Independent Evaluation of the Tertiary Health Pacific Islands Program (PIP) and Strengthening Specialised Clinical Services in the Pacific (SSCSiP)

MANAGEMENT RESPONSE

Project Summary

Tertiary Health Pacific Islands Program (PIP):

Project Name	Tertiary Health Pacific Islands Program (PIP)		
AidWorks number	INJ833		
Commencement date	31 March 2011	Completion date	30 March 2016
Total Australian $	AUD8,970,905		
Delivery organisation(s)	Royal Australasian College of Surgeons (RACS)		
Implementing partner(s)	Royal Australasian College of Surgeons (RACS)		
Country/Region	11 Pacific Island Countries and Territories		
Primary sector	Health		
Project objective/s	• To contribute to improving clinical health outcomes of individuals in targeted Pacific populations through the provision of specialist services as prioritized and identified by Pacific Ministries of Health; and • To strengthen the capabilities of Pacific clinicians to provide specialised medical and health support services through skills upgrading of professional and continuing professional development opportunities.		

Strengthening Specialised Clinical Services in the Pacific (SSCSiP):

Project Name	Strengthening Specialised Clinical Services in the Pacific (SSCSiP)		
AidWorks number	INK590		
Commencement date	23 May 2011	Completion date	30 June 2016
Total Australian $	AUD4,392,000		
Delivery organisation(s)	Fiji School of Medicine, now known as the College of Medicine, Nursing and Health Sciences, Fiji National University (FNU CMNHS)		
Implementing partner(s)	Ministry of Health within 14 Pacific Island Countries/Territories		
Country/Region	Pacific Island Countries and Territories		
Primary sector	Health		
Project objective/s	• To support Pacific countries to plan for, access, host and evaluate specialised clinical services; and • To strengthen health worker skills, capacity and capability to meet specialised clinical service needs.		

Introduction

In 2014, DFAT commissioned an independent evaluation of two distinct yet related DFAT-funded projects: **Strengthening Specialised Clinical Services in the Pacific (SSCSiP)**, delivered through Fiji National University's College of Medicine, Nursing & Health Sciences (FNU CMNHS), and the **Pacific Islands Program (PIP)** implemented by the Royal Australasian College of Surgeons (RACS). The purpose was to assess:

- progress towards the programs' stated objectives and outcomes as they approach completion;
- action related to issues identified in previous evaluations and performance assessments and any further action needed.

The evaluation was structured around two objectives:

1. Evaluate SSCSiP against quality criteria including relevance, efficiency, effectiveness, sustainability, gender equality, monitoring and evaluation.
2. Evaluate PIP against quality criteria including relevance, efficiency, effectiveness, sustainability, gender equality, monitoring and evaluation.

The evaluation was also tasked with formulating recommendations to help inform DFAT on continued support for Specialised Clinical Services and Health Workforce Development in the Pacific region during the period 2016-2020. The design for this new investment will be conducted by a contracted Design Team in early 2016.

The Evaluation Team comprised Beth Plowman (Team Leader) and Paul Freeman (team member for Fiji country visit). As part of the evaluation process, DFAT provided feedback on the draft report. The final Evaluation Report was agreed and accepted by DFAT on 11 November 2015.

DFAT's response to the evaluation report

Overall, DFAT agrees with most of the evaluation findings and recommendations and have consulted these with implementation/delivery partners RACS and FNU CMNHS. All recommendations will be fully or partially taken into consideration during the design process of the next phase.

