DFAT Management Response to the Mid Term Review of the Australia Indonesia Health Security Partnership (AIHSP).

A Mid Term Review (MTR) of the Australia Indonesia Health Security Partnership was conducted from January 2023 to June 2023 with in-country mission on 18 February – 3 March 2023. The purpose of the review was to to assess whether Australia’s health security partnership with Indonesia (activities managed by DT Global, UNICEF and WHO) are on track and achieving results. The **objective** of the MTR was to assess AIHSP and COVID-19 response activities effectiveness, efficiency, and impact on vulnerable communities, in order to inform future development assistance, including whether to continue with the current approach to health assistance or to undertake a different approach.

DFAT agreed to consider all recommendations, except two: it was decided that the health strategy should be included as part of the design; and secondly, based on DVB advice, post has decided to not go through a contract extension because any further extension is very high risk; given the large increase in the contract value during the previous contract amendment.

| Recommendations for remaining implementation period | Response | Explanation | Action Plan | Timeframe |
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| 1. Consolidate and embed project activities: | Agree | MTR team advised that, given late stage of program, AIHSP should focus on continuation of work that was already in progress in order to achieve results and ensure value for money in investments already made and consider not starting or discontinuing some components. | Noting that AIHSP will conclude in January 2025, DFAT and the AIHSP will as much as possible try to consolidate activities for the remainder of the program and not start new components, subject to requirements of both Government of Australia and Government of Indonesia. | July 2023 – Dec 2024 |
| 1. Strengthen animal health laboratory capacity | Agree in-principle noting recommendation 1 | AIHSP, through CSIRO-ACDP and others, to continue to support to animal health laboratory strengthening. | DFAT will consider in consultation with implementing partners and Government of Indonesia (GoI) | July 2023 – Dec 2024 |
| 1. