



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



DS Intermediate development outcomes

Australia will focus on 6 key result areas of the NHP:

- > **Financing:** increase in provincial health expenditure to meet minimum cost of services (60 to 100 per cent);
- > **Medical supplies:** proportion of months that all health facilities have selected essential medical supplies in stock increased from 47 to 85 per cent;
- > **Health workforce:** increased number and quality of doctors, midwives, nurses and community health workers training and better productivity of the existing health workforce;



DS Intermediate development outcomes

- > **Infrastructure:** increased proportion of health facilities and staff housing refurbished and with running water supply and sanitation facilities in eight provinces;
- > **Public health:** increased proportion of disease outbreaks / urgent events identified and assessed by NDoH within 48hours of receiving report of event;
- > **Community mobilisation (partnerships):** increased number of communities implementing grants in priority areas of maternal health, gender equality and water supply, sanitation and hygiene practice.



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

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- 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