



POLICY BRIEF:

Strong, responsive and resilient health systems in the Indo-Pacific

COVID-19 has demonstrated the inextricable link between the health and well-being of populations worldwide. In the Indo-Pacific region, the pandemic has exposed the fragility of health care systems, impacting already marginalised people most significantly and created secondary impacts worse than the pandemic itself. Australia must now help build strong, responsive, and resilient health systems in the Indo-Pacific that are capable of responding to health emergencies while ensuring continuous equitable access to essential health services which address ongoing population health needs.

KEY POINTS

- COVID-19 has exposed structural gaps and inequities in health and threatens the basic functioning of and equitable access to essential health services globally and in our region.
- Marginalised people, such as women, people with a disability and children, have been hardest hit. Special focus must be given to addressing the specific health needs of these groups.
- The Indo-Pacific region's pandemic response and recovery efforts must prioritise investing in health and its determinants as a fundamental building block of human development.
- Without getting these foundations right, the wider development impacts of COVID-19—rising poverty, fragile social cohesion, slumping economies, widening social inequity—will only endure and worsen.
- Ensuring long-term regional prosperity, regional health security and the health and wellbeing of people across the Indo-Pacific can only be achieved by considering health in a broad sense and investing in health systems.

RECOMMENDATIONS

1. As part of 10-year development cooperation agreements (see 'Elevating Development to the Heart of Foreign Policy'), the Australian government should commit to a long-term regional health policy for the Indo-Pacific that focuses on strengthening integration across health systems and is informed by a joint working group of DFAT and multi-sector partners, including local partners.

Under this new policy an incoming government should assist Indo-Pacific nations to:

- Improve the quantity and quality of the health workforce, particularly at the primary care level.
- Increase long-term investment in Health Information Systems and help integrate health data systems to drive decision-making.
- Improve surveillance capacity for monitoring pandemic outbreaks and informing existing responses to communicable diseases, applying a health lens to all digital innovations.

RECOMMENDATIONS

- Enhance social and behavioral science capacity for improved risk communication and community engagement.
 - Support catch-up vaccination programs to minimise outbreaks of vaccine-preventable diseases.
 - Support integrated models of service delivery focusing on population health.
 - Strengthen the capacity at all levels of government for health planning, budgeting, and management, tying these investments with wider aid programming which strengthens governance.
 - Increase preventive and promotive population health interventions for non-communicable disease.
 - Improve the quality of service delivery at community health facilities.
2. Enhance regional leadership to mitigate future knowledge and workforce shortages by providing more funding for investing in long-term, multi-sectoral networks between government, local community leaders, private sector organisations, NGOs and academic institutions focusing on health priorities, now and into the future.
3. Leverage the experience and local connections of NGOs and civil society partners to ensure the strategy is responsive to local needs and delivers at local level. Where feasible, Australia should fund local and community-based organisations, including academic institutions in the region.
4. Ensure that locally-led approaches are the universal model for practice and apply to all activities, programs and initiatives. Building health systems that are locally grounded, and not reliant on flown-in international support, is essential to the sustainability and long-term effectiveness of services and programs.
5. Re-establish bilateral health programs in select Southeast Asian nations (Indonesia, Philippines, and Mekong countries) to assist in COVID-19 recovery and support long-term health system strengthening. Australia should build on existing health investments in the Pacific, and further deepen bilateral and regional programs for primary health care.
6. Contribute Australia's equitable share to global COVID-19 efforts to fully vaccinate most of the world's population by the end of 2022 and invest \$50 million in tackling vaccine hesitancy in our region.
7. Reflect the importance of health in regional recovery from COVID-19 and growing secondary impacts by doubling Australia's health ODA over the next five years. This should be made from new, additional allocations to the ODA budget.

GLOBAL AND REGIONAL HEALTH CONTEXT

PRIMARY HEALTH IMPACTS

The continuing emergence of more contagious COVID-19 variants, including Delta and Omicron, has extended the global pandemic into its third year. Between April 2021 and January 2022 alone, 180 million cases and 2.6 million deaths were reported across 192 countries and territories, accounting for 58 per cent of COVID-19 cases to date.¹

In 2021, seven of the top 10 countries where COVID-19 deaths had doubled the fastest were in the Indo-Pacific, with Vietnam, Fiji and Myanmar all in the top five.² According to The Economist, by August 2021 COVID-19 had resulted in between 520,000 and 1.6 million excess deaths in Southeast Asia.³ By early 2022, the Omicron variant had caused serious outbreaks in several Pacific states that had, to date, largely escaped the health consequences of the pandemic, including the Solomon Islands, Tonga, and Kiribati.⁴

Worryingly, COVID-19 has vividly exposed the structural gaps and inequities in access to quality health systems, both in terms of gaps in access to life-saving vaccines and to basic healthcare services.

