# **DFAT Management Response: Independent Evaluation of VAHSI**

## Background

The Vaccine Access and Health Security Initiative (VAHSI) was designed to support equitable and inclusive access to safe and effective COVID-19 vaccines tailored to need and supported by Australian technical expertise. The Australian Government committed a total of AUD642.4 million to VAHSI and co-programmed support delivered as part of Australia’s contribution to the Quad Vaccine Partnership and bilateral programming to assist countries in the Pacific and Southeast Asia. The overarching objective of VAHSI was to support the efforts of countries in the Pacific and Southeast Asia in procuring safe, effective and affordable vaccines for their populations so that their economies could reopen, contributing to economic recovery, national wellbeing and regional stability.

**Image 1: Focus of VAHSI programming between 2020 to 2024**



## Evaluation summary

In June 2024, DFAT commissioned an independent evaluation of the VAHSI investment through the Specialist Health Service. The aim of the review was to assess the extent that these investments achieved their health and strategic outcomes and their performance in areas of gender equality, disability and social inclusion; and monitoring, evaluation and learning. The findings will inform future DFAT health investments, particularly health emergency responses.

The three-person evaluation team of consultants included a team leader; a Pacific health expert; and a gender, equality, disability and social inclusion expert. The experts conducted a review of documents; and remote interviews with partner Government personnel, stakeholders, and DFAT officers based in Canberra and at relevant Posts.

The evaluation was completed on 9 December 2024 with the report being finalised on 1 April 2025.

The evaluation found that VAHSI was effective and efficient in achieving its main objectives to:

1. support access to safe COVID‑19 vaccines; and
2. promote COVID-19 and routine immunisation coverage in line with partner country plans.

The evaluation identified a range of lessons for future large-scale emergency response, including establishing in-‑country networks to facilitate a rapid response with a focus on marginalised communities and streamlining processes to maximise efficiency and ensuring timely data collection.

Evaluation recommendations and DFAT responses are provided below. The recommendations outline areas of focus for DFAT to better support pandemic preparedness across the Indo‑Pacific region. The actions outlined below will be implemented by DFAT on an ongoing basis, with lessons learned used to inform future programming.

## Management response to the summary of recommendations

### Recommendation 1

**DFAT should implement a modality similar to VAHSI in future emergency situations for provision of vaccines (and potentially other emergency supplies), with emphasis on early bilateral support, as well as maintaining multilateral support**

#### DFAT Response: Noted

#### DFAT Action plan

DFAT will draw on lessons identified during VAHSI implementation – including the importance of early bilateral support and maintenance of multilateral support in between emergencies – to inform future health investments as well as future health emergency preparedness and response activities.

Australian responses to health emergencies will also be guided by policies on international development and humanitarian assistance. Under the *International Development Policy for a Peaceful, Stable and Prosperous Indo-Pacific* policy, Australia’s approach to development assistance program planning and delivery is underpinned by principles of quality, accountability and responding to partner priorities. *Australia’s Humanitarian Policy: Making a Difference for People in Crisis* outlines how Australia will harness its resources and expertise to better prepare for and respond to humanitarian crises, prioritising readiness, rapid response, advocacy and protection of those most in need.

Ongoing Australian support for improved global, regional and national health outcomes through multilateral mechanisms includes a core voluntary funding to the World Health Organization (AUD93 million 2022-2028), as well as the WHO Health Emergencies Programme (AUD25 million 2023-2027). Australia also supports Universal Health Coverage through its investment in the World Bank (AUD76.7 million 2015-2026); access to quality sexual and reproductive health services through its investment in the United Nations Population Fund supplies (AUD15.25 million 2022‑2025); immunology, virology and vaccine development through contributions to Gavi, the Vaccine Alliance (AUD300 million 2021-2025); and supporting pandemic preparedness and response through our support for the Global Fund to Fight AIDS, Tuberculosis and Malaria (AUD266 million 2023-2025).

#### Timeframe: Ongoing

### Recommendation 2

DFAT should facilitate rapid funding approval processes for delivery support during an emergency context

#### DFAT Response: Agree

#### DFAT Action plan

The *Public Governance, Performance and Accountability Act 2013* (PGPA Act) supports the efficient, effective, economical and ethical use of Commonwealth resources. It is a requirement that all funding allocations managed by Commonwealth agencies satisfy the conditions set out in the PGPA Act. This process is central to the Australian Government’s ability to remain accountable to Australians and partners.

