PAPUA NEW GUINEA–AUSTRALIA TRANSITION TO HEALTH (PATH) 2020-2025: DFAT MANAGEMENT RESPONSE TO THE RECOMMENDATIONS OF THE MID-TERM REVIEW

The Papua New Guinea (PNG)–Australia Transition to Health (PATH) is an AUD280 million, six and a half-year investment funded by the Australian Government (DFAT), implemented by Abt Associates (Abt). Through PATH, Australia aims to work collaboratively with the Government of Papua New Guinea (GoPNG) to improve coverage of essential, inclusive, quality health services through effective and efficient program interventions.

The mid-term review of the PATH Program considered the PATH inception and implementation period from August 2020 to December 2023, with the final mid-term review report accepted by DFAT in May 2024. The review assessed PATH's progress towards achieving its End of Investment Outcomes (EOIOs), and considered the appropriateness of management arrangements, the program design, and implementation approaches. The review focused on relevance; effectiveness; gender equality, disability and social inclusion (GEDSI); efficiency; sustainability; and monitoring, evaluation, research, learning and adaptation (MERLA).

DFAT agrees with all of the recommendations of the PATH mid-term review, either in full or in part, and work is already underway to implement many of them. Where we partially agree with a recommendation, we have indicated why. In June 2025, DFAT extended PATH for an additional 18 months, from June 2025 to December 2026, to provide continuity of bilateral health programming in PNG while it undertakes the design of a new bilateral health portfolio over the 2024-25 period. This portfolio design process will consider all of DFAT's bilateral health investments in PNG and will incorporate lessons learned from the PATH program. As indicated in DFAT's response to the individual mid-term review recommendations below, relevant recommendations, particularly those pitched for the period beyond PATH's initial phase (2020-2025), will be considered through this new design process. DFAT intends for this new design to come into effect after the PATH program concludes.

Recommendation Type	Mid Term Review Recommendation	Response	Comments	Next Steps	Timeframe
Relevance – Immediate term	PATH to work with the Australian High Commission (AHC) to improve functionality of the Program Steering Committee.	Agree	The Program Steering Committee faced some continuity and attendance challenges, including due to COVID-19. DFAT – through the AHC – continues to work closely with PNG's National Department of Health (NDoH) to ensure this important governance mechanism is focussed, strategic and effective.	DFAT, through PATH, will leverage Program Steering Committee expertise through targeted meeting agendas and a focus on strategic issues. The Steering Committee meeting was last held in two parts in March and April 2025. Planning is ongoing for next meetings.	Ongoing
Relevance – Immediate term	PATH to develop, resource and implement a plan to strengthen coordination with NDoH, and other Government of Papua New Guinea (GoPNG) and key health sector stakeholders. This could be included as an addendum to the Ways of Working document but will need to include dedicating senior management focus required for effective engagement and communication with key health sector stakeholders.	Agree	Since mid-2024, some positive momentum has been observed in donor coordination in PNG's health sector, including through monthly Health Development Partners Meetings and restarting of the National Health Conference. Senior PATH and DFAT representatives engage closely in these discussions.	PATH to develop an addendum to Ways of Working document to capture approaches to strengthen coordination, with a line of sight to the NDoH's own sector governance and coordination mechanisms (e.g. the Health Sector Aid Coordination Committee).	Ongoing
Relevance – Beyond PATH's initial phase	AHC to examine: • alternative approaches for investment governance and	Agree	Throughout the upcoming bilateral health design process, DFAT will examine appropriate	DFAT will consider more structured governance and coordination mechanisms	Ongoing

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	coordination mechanisms that are more likely to achieve the intended partnership outcomes • resources needed to sustain the effectiveness of these mechanisms.		approaches for investment governance and coordination, noting the lessons learned from the PATH program.	during the design of the new bilateral health portfolio, with a line of sight to the NDoH's own sector governance and coordination mechanisms (e.g. the Health Sector Aid Coordination Committee).	
Effectiveness – Immediate Term	PATH to document Provincial Health Authority (PHA) Support Project practices – including PHA Embedded PATH Personnel Initiative (PEPPI), and Monitoring, Evaluation and Data Initiative (MEDI) projects – to identify positive approaches and evidence to guide future program activities.	Agree	Through reporting processes PATH has provided greater insight into PHA Support Project practices and the impact of DFAT's support.	PATH and DFAT have finalised a framework that brings together all elements of PHA support, making it easier to collect information and report the impact of DFAT's support.	Completed
Effectiveness – Immediate Term	Abt and PATH to review the grantee performance management approach used by the Frontline Health Outcome and Health Security teams, to ensure that it: • is focused on providing effective oversight and support to grantees to deliver quality health project and contract outcomes – and the	Agree	From 2025-26 to 2026-27, as grants are renewed and extended under the PATH Program, PATH and DFAT will explore appropriate oversight and support to grantees, as well as ways to balance compliance and reporting requirements while still ensuring program effectiveness and transparency. Grant renewals and extensions	PATH and DFAT to review grantee performance management approach. Where applicable, PATH to communicate updated expectations/requirements to grantees.	Completed