Sharp and widening disparities in COVID-19 vaccination rates exist between low- and high-income countries (see text box). According to two of Australia's leading public health experts, unless this global vaccination gap is closed new variants of concern are inevitable and these future variants "could well be more powerful than the last".⁵

THE GLOBAL VACCINE DIVIDE

As of 19 April 2022, 15.2 per cent of people in low-income countries had received a first dose – while 83 per cent of Australians had received a complete initial protocol (two doses for most vaccines, one or three for a few manufacturers).⁶

47 countries have not yet reached 20 per cent fully vaccinated, 87 per cent of which are low and lower middle-income countries. And 16 countries have not yet reached three per cent fully vaccinated.⁷

SECONDARY HEALTH IMPACTS

In Australia's region, the secondary health impacts of COVID-19 in countries with weak systems have arguably been even worse than the primary impacts. Across the Indo-Pacific, weaker health care systems have filled hospital emergency rooms with COVID-19 patients, which means people with urgent and chronic health problems are turned away from the help they need. This cumulative and compounding effect of shortfalls in prevention and treatment of health issues such as cancers or malaria is likely to have a more devastating and long-term impact on peoples' health than the pandemic itself.

In the Pacific, fragile health systems face the risk of collapse due to the combined pressure of COVID-19 and very high existing burdens of both communicable and non-communicable diseases.⁸ These burdens are only likely to increase due to climate change, which will act as a multiplier of disease risk and vectors.⁹

These secondary health impacts, sometimes referred to as the 'shadow pandemic', have fallen hardest on marginalised populations – women, people with disabilities, and children. Maternal mortality rates in Papua New Guinea, already among the highest in the world, are higher than COVID-19 deaths and have increased as a result of the strain on its health system.¹⁰ Moreover, the public health measures necessary to prevent the uncontrollable spread of COVID-19 have inadvertently led to increases in mental health issues, domestic violence, and other concerns.

UN Women and others have documented increases in incidences of domestic violence of well over 50 per cent in the Pacific, at the same time as services to assist survivors are struggling to remain operational.¹¹ With women making up as much as 70 per cent of the global health workforce, health workforce pressures have also been highly gendered. Women health workers have faced increased workloads, gender pay gaps, shortages of personal protective equipment that fits them, and harassment and violence as they work on the frontlines.¹²

The World Health Organisation (WHO) has identified people with disabilities as one of the populations most disproportionately affected by both the primary and secondary health impacts of COVID-19. They are at two to three times greater risk of dying from the virus than people without disabilities and face unique and heightened barriers to accessing vaccines and other basic health services (for example, access to health clinics and information not being available in accessible formats, such as sign language interpretation and Braille).¹³

Children have also been severely affected by the secondary health impacts of the pandemic. Estimates of vaccination coverage in 2020 suggested that, globally, 23 million children missed out on routine immunisations, which is 3.7 million more than in 2019.¹⁴ In the Southeast Asia and Western Pacific regions, 95 per cent of countries have reported disruption to routine immunisation, with infancy and school-entry vaccination programs worst affected.¹⁵

“The pandemic's impacts have been widespread across development sectors and regions, and threaten to setback decades of progress.

“Weakened health systems, ballooning debt, lost educational opportunities, and the first increase in extreme poverty in decades are just some signs of the public health crisis rippling disruptions across the globe.”

USAID, Landscape Analysis: Tracking The First And Second-Order Impacts Of Covid-19, January 2022¹⁶

These disruptions to routine and basic healthcare services will have generational consequences for our region, undermining human security, prosperity and resilience.

BUILDING ON AUSTRALIA'S INTERNATIONAL RESPONSE TO THE PANDEMIC

The Australian government has taken steps to address the acute stages of COVID-19 and ameliorate its consequences in the region. In 2020-21, the Australian Government announced a \$523.2 million Vaccine Access and Health Security Initiative (VAHSI) for the Pacific and Southeast Asia including a commitment to deliver 60 million vaccine doses for the Indo-Pacific by the end of 2022 (25.3 million doses have been delivered as of 12 April 2022). To support global vaccine equity, Australia has provided \$215 million in funding for the COVAX Advance Market Commitment and shared 10 million vaccine doses with COVAX.

