**Management response to mid-term review of Tonga Health Systems Support Program (THSSP2)**

| Recommendation | | DFAT Response | Action | Responsibility | Indicative Timing |
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| 1 | Australian aid health sector support maintains consistent priorities at least until the end of THSSP2 | Agree | DFAT will maintain THSSP2 objectives as currently agreed. | DFAT | To continue to end of THSSP2 |
| 2 | THSSP2 annual planning to be specifically aligned with the operationalisation of the Package of Essential Health Services (PEHS) | Agree | THSSP2 will continue to support Ministry of Health (MoH)-led operationalisation of PEHS, as implemented through the existing annual budgeting and planning process. The midterm sector direction will be articulated through the new National Health Strategic Plan for 2020-2025. | DFAT, MoH | Complete. To be implemented through annual budget and planning processes for the remainder of THSSP2. |
| 3 | THSSP2 annual planning continues in parallel with MoH annual planning until the end of phase 2, and that future Australian aid works towards integrated MoH/THSSP2 annual planning | Agree | The existing planning process for THSSP2 funding will be maintained until the end of the program. Future support will consider how to better integrate DFAT support into routine annual planning processes.  Opportunities for integration will be developed from 2019-2020 onwards, drawing on World Bank support. Future DFAT support will consider options for better integration in alignment with MoH’s new Corporate Plan. | DFAT, MoH | Complete. Current arrangements will continue for the remainder of THSSP2. |
| 4 | THSSP2 program oversight is re-assigned to the MoH level for the remainder of Phase 2 | Agree in principle | MoH Executive is currently considering a new governance plan and schedule, which includes the reinvigoration of the NHDC. A Senior Management Team meeting will include dialogue with DFAT on a quarterly basis as envisaged in the program design, and would negate the need to stand up a new level of governance.  Development partners’ will continue to meet and will work towards supporting better MoH oversight and integration of all donor funding. | DFAT, MoH | First oversight meeting to take place by end Dec 2019. |
| 5 | THSSP2 process reporting and acquittal procedures be simplified | Agree in principle | Reports and acquittals are already pared back. Narrative reports require only brief descriptive information from project managers each quarter, while the World Bank has supported MoH to develop a light touch financial reporting process. However DFAT and MoH will review the reporting requirements to understand whether there are further opportunities for efficiencies. | MoH, DFAT | Review reports by end Dec 2019. |
| 6 | The criteria for performance-based payment be simplified, worded more explicitly, and focused on fewer themes | Agree | Performance-based mechanisms needed to be simpler and clearer. Lack of shared THSSP2 oversight (e.g. no NHDC) has meant that administering the performance-based payment remains difficult – even if payment conditions are simplified. DFAT will explore alternative options for the performance-based funding in consultation with CEO MoH. Performance will be linked to the implementation of the governance plan and will work to strengthen the delivery of THSSP2 reporting. | DFAT, MoH | Review process by end Dec 2019. |
| 7 | DFAT adopts a more pragmatic approach towards THSSP2 performance measurement for the remainder of Phase 2 | Agree | The full M&E framework will be kept for now, and the unreported portions of the framework will be a lesson learnt for the next phase of support. There is sufficient existing information in the M&E framework to monitor at the end of THSSP2. DFAT will commission a data collection exercise to collate relevant data. | DFAT | Data collection exercise to take place early 2020 when MoH data is reported and available |
| 8 | TongaHealth’s grant application and management process and systems be simplified and streamlined to the extent possible | Agree | TongaHealth has agreed to work towards streamlining these processes. Since the mid-term review of THSSP, TongaHealth has begun review of existing grant processes with a view to designing more simplified and streamlined processes (e.g. funding cycle, application process, communications strategy, assessment criteria, M&E/reporting). | TongaHealth | By end December 2019 |
| 9 | TongaHealth proactively encourages grant applications based on strategic relevance | Agree | Since the mid-term review of THSSP, TongaHealth has begun designing a pilot competitive grants round targeting gaps relevant to the NCD strategy, including gender and social inclusion, and socioeconomic disadvantage (health equity). This is intended to roll out by the end of Q2. | TongaHealth | Competitive grants round to be piloted by end December 2019 |
| 10 | TongaHealth supports and facilitates local research to inform and evaluate health promotion messages and focus (healthy eating, health-promoting churches and NCD control) | Agree in principle | Considering that focus will primarily be on developing a new NCD strategy and updating existing grant models, local research is likely best done in subsequent phases of support. This will be done in conjunction with views of CEO TongaHealth and MoH, and in light of a new NCD strategy (2020 onwards).  Relevant research initiatives will be assisted by strengthened relationships with regional partners. A research plan will also be included in the next NCD strategy. | MoH, Tonga Health | Opportunities for health research will be considered through the development of the new NCD Strategy (covering 2020 onwards) |
| 11 | The planning for the PEHS rollout considers the roll of nurses, particularly in relation to NCD control | Agree | MoH’s approach to implementation of the PEHS will consider effects on workforce, including skills development, organisational structure, and remuneration/reward/recognition of particular roles under the current structure determined by PSC. Nurses’ roles will also specifically be considered through the development of a long-term nursing workforce plan commissioned by MoH. | MoH | Ongoing- to be implemented through progress towards the PEHS |
| 12 | Future Australian aid health sector designs reflect the underlying need to strengthen core government functions | Agree | In taking forward the new design, core governance functions will be prioritised and strengthened. There is also active consideration of linkages in the design of DFAT’s new economic governance program currently underway. | DFAT | To be considered in the design of any future Australian health support. |
| 13 | Disability-inclusive health activities are captured in program performance measurement | Agree in principle | Activities will strive to be disability-inclusive in order to be incorporated in the reporting at the end of THSSP2.  DFAT will commission a data collection exercise to inform an end of program narrative report. TongaHealth is updating their sponsorship program (GoT-funded) to improve gender equality and disability inclusion. | DFAT, MoH, TongaHealth | Data collection exercise to take place early 2020 when MoH data is reported and available |
| 14 | The participation of persons with disability in oversight of the disability-inclusive health component is facilitated by supplementary opportunities for dialogue | Agree | DFAT will continue to commit to working with DPOs to enable better preparation. NCD risk factor advisory committees through TongaHealth have been updated to increase programs’ inclusivity by including persons with disabilities for better representation. | DFAT, MoH, TongaHealth | Ongoing. DFAT commits to ensure adequate preparation is conducted with DPOs to facilitate future meetings. |
| 15 | (a) TongaHealth encourages gender-differentiated health promotion activities where appropriate; and (b) MoH develops gender-differentiated NCD interventions where appropriate | Agree in principle | TongaHealth will continue to consider gender-targeted activities (e.g. cooking, types of physical activities) as appropriate. TongaHealth’s new health equity grants pilot will specifically consider aspects of gender considerations. MoH data in HIS and Tupaia will aim to be disaggregated by gender and disability. DFAT will work with the DFAT health gender adviser for guidance on specific activities that could be implemented in the final program year. | TongaHealth, MoH | DFAT technical review to be completed by end Dec 2019. |
| 16 | Low socio-economic status be included as one of the determinants of disadvantage in future Australian aid health sector support | Agree in principle | Socio-economic status is understood in Tonga as a determinant of health. This will be considered in design of any future support. | DFAT | To be considered in the design of any future Australian health support. |
| 17 | Long-term technical assistance for the remainder of Phase 2 focuses on supporting progress towards the recommendations above, where appropriate | Agree | Terms of reference and work plans for technical assistance positions have been reviewed for alignment to the recommendations as agreed. | DFAT | Complete. |