DFAT's detailed response to the recommendations of the evaluation of SSCSiP and PIP is outlined in the table below:

DFAT's response to the specific recommendations made in the report

Recommendation	Response	Actions	Responsibility
Strengthening Specialised Clinical Service in the Pacific			
1. DFAT should carefully examine the balance of effort that is devoted to building individual versus systems capacities and providing country-specific assistance versus strengthening regional mechanisms. Going further, DFAT should build into the design, mechanisms and incentives to ensure that the desired balance is more likely to be achieved (e.g. countries must first have a multi-year Specialised Clinical Services (SCS) human resources (HR) plan in place before submitting requests for individual training – ideally these would be part of broader HR planning, and not siloed to SCS.	Agree	Address through design for new program of support for strengthening SCS and the Pacific Health Workforce. This will include exploring opportunities to coordinate DFAT's regional and bilateral health investments.	DFAT – to task design team
2. As implemented, several areas of SSCSiP focus do not fully represent the intent of regional programming. In the future, DFAT should examine the relationship between regional investments (e.g. developing common standards) and country-specific investments (e.g. getting newly agreed standard adopted into country	Partially Agree	Acknowledge and agree that regional investments should prioritise support through regional mechanisms and institutions and that bilateral programs are best placed to respond to country-specific issues; however given the diversity of country needs in the Pacific the future program needs to	DFAT – to task design team

practice). Moreover, some activities, appropriately regional in nature, have gone unaddressed. In a resource constrained environment, a regional initiative should focus more exclusively on those aspects of strengthening SCS that serve regional as opposed to individual country needs.		maintain flexibility to work directly with countries where appropriate and cost-effective to do so. Recommendation to be addressed through design for new program of support for strengthening SCS and the Pacific Health Workforce.	
3. Recognising the burden placed on countries by clinicians seeking advanced training, DFAT should invest in a thorough examination of the possibilities of remote and/or on-line training courses. While it is said that "training a surgeon takes 10 years", when staff are away for extended periods of time in training, the ability of Pacific country to provide SCS is severely affected.	Agree	Recommendation to be addressed through design for new program of support for strengthening SCS and the Pacific Health Workforce. Design team to work with regional training providers to consider pros and cons of providing remote and/or on-line training. DFAT notes that online/ remote training does not replace the critical hands-on training required to improve technical competencies and skills. Most countries have a locum mechanism in place to support some of the training/ capacity shortfalls identified by the evaluation, though DFAT recognizes this is costly.	DFAT– to task design team
4. Project funding for use as gap-filling is widely appreciated throughout the region and the project should be	Agree	Design team to look at opportunities to streamline and reduce duplication in the funding of training and	DFAT– to task design team

commended for its approach to cost-sharing with Ministries of Health (MoHs). However, the project should "ring-fence" this component in order to avoid becoming a project primarily for the support of ad-hoc, individual capacity-building. Where support for training is granted, it should be clearly linked to information on the SCS needs of the country. DFAT should examine the potential of tapping into bilateral mission training funds for scholarships and training as a potential means of meeting these needs.		scholarships across DFAT's regional and bilateral programs.	
5. An important contribution of SSCSiP has been through the analytical work carried out by Centre for Health Information, Policy and Systems Research (CHIPSR). Quality, independent work of this nature is a tremendous value-added for the project and an area into which few other agencies would venture. DFAT should find ways to expand this aspect of the project's operations.	Agree	DFAT acknowledges the need for more and better analytical work to provide evidence-based research for policy decisions, and also recognizes that CHIPSR (based a FNU CMNHS) has a comparative advantage in this space. The design team will consider the scope for research as an ongoing component of the new program, including how to give regional governance bodies a role in identifying research priorities and considering results, and advise on options within available program budget.	DFAT– to task design team

6. While needs for SCS differ substantially by country, respondents from across countries consistently cited the need to provide nurses with access to specialised clinical training in addition to access to training currently provided to surgeons. In addition, the area of biomedical services is an enormous and under-addressed issue across the region. DFAT should extend its offerings to nurses in priority areas of specialised services and incorporate biomedical support into bilateral programs of assistance albeit with a systems-wide emphasis on primary, secondary and tertiary services.	Partially Agree	DFAT acknowledges that nurse training and biomedical support are critical, however our view is that these needs are best addressed at country level. The recommendation specifically for DFAT to extend offerings to nurses will need to be assessed by the Design Team within the broader program context and budget and take into account the role of bilateral programs. DFAT has already moved towards incorporating biomedical support into bilateral programs of assistance since the disbanding of the formerly regionally-managed program, Pacific Biomedical Equipment Maintenance Initiative (BEMI) in 2014. Small Island States (Kiribati, Nauru and Tuvalu) currently receive biomedical support under the SSCSiP program, and the Design Team will need to consider what support for this function can be maintained given other budget priorities.	DFAT– to task design team