“Australia’s commendable efforts through swift assistance to Fiji is a testament of our unbreakable bonds of friendship and exemplary collaboration achieved through the Vuvale Partnership.”¹⁷

Prime Minister Bainimarama Conveys Appreciation to PM Morrison For Australian Support, June 2021

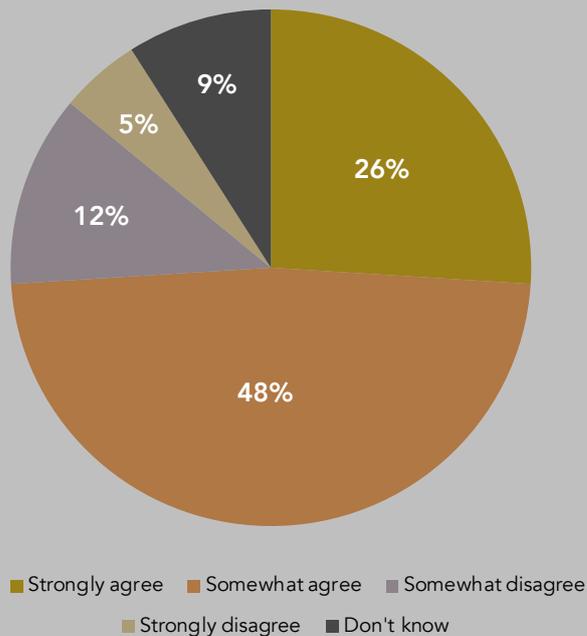
VAHSI has provided protection from COVID-19 to marginalised people, and through sharing vaccines and expertise, has allowed Australia to strengthen regional relationships. Although, to date, Australia has fallen short of our ‘fair share’ contribution to global response mechanisms, the government has recognised the moral and strategic imperative to help address COVID-19 globally.

In addition to human development and diplomatic dividends, health investments (which go beyond a pandemic response) command strong support from the Australian public. Three quarters of the public (74 per cent) now agree on investing in strengthening health systems in our region.

This development, diplomatic and public momentum provides a unique window to build upon the inroads Australia has made in regional health engagement during the pandemic and to accelerate progress towards fulfilling Sustainable Development Goal 3: “Ensure healthy lives and promote well-being for all at all ages”.

TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENT?

To protect Australia from future infectious diseases and pandemics like COVID-19, the Australian Government should invest in strengthening the health systems in countries around us like Papua New Guinea, Indonesia and the Pacific Islands.



YouGov, nationally representative sample of 1027 interviews with Australian voters. Surveyed between 10-13 August 2021.

A NEW INDO-PACIFIC HEALTH POLICY: FROM RESPONSE AND RECOVERY TO RESILIENCE

Investing in the health and well-being of our neighbours through development cooperation contributes to a healthier, more secure, stable, and prosperous Indo-Pacific region. Improvements to health and health systems will only be sustained in our region when national and local governments commit to strong health strategy, coordination and governance. But Australia must extend our health engagement, invest in learning the lessons of the COVID-19 pandemic with our regional partners and support leaders, governments and communities to address the fragility, gaps and inequities which have appeared in health provision over the course of the pandemic.

Strong and resilient health systems are imperative for preventing future large-scale outbreaks of disease, and to protect people's longer-term health and wellbeing. While the pandemic has exposed the gaps in our health services, it simultaneously poses an unprecedented opportunity to re-evaluate and transform health systems in ways that will promote greater health and prosperity in the long term.

"If this pandemic was a measure of how good a system was intended... it exposed the system, and we really need to do a lot of work in this area."

Focus Group Discussant, 'Health security in the Pacific: expert perspectives to guide health system strengthening' 2022, Associate Professor Meru Sheel and Nicole Rendell

Over the last decade, Australia's investment in health through the development program has shifted away from health systems, with the cessation of bilateral health programs in Southeast Asia and initial health cuts from \$933 million in 2014-15 to \$523 million in 2016-17.¹⁸

However, since the creation of the Centre for Indo-Pacific Health Security in 2017, health spending has increased and the focus shifted to health security and communicable diseases. Since 2017-18, and under the impetus of the Centre, health spending has increased to \$1.067 billion in 2020-21, latterly boosted by the temporary, targeted, and supplementary VAHSI investment.