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	teams are adequately resourced to do this • does not impose unreasonable compliance and reporting demands that have the potential to undermine grantees' program delivery capacity.		will provide continuity of programming during the design of the new bilateral health portfolio.		
Effectiveness – Immediate Term	PATH to engage a full-time, senior health technical adviser to: • drive the program in developing technically sound program strategies and frameworks, including the program monitoring, evaluation and learning (MEL) framework • assess the health technical needs across the PATH program, identify any additional program technical support needed, and provide related recommendations to PATH and the AHC.	Agree	PATH have engaged a part-time senior health technical advisor. Recruitment of a new Team Leader was completed in July 2025, which brought in additional technical health expertise.	Recruit a new MEL Lead to enhance program capacity and effectiveness by identifying support needs, developing training, and aligning the MEL framework with program goals, working closely with the senior health technical advisor and Team Leader to enhance monitoring, evaluation, and learning for better health outcomes and program implementation.	Ongoing
Effectiveness – Immediate Term	Reallocate a proportion of the Sapotim Lida Project (SLP) underspend to fund community health leadership initiatives, with	Agree	Sapotim Lida Project has finished. A proportion of PATH's Sapotim Lida Project has been reallocated to other Gender	PATH and DFAT to continue to coordinate to finalise Sapotim Lida funding reallocations,	Ongoing

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	the objective for women leaders to better advocate for their communities, to improve equitable and accountable services.		Equality, Disability, and Social Inclusion (GEDSI) initiatives that promote the participation and impact of women and people with disabilities in the health sector.	which will still target GEDSI outcomes.	
Effectiveness – Immediate Term	The GEDSI Hub should be taken back under direct management by the PATH GEDSI team, to deepen their NDoH relationships where the hub is located, and thereby achieve the program's GEDSI, women in leadership, and equity objectives.	Partially agree	The Sapotim Lida design refers to the GEDSI Hub as both the implementation channel of Sapotim Lida (through the work of relevant (CARE) personnel) and a physical location based in NDoH in Port Moresby.\n\nSince March 2024, PATH's Senior Programme Manager for Sapotim Lida has worked from the hub in NDoH once a week, which has considerably strengthened relationships with NDoH. NDoH has indicated an interest in keeping 'the hub' in NDoH beyond Sapotim Lida, however what that would entail needs to be clarified. PATH is exploring future support to the NDoH GEDSI Hub which would be 'managed' directly by PATH	In support of transition to NDoH systems and processes, PATH and AHC propose to engage NDoH in a discussion of how the intent of Sapotim Lida could be incorporated into the structure of NDoH.	Completed

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			following the conclusion of Sapotim Lida. A new agreement and workplan have been consulted upon and with NDoH and approved by the Health Secretary in August 2025.		

Effectiveness – Beyond PATH's initial phase	AHC to commission a redesign of the PATH program and re-tender for a subsequent phase of the program, addressing the same substantive objectives of PATH, but with a clearly defined Program Logic and strategies co-designed with key PHA and GoPNG stakeholders.
	
	This includes a focus on:
	• PHA capacity building that:
	  o uses evidence-based approaches to government health sector capacity building
	  o is adequately resourced
	  o is implemented by agencies with demonstrated skills in conducting capacity building in the specific
		Partially agree	The AHC has commissioned a new design of a future bilateral health portfolio programs that will come into effect after the PATH program ends in December 2026. The mid-term review recommendations will be further considered through that process. The new design will be aligned with the PNG-Australia Health Partnership Strategy 2024-2034, which itself is aligned to GoPNG's National Health Plan 2021-2030.
			