Pacific Islands Project			
7. Looking forward to a diminished resource envelope, DFAT should prioritise PIP's real strength and value which is the provision of SCS accompanied by hands-on training that occurs during the course of a visit.	Partially agree	DFAT agrees that future support should leverage comparative advantage. As the number of surgeons and specialists grows, there will be less need for direct service delivery, and more need for supervision and mentoring. DFAT and RACS will collaboratively undertake an 'adaptive partner-led design' process for the next phase of PIP, and this issue will be carefully considered in the design process.	DFAT and RACS – through the design process
8. In certain specialty areas, PIP/RACS should be strongly encouraged to engage in more region-wide coordination and to adapt its Visiting Medical Teams (VMTs) accordingly (e.g. other actors have expanded service provision in ophthalmology). In some areas of specialty, services available through other actors may have expanded to the point that it no longer need be a PIP/RACS lead specialty. At the same time, other areas, such as cardiac surgery, is greatly needed yet requires very large teams and more specialised equipment. In these areas, PIP/RACS should	Agree	DFAT acknowledges that RACS needs to focus on the core strengths of the PIP Program and establish systems to more systematically co-ordinate with other VMTs. The design process will consider ways RACS/PIP can expand partnerships, including with the private sector and other Australasian Colleges to maximise efficiencies and outreach.	DFAT and RACS – through the design process

expand partnerships with others to expand service offering through more joint efforts.			
9. PIP/RACS training at country and regional level should be increasingly focused on a) country-identified areas of need, and b) in topic areas which RACS is uniquely positioned to provide. In sum, DFAT might be better served to expect less capacity-building activities from PIP but more higher-value, specialised skills building. Pacific clinicians expressed their clear preference for attachment training – seen as high-value training with cascading effects when the surgeon returns to his/her country.	Agree	DFAT agrees with the need to ensure relevance of training provided by RACS/PIP to country needs, coordination with other training providers (especially FNU) and more structured links with individual clinicians Continuing Professional Development (CPD) plans. DFAT's support for this recommendation will be noted as part of the adaptive partner-led design process.	DFAT and RACS – through the design process
10. Data reviewed for this evaluation suggest that there may be some underlying, systematic gender bias affecting who gets screened and eventually treated by the PIP VMTs. DFAT should find a means of complementing PIP/RACS skill set in order to better understand and address this issue, if it is occurring.	Agree	DFAT acknowledges the need to strengthen gender and equity measures in the next phase of PIP. DFAT's support for this recommendation will be addressed in the adaptive partner-led design process, through provision of monitoring and evaluation expertise to that process and review by gender and equity specialists of the draft design documents.	DFAT and RACS – through the design process DFAT, RACS and participating MoHs to ensure that gender and equity issues are adequately addressed during screening processes in the future phase of the program.

11. PIP/RACS should be commended for attempting to gauge the impact to beneficiaries of receiving VMT services. However, the approach adopted appears to generate data which are only slightly better than anecdotal. This problem could be addressed through the creation of a system to monitor patient outcomes – an initiative outside of PIP/RACS expertise. DFAT may consider funding analysis which would allow countries, PIP/RACS and others to estimate surgical need by country, specialty and procedure so that met and unmet need can be better gauged. Analytical resources, such as those found in FNU's Centre for Health Information, Policy and Systems Research, will be needed to address this data gap.	Partially Agree	DFAT agrees that better and more detailed evidence of country needs is required to best target regional investments. On monitoring patient outcomes, DFAT will explore the feasibility of incorporating this into the monitoring framework of the next program. On estimating surgical needs in each Pacific Island Countries (PICs), it may not be cost effective to look at surgical needs in isolation from broader health needs, and such an exercise is best initiated at country level to align with local policy, planning and review cycle. On CHIPSR, see Point 5 above.	See Point 5 above