To respond to our regional partners' needs and priorities Australia must deliver a new, long-term Indo-Pacific health policy and invest fully in its implementation. This would help our partners build strong, responsive, and resilient health systems which can effectively respond to emergencies, while ensuring continuous equitable access to health services and ensuring the ongoing health needs of people and communities are met.

As part of this policy, Australia must take a comprehensive view of health to include both physical and mental wellbeing, and to prevent death and disability (mortality and morbidity) from both communicable diseases (such as HIV, malaria and tuberculosis) and non-communicable diseases and conditions which are highly prevalent in Australia's near region (such as diabetes, heart disease and cataracts, one of the world's most common surgical treatments).

AN INTEGRATED APPROACH TO HEALTH SYSTEMS AND A FOCUS ON PRIMARY HEALTH CARE

Building strong and resilient health systems across the Indo-Pacific region will require the sustained support of development partners and donors for the foreseeable future. And while determining the most useful contributions Australia, other donors and external agencies can make will be context-specific, the focus must be on strengthening integration across all pillars of the health system (i.e., the six WHO building blocks), principally at the primary health care level (while not excluding secondary and tertiary care), with an emphasis on increasing equity in access to health services, quality of care and resource optimisation.

Primary health care is the 'front door' of the health system and provides the essential foundation upon which the optimal health, well-being and productivity of communities can be achieved. At the population level, if health emergencies can be avoided or mitigated, children can attend school, businesses can stay open, workers and goods can be more mobile, and tourism, which is so critical to our region, can flourish.

"There is no time to spare, all governments must immediately resume and accelerate efforts to ensure every one of their citizens can access health services without fear of the financial consequences. This means strengthening public spending on health and social support and increasing their focus on primary health care systems that can provide essential care close to home."

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, December 2021

Primary health care also provides the foundation to confront and effectively respond to public health emergencies such as COVID-19, and the broader effects of emergencies such as system-wide interruptions to essential health services.

COMPONENTS OF A NEW INDO-PACIFIC HEALTH POLICY

In 2021-22, NGOs and academic institutions have worked collaboratively to develop primary and secondary research to inform Australia's future approach to health through development assistance:

SHOT OF HOPE: AUSTRALIA'S ROLE IN VACCINATING THE WORLD (2021)¹⁹

Provides a comprehensive roadmap for Australia to help prevent the emergence of new, more disruptive and dangerous variants of COVID-19 by supporting the global vaccination effort, strengthening pandemic preparedness and scaling-up efforts to address vaccine hesitancy.

Lead author: MICAHAustralia and co-authored by an Expert Advisory Group of health institutes and NGOs.

Commissioned by: MICAHAustralia

HEALTH SECURITY IN THE PACIFIC: EXPERT PERSPECTIVES TO GUIDE HEALTH SYSTEM STRENGTHENING (2021-22)²⁰

Identifies and prioritises health system strengthening initiatives that prevent impacts of health security threats and strengthens the ability to respond to these threats in the Pacific region.

Lead author: Associate Professor Meru Sheel, University of Sydney

Commissioned by: ACFID

INVESTING IN OUR FUTURE: BUILDING STRONG AND RESILIENT HEALTH SYSTEMS IN THE INDO-PACIFIC REGION (2021-22)

Identifies where investments are best made in order to build strong and resilient health systems in the Indo-Pacific region.

Lead author: Dr Christine Linhart, University of New South Wales

Commissioned by: The Fred Hollows Foundation

While a new Indo-Pacific health policy – and the investments that underpin it – must be informed by in-depth consultation and a joint working group of DFAT and multi-sector partners, inclusive of local partners, the research provides the evidence upon which the following set of recommendations for the next Australian Government are built.

Improve the quantity and quality of the health workforce, particularly at the primary care level

Workforce shortages existed in countries across the region even before the COVID-19 pandemic. The pandemic further highlighted shortages of doctors, nurses, community workers, and public health professionals.

A lack of in-country training programs; low levels of high school graduates; regional and urban workforce disparity; private and public sector workforce disparity; and lack of a centralised coordination and support for community health workers also present acute challenges to workforce improvement in the Indo-Pacific region.