*Australia’s Humanitarian Policy: Making a Difference for People in Crisis* commits to respond in a timely manner to crises and within 48 hours of a request for assistance from a country in the Indo-Pacific to rapid onset emergencies. This is part of a set of actions committed to deliver effective response to crises and disasters. Australia is building flexible and shock responsive programming to enable quick reallocation of resources and scale up.

#### Timeframe: Ongoing

### Recommendation 3

**During interpandemic periods, DFAT should continue to prioritise investment in immunisation support that will build capacities and strengthen bilateral relationships with country partners, as well as in-country and multi-country agencies**

#### DFAT Response: Agree

#### DFAT Action plan

Australia recognises the value in continuing to invest in immunisation support that builds national and regional capabilities and strengthens relationships with immunisation partners.

Under the Australian Government’s flagship *Partnerships for a Healthy Region*, Australia continues to invest in immunisation, including through the following activities:

* **The Elimination Partnership in the Indo-Pacific for Cervical Cancer (EPICC) (AUD16.5 million, 2024‑2028),** which includes support for HPV vaccination programs; and
* support for the **National Centre for Immunisation Research and Surveillance and Australian Regional Immunisation Alliance (ARIA) (AUD9 million 2024-2028)** to reduce the incidence of vaccine-preventable diseases in the Pacific and Southeast Asia by strengthening national immunisation systems and increasing equitable access to and coverage of new and existing vaccines. This is a targeted contribution that will provide funding for technical activities in Southeast Asia and Pacific countries.

These partnerships complement Australia’s AUD300 million (2021-2025) investment in Gavi to provide life‑saving immunisation in the world’s poorest countries. Australia’s sustained advocacy as a Gavi board member contributed to substantial changes to the organisation’s transition and eligibility policy that addresses specific challenges of Small Island Developing States. The revised policy will extend support provided to Papua New Guinea, the Solomon Islands, Timor-Leste and Laos, which were all expected to transition out of Gavi support in the next two years.

More broadly, DFAT’s core voluntary funding contributes to WHO’s work to build immunisation capacities and we engage constructively through WHO’S governance mechanism to sustain the focus on immunisation between pandemics, particularly in our region.

#### Timeframe: Ongoing

### Recommendation 4

**DFAT should continue to advocate with partner Governments for health systems strengthening that builds upon the VAHSI investment and positions countries for more resilience and preparedness for future emergencies.**

#### DFAT Response: Agree

#### DFAT Action plan

Under VAHSI, DFAT funded the National Centre for Immunisation Research and Surveillance (NCIRS), the Australian Regional Immunisation Alliance (ARIA), and the Therapeutic Goods Administration (TGA) to provide independent expert assistance on vaccine regulation to help partner countries make informed and safe vaccine choices.

DFAT partnerships with NCIRS-ARIA and the TGA will be continued through the Partnerships for a Healthy Region initiative. Under RISE-2 (AUD9 million 2024-2028), NCIRS and ARIA will support Ministries of Health and other key partners to strengthen programs across immunisation service delivery and program support; social, behavioural and communication science; National Immunisation Technical Advisory Group strengthening and related policy and planning support; and cross-sectoral activities. Under the Indo-Pacific Regulatory Strengthening Program (AUD13.3 million 2023-2027), the TGA offers regulatory strengthening and support programs tailored to support partner country priorities.

Other health systems strengthening activities supported through the *Partnerships for a Healthy Region* initiative include:

* the *Public Health Operations in Emergencies for National Strengthening in the Indo-Pacific* project with the National Critical Care and Trauma Response Centre (AUD10 million) to train Pacific and Southeast Asian public health experts to respond to health emergencies domestically and across the region. Key areas of focus for this program include national health workforce capacity building, increased coordination and integration within public health emergency systems, regional workforce capacity building and strengthened networks and enhanced gender equality and inclusion in public health emergency responses. A further AUD5 million is being provided to NCCTRC to strengthen Pacific Emergency Medical Teams through the Regional Engagement Program (REP);
* *Australian Red Cross Strengthening Community Preparedness and Response to Epidemics in the Pacific (Pacific)* (AUD3 million) project to strengthen community preparation and response to epidemic disease threats. The program goal is to strengthen community capacity in Fiji, Solomon Islands and Vanuatu to play a pivotal role in building resilient and equitable health systems to anticipate, prevent, detect and respond effectively to communicable disease threats; and
* *PAC EVIPP+* with the National Centre for Epidemiology and Population Health (AUD7.5 million) to support and strengthen regional applied epidemiology workforce activities and provide access to advanced Field Epidemiology Training Programs.

