secondment
- Twinning
- Short and long term personnel, advisory or in line, managed in accordance with *Use of Advisers in the Australian Aid Program: Operational Policy*
- Operational research, analysis
- capacity diagnostics, activity design (including if not to be implemented by HSCDP)

> Grants

- To non-state actors to directly deliver services (GoPNG managed where possible)
- To health worker training institutions to undertake quality improvement programs



Examples of HSCDP objectives (interim)

- > **Organisational capacity development objectives**
 - Priority provinces with demonstrated capacity to manage, deliver and monitor a minimum package of service
 - NDOH & health worker training institutions with demonstrated capacity to perform core enabling functions (e.g. sector coordination)
 - Non-state actors with demonstrated capacity to deliver a minimum package of services
- > **Health systems, functions and incentive objectives**
 - Increased capacity of priority provinces to budget for drug distribution and manage pull system
 - Increased quality and capacity of pre-service training institutions to meet demand
 - Increased capacity of priority provinces to fund and implement maintenance of health facilities and staff housing
- > **Cross cutting capacity development objectives**
 - Increased number of public private partnerships (priority provinces)
 - Gender equality approaches reflected in district service delivery planning, reporting



HSCDP Governance arrangements

- > Health Sector Partnership Committee is the primary governance and decision-making body for HSCDP
- > HSPC is supported by
 - Sector Coordination Team
 - Interdepartmental working groups:
 - Sector Resource Allocation working group
 - Capacity Development Coordination working group
- > Tasking of HHISP can be done through:
 - HSPC (primary mechanism, large investments)
 - Secretary of Health (flexible funds, issues with HSPC)
 - AusAID health program (separate budget to HSCDP)
 - GoPNG and other DPs can enter separate agreements with HHSIP



Roles and responsibilities re HSCDP (indicative)

Government of PNG

- Implementation (NDOH, provinces, health worker training institutions)
- Sets agenda, plans and activities, reviews performance through HSPC

AusAID

- Stakeholder dialogue and program governance functions
- Financing and management of head HHSIP contract
- Overseeing and reporting on HSCDP overall performance, linking to Health Delivery Strategy performance management framework

HHISP

- Implementation of tasking notes (recruitment, contracting and management of grants and TA) with regular status updates
- M&E data collection, synthesis and reporting of HSCDP performance