- Conduct a review of the health workforce in the region with a focus on the public health workforce, to understand the quantity and quality of workforce engaged in the COVID-19 pandemic.
- Assist our partners in the preparation of long-term strategic health workforce plans. The plans should be based on international best practice for supporting in-country implementation, with support from appropriate teaching organisations.
- Coordinate mechanisms for knowledge exchange/transfer across formal and informal Australian networks. This will allow for fostering of longer-term partnerships and strengthen formal pathways.
- Support implementation of training standards and accreditation.
- Strengthen access to and delivery of secondary education to ensure there are enough candidates to enter health professional training, programs and degrees.
- Incentivise active government ownership and leadership and good program management and accountability as essential components of successful community health worker programs.

	<ul style="list-style-type: none"> – Recruit and retain health professionals in rural areas and primary care by investing in financial incentives, educational support, and structured national programs where health professionals from urban areas are relocated to rural health facilities for a period of time; the success and sustainability of these incentives and programs requires support from all levels of government. – Support partner countries to provide ongoing political and financial support to structured programs that relocate health workers from urban and tertiary facilities to rural and primary care facilities. – Consider, with partner countries, ways to promote stronger communication and coordination between the public and private sector to formulate long-term health workforce strategies. This may include consideration of legislative mechanisms if required.
<p>Increase long-term investment in Health Information Systems (HIS) and help integrate health data systems to drive decision-making</p> <p>Innovation in use of communication and digital technologies has accelerated during the COVID-19 response and provide a launch pad to improve surveillance capacity for monitoring pandemic outbreaks.</p>	<ul style="list-style-type: none"> – Integrate health data systems to drive decision-making. Long-term investment in HIS is required across the region to strengthen data quality and data culture across the health system. – Strengthen long-term investment in HIS infrastructure, and hiring and training of HIS staff across all levels of government from national down to health facility level. – New HIS systems will require consultation across all levels of the health system to identify barriers to their adoption. This should include examining infrastructure and training needs. – Strengthen human resources capacity by investing in training and mentoring program officers and health authorities to transform the data culture at all levels of the health system to ensure the importance of timely and accurate health information is recognised and highly valued.
<p>Improve surveillance capacity for monitoring pandemic outbreaks and informing existing response to communicable diseases, applying a health lens to digital innovations</p> <p>Capacity to detect infectious disease cases and events is an essential function of health systems, and critical for early detection of outbreaks and responding to health security threats.</p>	<ul style="list-style-type: none"> – Work with partner countries to invest in strategies that promote the use of data for decision making, with a focus on using surveillance data, closing feedback loops and using local data to guide responses. – Drive greater use of local evidence and support local research through local and regional academic and research institutions. – Help deliver training and mentoring to new laboratory staff who have been engaged during the COVID-19 pandemic. – Enable and support ongoing costs of infrastructure, equipment, reagents and new staff. – Help expand laboratory capacity to test for other pathogens. Prepare for regional genomic surveillance opportunities, potentially in places like Fiji, to serve as a subregional accredited testing laboratory.
<p>Enhance social and behavioral science capacity for improved risk communication and community engagement</p> <p>The COVID-19 pandemic has demonstrated the weakness of risk communication. In an era of misinformation, it is critical to strengthen this capacity for future health crises and adopt the learnings for health promotion to encourage and build confidence in preventive health behaviour.</p>	<ul style="list-style-type: none"> – Support partner governments to apply social and behavioural economics to design risk communication strategies. – Support partner governments and health partners to build and integrate formal networks of community mobilisers trained in risk communication who can adapt and use culturally appropriate tools. This should be done through NGO partners at the subnational level. – Support partner governments to build local capacity in the principles of health promotion, risk communication, management of misinformation and anthropology through local institutions, civil societies and NGOs. This will be increasingly important in the era of misinformation.