			DFAT partially agrees with this recommendation as the new design process will not be a 'redesign of PATH', but rather a portfolio design process that considers all of DFAT's bilateral health investments in PNG. It
				AHC to consider these recommendations through the new bilateral health design process.	Ongoing

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	technical areas in the PNG context. • Essential Services and Health Security components that: o have clearly defined health outcomes and a strategy to guide how this is to be achieved within the program o are oriented to implementing existing NDoH strategies in an effective, efficient and innovative manner o apply a supportive, quality-focused approach to performance management o have full-time, dedicated health and GEDSI technical assistance to provide oversight and effective support for quality improvement, learning and development.		will incorporate lessons learned from the PATH program.		

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	• a reoriented Women in Leadership component that includes: ○ a major focus on community leadership, especially women, persons with disabilities (PWD), and marginalised groups ○ emphasis on co-designing public health and fostering accountability.				
Gender Equality, Disability, and Social Inclusion (GEDSI) – Immediate Term	AHC/PATH to allocate a portion of the budget underspend (e.g. SLP) for GEDSI mainstreaming activities for grantees.	Partially agree	As above (see: Effectiveness – Immediate Term), a proportion of PATH's Sapotim Lida Project has been reallocated to other GEDSI initiatives that promote the participation and impact of women and people with disabilities in the health sector. GEDSI mainstreaming is already being implemented through PATH projects, and grantees are able to progress elements of GEDSI mainstreaming without being reliant on funding reallocation.	GEDSI mainstreaming activities to continue and increase where there is scope to do so.	Ongoing

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GEDSI – Immediate Term	PATH to work in partnership with grantees and civil society organisations to develop activities for GEDSI-transformative approaches, especially gender-based violence, which simultaneously feed into other program goals.	Partially agree	A proportion of PATH's Sapotim Lida Project has been reallocated to other GEDSI initiatives that promote the participation and impact of women and people with disabilities in the health sector. However, given that PATH is in its final stage, it has been assessed that designing and implementing new GEDSI-transformative initiatives will be unlikely to deliver tangible outcomes on time.	GEDSI transformative initiatives to be specifically considered by DFAT in the new bilateral health design process.	Ongoing
GEDSI – Immediate Term	PATH to establish a mechanism whereby the GEDSI team can influence other parts of the program (e.g. through quality assurance of all activities that have been tagged as relevant to GEDSI; also through allocating budgets and tasks to grantees).	Partially agree	PATH has established a mechanism to track and coordinate all GEDSI activities across the PATH portfolio, which aims to assist with oversight and accountability.	The PATH GEDSI Team will review and provide advice to all ISP 2025 Annual Workplans. The PATH GEDSI Team will create a GEDSI budget for the first time (separate to Sapotim Lida) for the 2025-26 GEDSI Workplan enabling greater flexibility and more influence.	Completed
GEDSI – Beyond PATH's initial phase	AHC/DFAT to include in the design scope of future programs:	Agree	DFAT has commenced a new design of future bilateral health portfolio programs that will	DFAT to consider these GEDSI recommendations	Ongoing

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	• when working with NDoH partners (such as National Orthotic and Prosthetic Services), a requirement to advocate for people with disabilities at the policy level and in the way community-level services are provided • efforts to stimulate community initiatives for targeted preventative campaigns, especially for childhood diseases that may lead to lifelong disability if untreated.		come into effect after PATH ends. These GEDSI recommendations will be considered through that process, in line with DFAT's International Development Policy, DFAT's international gender equality and disability equity and rights strategy, the PNG-Australia Health Portfolio Strategy 2024-34, and DFAT's GEDSI Good Practice Note.	through the new bilateral health design process.	
Efficiency – Immediate Term	PATH to seek suitable technical assistance to design and establish internal management and communication systems to improve program effectiveness and efficiency.	Agree	This is a recommendation for Abt, which is supported in principle by DFAT.	Abt to recruit technical assistance to design and establish internal management and communication systems to improve program effectiveness and efficiency. Internal PATH Cohesion meetings have been established to ensure	Ongoing