In addition to funding health systems strengthening activities in the Indo-Pacific, Australia advocates for the health needs of the region in a range of regional and global bodies, including the World Health Organization and major multilateral funding mechanisms such as Gavi, the Global Fund and the Pandemic Fund.

Australia provides health support in over 20 countries across the Pacific and Southeast Asia with regional and multilateral support complementing bilateral programming.

#### Timeframe: Ongoing

### Recommendation 5

**Prior to the end of VAHSI, DFAT should facilitate a knowledge sharing event among VAHSI delivery support partners to share the most salient partner learnings from implementation of the VAHSI initiative in the Indo-Pacific region**

#### DFAT Response: Noted

#### DFAT Action plan

Australia will identify opportunities to share knowledge, experience and lessons identified by VAHSI partners, including through dissemination and discussion of this evaluation.

The delivery support activities funded by VAHSI were implemented by 68 partners, and convening sessions with all would be impractical. In many cases, key staff may also have moved on in the intervening time. DFAT considers that a value for money approach is to ensure that VAHSI partner lessons inform the implementation of *Partnerships for a Healthy Region*, as well as future multilateral funding contributions and emergency responses.

Furthermore, lessons identified during VAHSI implementation will be considered in any future health emergency response, including the importance of early bilateral support and maintenance of multilateral support, alongside continued engagement in multilateral policymaking (e.g. during COVID, engagement in COVAX and the ACT Accelerator).

#### Timeframe: Ongoing

### Recommendation 6

**DFAT should ensure that future health emergency mechanisms are designed to enable flexible deployment of support, resources and programmatic changes in response to changing partner country needs and priorities**

#### DFAT Response: Agree

#### DFAT Action plan

Australia’s *International Development Policy for a Peaceful, Stable and Prosperous Indo-Pacific* acknowledges that a development program that meets the needs of our region should be guided by context and partner countries’ priorities. Australia endeavours to deploy both Official Development Assistance (ODA) and non-ODA support flexibly and creatively, to achieve the highest quality outcome in each circumstance.

Capacity building and health systems strengthening activities funded through the *Partnerships for a Healthy Region* initiative are designed to remain responsive to changing partner country needs and priorities, with a focus on supporting local leadership and solutions. In a recent example, DFAT liaised with Vanuatu’s Ministry of Health following the December 2024 earthquake around support requirements, subsequently canvassing possible pivots with funded partners. DFAT will continue to encourage our delivery support partners to liaise with us regarding emerging needs and investigate capacity to support.

#### Timeframe: Ongoing

### Recommendation 7

**If not already in place, or under development, DFAT should consider establishing an emergency staffing plan to be able to respond quickly to staffing needs in a regional health emergency response**

#### DFAT Response: Noted

#### DFAT Action plan

DFAT’s *International Crisis Management Framework* is subsidiary to the *Australian Government Crisis Management Framework* and promotes effective crisis management, accountability, and transparency.

The Department has developed an *International Crisis Management Workforce Strategy* to bolster and maintain a skilled, experienced crisis workforce to ensure preparedness for crises.

The Crisis Response Team (CRT) is comprised of DFAT personnel who are trained, equipped and prepared for rapid deployment overseas in a crisis to support Australia’s whole-of-government response to a crisis. CRT officers bring broad capabilities built through extensive experiences such as civil-military engagement, UN coordination, and logistics and can be deployed within 12-24 hours of a crisis occurring.

A parallel Crisis Cadre is a team of trained and experienced DFAT officers that manage Canberra-based responses to international crises by supporting the operations of the Crisis Centre. The Crisis Cadre works with other areas of the Department who are responding to the crisis, including portfolio ministers’ offices, overseas post(s), deployed whole-of-government teams, media outlets and other key stakeholders. Depending on the nature of the crisis, members may also implement humanitarian response activities including the coordination of humanitarian funding and the release of emergency relief supplies.