<p>Support catch-up vaccination programs to minimise outbreaks of vaccine-preventable diseases</p> <p>Vaccine coverage of preventable diseases such as measles and rubella in the Pacific have significantly declined. Global estimates suggest 23 million children aged under one year did not receive basic vaccines in 2020.²¹</p>	<ul style="list-style-type: none"> – Review regional burden of vaccine-preventable diseases. Prioritise and invest-in catch-up vaccination programs for vaccine-preventable diseases in the Indo-Pacific. – Mobilise fair-share resourcing for global and multilateral organisations responding to infectious diseases such as The Global Fund.
<p>Support integrated models of service delivery focusing on population health</p> <p>When people need health care, they need the services to be available when and where they are. They need the services to be accessible, effective, and appropriate for the level of care they require. When a health system does not provide these services, patient outcomes suffer. Models of care refer to how services should be delivered including the processes of care, organisation of providers and management of services.²² Models of care are at the core of all service delivery and population health programming, and need to be responsive and context-specific.</p>	<ul style="list-style-type: none"> – Conduct a review to identify potential health system improvements and opportunities for system integration in routine and life-course immunisation. – Support partner countries to improve all routine health services, including the integration of services across the various levels, from tertiary to primary and community. – Support partner countries to incorporate the maintenance of routine health services into their planning cycles. This includes adequate infrastructure to ensure quality care and good outcomes, as well as training for treatment and curative services across primary and tertiary care. – Support partner countries to develop strategies and operational plans to maintain routine health services during future acute public health events, to prevent further service disruptions.
<p>Strengthen the capacity at all levels of government for health planning, budgeting, and management, tying these investments with wider aid programming that strengthens governance</p> <p>With limited domestic funding available for health, governments need to plan and budget carefully to help ensure the availability of quality services, including immediate and urgent care, as well as ongoing and recurring treatments.</p>	<ul style="list-style-type: none"> – Support partner country authorities to harmonise health service delivery models, clarify and simplify responsibilities, and actively engage in the ongoing decentralisation dialogue across all levels of the health system. – Support subnational governments and health managers to strengthen their technical skills and human resource capacity for health planning, budgeting and management.

<p>Increase preventive and promotive population health interventions for non-communicable disease (NCDs)</p> <p>The rate of NCDs, such as cardiovascular disease, has increased at an alarming rate across the Indo-Pacific. The increasing burden of disease from NCDs, and the long interaction with health services that treatment and management of NCDs often requires, highlights the continued urgency to ensure funding and resource allocation for preventive and promotive population health interventions and health care service delivery is strengthened.</p>	<ul style="list-style-type: none"> – Support partner governments to ensure funding and resource allocation for preventive and promotive population health interventions and health care service delivery is strengthened. – Support partner governments to fund and allocate resources for preventative care and health promotion, including multi-sectoral approaches, particularly at the primary health care level. – Long-term funding needs to be secured to ensure that NCD programs and interventions that are implemented can run for long enough to achieve reductions in disease burden before their effectiveness is evaluated.
<p>Improve the quality of service delivery at community health facilities</p> <p>Low utilisation of community health centres in some countries has been related to community concerns about the quality of care they provide. One of the fundamental issues for quality improvement is the lack of data on the current quality of service delivery, impeding the ability to monitor and track the success of quality improvement efforts.</p>	<ul style="list-style-type: none"> – Support partner governments and health partners to strengthen efforts to collect and track a more complete range of quality measures, such as the knowledge and skill level of health care workers, the availability and utilisation of best-practice guidelines, and access to continuing education.

TACKLING GLOBAL VACCINE INEQUITY

Australia must contribute an equitable share to global COVID-19 efforts to fully vaccinate most of the world's population by the end of 2022 and invest in tackling vaccine hesitancy in our region. To achieve this, the next Australian Government must:

- Contribute a fair share to the global COVAX Advance Market Commitment by making an additional \$85 million contribution to reach a total Australian commitment of \$250 million.²³
- Ensure the target is met to share 60 million COVID-19 vaccine doses with the Indo-Pacific by the end of 2022.
- Share 20 million vaccines through the COVAX facility of which, 10 million doses have already been committed.
- Commit \$50 million to addressing vaccine hesitancy in the region.
- Commit to regular public reporting of the delivery and administration of bilateral vaccine sharing.

CAPABILITY

DFAT CAPACITY AND EXPERTISE

The establishment of the Indo-Pacific Centre for Health Security in DFAT in 2017, its centralised capacity and capability and the leadership and visibility of the Ambassador for Regional Health Security, has given health security a strong focus within the Department and program which has been well received by our partners and counterparts. It has provided an ability and was well-placed - particularly in the pandemic - to move quickly in areas such as the procurement of vaccines and has allowed a centralised way to commission and crowd-in research and partners.

However, the strategy, design and delivery of health programs remains fragmented within DFAT. While there is expertise in global, regional and bilateral health program delivery and funding mechanisms, there is no overarching strategy for health in Australia's aid program. There is also varying levels of expertise at Australia's regional overseas posts. Recovery from COVID-19 and strengthening health systems in our region will require appropriate staffing at posts in the Pacific and Southeast Asia with health experts. While generalists can implement multiple programs and health specialists will remain essential for targeted research and to inform our approach, core leadership and expertise on health within DFAT - like that shown in Canberra - needs to be replicated in the region.

