AIPEID Phase II Management Response

DFAT welcomes the analysis and recommendations presented by the Review Team. DFAT finds the findings regarding the current program to be fair and broadly reflective of the current condition/situation of program implementation.

In response to the statement on page 22 of the report regarding AIPEID program and contract management, DFAT would like to note that the AIPEID Program has been managed by the Department of Agriculture and Water Resources and its predecessors (the Department) in Canberra since its inception in 2011. There was no change in the program management in 2016. Further, we would like to clarify that Intellectual Property requirements are part of the standard contract clauses required under Australian Government's Commonwealth Procurement Rules; DAWR/DFAT have an obligation to comply with these requirements.

Recommendations for the future program are based on a good situational analysis of Indonesia's preparedness in the event of a disease pandemic.

Recommendations for the current program

(1) For the remaining period the review team recommends continuing focus on outcomes one (strengthening emergency response systems) and two (information systems).

Response: DFAT agrees with this recommendation

Comment/ Action: More effort in the remaining program period will be focussed on these outcomes. DFAT will also work with DAWR to address challenges under outcome one to ensure there is sufficient progress by the end AIPEID phase 2.

(2) In regards to the training programs, efforts should focus on their institutionalization, with a view to phasing out of future support.

Response: DFAT agrees with this recommendation

Comment/ Action: DFAT and the DAWR team will continue to work closely with the MoA on institutionalizing the IVL training. Other avenues are also being assessed such as the potential to work with INDOHUN (Indonesia's One Health University Network).

(3) Given the complexities of government funding in Indonesia, and the large amount of funding from national sources, it is unlikely that advocacy to local government for increased allocation to surveillance and emergency response will be effective. Further engagement in improving funding should focus on working with CMHDC on developing protocols to access national disaster funds for infectious disease outbreaks.

Response: DFAT agrees in part with this recommendation

Comment/ Action: DFAT sees advocacy for funding for surveillance and emergency response as an important way to reduce ongoing reliance on external support. The current program might not be well-equipped to conduct advocacy to local government, but DFAT will still require delivery partners provide analysis of challenges experienced in advocating for local government funding which could be good lessons learned for any future DFAT program in RHS/EID. On working with the CMHDC, USAID's P&R program under EPT-2 is already doing a lot of work with the CMHDC. This includes developing a guideline for multi-sector coordination during

emergencies, which should include considerations of funding during emergencies. DFAT (with the AIPEID teams) will establish more communication with the P&R program to see how this is progressing and provide input as necessary.

(4) The review team also noted limited collaborative efforts between the animal health and human health teams to identify and address strategic and policy challenges. The team recommends more focus on jointly identifying policy and structural issues, and strategizing on how to address them.

Response: DFAT agrees with this recommendation

Comment/Action: DFAT has already started discussions with the EID Animal Health and Human Health Teams to start re-instating bi-monthly meetings, and with more focussed and strategic topics. DFAT will convey a coordination meeting in August 2017.

Recommendations for future support

Strategic and Technical Approaches

(1) Continue with further assistance to the Government of Indonesia in the area of detection and response to infectious disease risks, maintaining the current focus on EIDs and zoonoses but retaining flexibility to respond to risks as they emerge, and including an animal and human health component, but with more focus on engagement at a strategic level.

(2) The new program to have an explicit focus on the application of a One Health approach, and on building communication and strategic engagement of Australian agencies, especially DAWR and (if interested) DoH.

(3) The new phase to focus on the further development and future sustainability of early detection and response information systems (EWARS and iSIKHNAS), and linkage with laboratory information systems; identification of research opportunities and developing research proposals; review options to support IVL or FETPV depending on the status/ situation by mid-2018; and examine the potential to support exchanges between Australian emergency operations systems and the MoH PHEOC. Building similar capacity in MoA would be a parallel objective.

(4) If funds are available, consider the potential to expand the technical scope in order of priority to:
   a. Expand to support research proposal development and submissions
   b. Expand to other infectious disease risks: AMR, MDRTB, mosquito borne infections
   c. Expand to build capacity of laboratory and diagnostic systems
   d. Expand to build capacity of veterinary public health

Implementing modality

(5) Contracting of an independent agent to manage coordination, communication, and facilitation of engagement by Australian and other international experts in both human health and animal health areas, and encourage a One Health approach;

(6) Convening of a technical advisory panel to support strategic approaches and the work of the coordination and facilitation agent.

(7) Continue to contract WHO to manage the technical inputs into human health / MoH, but with greater attention opportunities for Australian institutional engagement, and links with the Australian DoH

(8) Explore the potential to channel funds / contract FAO to provide coordination and technical support for DAWR inputs into MoA; otherwise use the independent agent contracted under (a) above.

Response: DFAT notes these recommendations

Comment/Action: DFAT will consider all recommendations relating to a new program in the context of a design process.