#### Timeframe: Ongoing

### Recommendation 8

**DFAT should ensure the development and use of a MEL Plan for complex investments. In addition to a Performance Assessment Framework (PAF), DFAT investments should include an overarching MEL Plan to better articulate broader management of MEL including how different types of data are collected and how progress towards, and achievement of outcomes, are measured (and by whom). This should be communicated to delivery support partners up front in a MEL Guide that describes minimum data and reporting requirements, a process to ensure that these are understood and accepted by all funded delivery support partners, and that systems are in place for ensuring quality/compliance with these requirements. Any changes in data or reporting requirements should be effectively communicated to partners. Where an overarching PAF is focused on End of Program Outcomes – the MEL Plan should include a description of ‘fit for purpose’ tools or processes (for example, Dashboards or streamlined Annual Reports) to better enable DFAT progress monitoring at the investment level.**

#### DFAT Response: Agree

#### DFAT Action plan

DFAT’s Design and Monitoring, Evaluation & Learning (MEL) Standards support Australian development assistance programs to achieve high quality monitoring, review, evaluation and learning. Standard investments, most of which have a small number of implementing partners and are designed upfront, require a single MEL framework and plan. Broader initiatives and facilities usually have more diverse activities designed in response to emerging priorities and use a Performance Assessment Framework (PAF) to bring together performance information. VAHSI used the PAF system, and DFAT acknowledge limitations in the consistency of information. Future regional health initiatives will have a MEL Plan that builds on the PAF to set out how data will be collected and analysed to track, assess and improve program performance during implementation.

DFAT has developed a MEL plan for the *Partnerships for a Healthy Region Initiative* and implementing strategies to improve partners’ understanding of and compliance with minimum requirements. This includes holding partner information sessions, establishing a system for reporting against PAF indicators, and a Community of Practice to support partners to progress gender equality and disability equity priorities. DFAT will also publish annual reports that analyse and communicate how well the initiative is performing.

#### Timeframe: Ongoing

### Recommendation 9

**In recognition of the significant value-add of OPDs to disability inclusion in these situations, DFAT should ensure ongoing support to OPDs, inclusive of supporting DFAT-funded delivery support partners to foster formal and long-term partnerships with OPDs. There may also be a role for DFAT and its delivery support partners to advocate for the inclusion of OPDs in ministry‑level planning and coordination meetings.**

#### DFAT Response: Agree

#### DFAT Action plan

Australia pursues disability equity as a core value and priority across foreign policy and development investments. Australia is working with partners in our region to progress disability equity and social inclusion and support the realisation of the right to health for all.

Australia’s *International Development Policy for a Peaceful, Stable and Prosperous Indo-Pacific* acknowledges that marginalised people are disproportionately impacted by economic shocks, climate change and humanitarian crises; and supporting our region to ensure the benefits of prosperity and stability are extended to all means we must tackle the unequal power systems and structures that stifle economic growth and human development. The policy reinforces the importance of development efforts being led by the experiences and expertise of persons with disabilities.

Australia’s new *International Disability Equity and Rights Strategy* (IDEARS) delivers on a commitment under the [International Development Policy](https://www.dfat.gov.au/publications/development/australias-international-development-policy) to prioritise disability equity and rights as an integral part of Australia’s international engagement. It embeds ‘nothing without us’ as a key principle, recognising the need for people with disability to be listened to, to participate in and to contribute at all stages of policy and program development and across all sectors. IDEARS commits to investing in ongoing disability movement strengthening by providing core funding and capacity-building support to Organisations for People with Disabilities (OPD), particularly in the Indo-Pacific and advocates for stronger partnerships between OPDs and a range of stakeholders including partner governments.

Disability equity and social inclusion are embedded as cross cutting priorities in the design of the *Partnerships for a Healthy Region* initiative. Partners are expected to align with the principles, approaches and priorities outlined in the IDEARS, including supporting the meaningful engagement of people with disabilities and their representative organisations into health programming. DFAT has committed to a new project with CBM Australia to enhance mental health and psychosocial support services and empower people with psychosocial disabilities in Fiji and Philippines, in partnership with OPDs. The project prioritises voices of people with lived experiences, ensuring the perspectives of individuals with psychosocial disabilities inform policy planning.

#### Timeframe: Ongoing