A 10-year evaluation of health systems strengthening programs in the Pacific (published prior to the pandemic in December 2019) reported that "changes in access to technical health expertise over the period contributed to weaknesses in DFAT's design and implementation of health programs in the Pacific."²⁴ It reported that a lack of knowledge and skills in development was "recognised by DFAT as an impediment to optimal program management and resulted in missed opportunities for greater DFAT influence on health development."²⁵ While the response to COVID-19 has increased Australia's regional presence on health, investing in core DFAT capacity on health and development remains critical to strong and credible engagement between Australia and governments and health partners in the region.

LONG-TERM PARTNERSHIPS WITH COUNTRIES AND COMMUNITIES

Deepening Australia's partnerships with governments, universities, NGOs and community organisations is essential to effective development investments. As recommended in 2020 by the Office of Development Effectiveness (ODE), "equal partnerships are needed which work collaboratively and demonstrate shared responsibility and mutual accountability."²⁶ ODE specified the importance of "context, openness, engagement with partners and respectful collaboration at all levels" for sustained, long-term partnership in the Pacific for health systems strengthening.

Meaningful change in health- systems in the region will require deliberate and structured long-term partnerships which respond to the highly contextual challenges faced within each country and which deliver local, tailored solutions. Building country capacity to engage and fully participate in partnerships with DFAT will be essential to fulfilling this aspiration. Long-term, multi-year funding must be delivered, with funding growing year on year.

LOCALLY LED DEVELOPMENT

Locally led development for health has found new impetus in the COVID-19 pandemic because of the inability to rely on fly-in, fly-out expertise and the successes created by accelerated localisation. Recent experience has clearly demonstrated that successful, sustainable health solutions require much greater focus and investment on local leadership and expertise, capacity-building and knowledge transfer. Harnessing this shift now requires more focus and investment in local leadership for more sustainable development assistance.

"Countries like Australia have interest in fly in style but should never replace national rapid response."

Focus Group Discussant, 'Health security in the Pacific: expert perspectives to guide health system strengthening' 2022, Associate Professor Meru Sheel and Nicole Rendell

Prior to the pandemic, ODE concluded that DFAT had "not adequately recognised the strong leadership available from Pacific people, including diaspora, and the benefits of engaging them as national or regional experts."²⁷ It reported that this had hindered the effectiveness of DFAT support.

Locally led development should be considered as a universal model for practice and apply to all activities, programs and initiatives, acknowledging the significance of decolonisation (particularly in the Pacific). This must include greater investment in local leadership; increasing learning from and giving visibility to local health leaders with lived experience; integrating with and funding local and community-based organisations, including NGOs and academic institutions; and enabling longer-term and stable financing (5–10 years) to move beyond project-based outcomes and promote locally-led development for sustainable health system strengthening.

ENDNOTES

- 1 https://www.usaid.gov/sites/default/files/documents/2022_Landscape_Analysis_-_02_07_2022.pdf
- 2 <https://reliefweb.int/report/indonesia/covid-19-southeast-asia-battles-world-s-highest-deaths>
- 3 <https://www.economist.com/asia/what-the-delta-variant-did-to-south-east-asia/21804360>
- 4 <https://www.1news.co.nz/2022/02/05/omicron-spreading-in-pacific-nations-which-were-free-of-virus/>
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- 20 <https://ses.library.usyd.edu.au/handle/2123/28200>
- 21 <https://data.unicef.org/topic/child-health/immunization/>
- 22 O and UNICEF (2020) Operational Framework for Primary Health Care – Transforming Vision into Action.
- 23 (Australia has made three commitments: \$80 million on 26 August 2020, \$50 million on 3 June 2021 and \$85 million on 1 April 2022 which was moved across from an upfront payment of \$123.2 million to allow the purchase of over 25 million doses of COVID-19 vaccines for the Australian population).
- 24 <https://www.dfat.gov.au/sites/default/files/pacific-health-evaluation.pdf>
- 25 <https://www.dfat.gov.au/sites/default/files/pacific-health-evaluation.pdf>
- 26 <https://www.dfat.gov.au/sites/default/files/pacific-health-evaluation.pdf>
- 27 <https://www.dfat.gov.au/sites/default/files/pacific-health-evaluation.pdf>



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