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				effective communication across program areas. Through the new Team Leader (and new country manager) PATH is reviewing its internal management and communication systems. The new Team Leader will also collaborate with the Counsellor and First Secretary for PATH to ensure the formal mechanisms for regular communication between PATH and the AHC are still fit-for-purpose.	
Efficiency – Immediate Term	Abt to provide the necessary specialist support and resourcing to PATH to implement the above recommendation.	Agree	This is a recommendation for Abt, which is supported in principle by DFAT.	To be supported by the new Team Leader and further resourced as required.	Ongoing
Efficiency – Immediate Term	AHC to review its approach to managing facilities and determine the resources needed to support this approach.	Agree	In line with new design for bilateral health portfolio programs, DFAT will consider its approach to managing facilities and relevant resourcing.	DFAT to consider through the new bilateral health design process.	Ongoing

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Efficiency – Beyond PATH's initial phase	AHC/DFAT to include requirements in new investment agreements: • that the incoming managing contractor (MC): (1) conducts a workplace assessment and job analysis; and (2) uses this evidence to ensure investments are adequately resourced to deliver on their objectives • that the MC establishes a comprehensive capacity building framework and staff localisation policy during the investment inception period.	Partially agree	To be considered through new bilateral health program design process and subsequent tendering, including in line with DFAT's locally led development approach. Requirements will be dependent on the structure of DFAT's bilateral health investment in PNG.	DFAT to consider through the new bilateral health design and tendering process.	Ongoing
Sustainability – Immediate Term	PATH to complete the collection of transition baseline data from grantees and provide a summary report to the AHC detailing the current prospects and challenges relating to transition of grantee programs to PHA management. This can be used by the AHC/DFAT as input for the proposed assessment below.	Agree		Transition tracking tool (TTT) developed and baseline report has been produced.	Completed

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Sustainability – Beyond PATH's initial phase	AHC/DFAT to undertake through the Human Development Monitoring and Evaluation Services (HDMES), or a third party, an examination of the concept of transition to clearly define, specifically and in practical terms: • what transition aims to achieve, who is to benefit and for what purpose • whether transition is an efficient, effective and appropriate development approach to achieving those outcomes • a mechanism through which such a process could realistically be achieved in the context of the health sector in PNG.	Partially agree	PATH and AHC have worked closely to agree on what is realistic and useful in terms of supporting transition for the remaining period of the PATH program, which has been endorsed by the Program Steering Committee. Transition will also be considered more broadly through the new bilateral health program design process.	PATH and DFAT have an agreed approach to transition in the context of PATH, in consultation with the NDoH. Furthermore, transition will be considered through the new bilateral health program design process.	Ongoing
Sustainability – Beyond PATH's initial phase	AHC/DFAT to clarify their expectations concerning investment sustainability – what is feasible to achieve within the given timeframe.	Partially Agree	It is not feasible to communicate expectations concerning sustainability within the timeframe that exists in the program. Work started by PATH on the transition tracking tool, however, will provide useful information to inform	Sustainability will be considered through the new bilateral health program design process.	Ongoing

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			sustainability and transition options through the bilateral design processes.		
Monitoring, Evaluation, Research, Learning and Adaptation – Immediate Term	PATH and AHC to decide on the approach against Intermediate Outcomes (IOs) and End of Investment Outcomes (EOIOs) in the final PATH Completion Report.	Agree	PATH and DFAT will continue to collaborate closely on reporting expectations, including on the approach to IOs and EOIOs. This is done in accordance with the agreed ways of working and through regular management meetings.	PATH and DFAT to consider during preparations for final PATH completion report.	Ongoing
Monitoring, Evaluation, Research, Learning and Adaptation (MERLA) – Beyond PATH's initial phase	AHC to include in the design scope for a future program: • a structured but 'light touch' learning and adaptation approach as a core element to guide monitoring, partner collaboration and quality improvement • a structured and evidence-based capacity building framework to guide, implement and assess the results of capacity building activities conducted.	Partially agree	To be considered through the new bilateral health program design process, with reference to the overarching MERLA framework of the new PNG-Australia Health Partnership Strategy (HPS).	DFAT to consider through the new bilateral health design process and associated refinement of the HPS MERLA framework.	Ongoing
Monitoring, Evaluation, Research, Learning	AHC to commission a monitoring and evaluation specialist organisation to investigate and	Partially agree	To be considered through the new bilateral health design process. How DFAT implements	DFAT to consider through the new bilateral health design process.	Ongoing

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and Adaptation (MERLA) – Beyond PATH's initial phase	advise on options for (1) aligning grantee reporting with PNG's electronic National Health Information System (eNHIS)/NDoH systems; and (2) a MERLA Framework in any future facility-like investments.		this recommendation will depend on the nature of the redesigned bilateral health portfolio programs.		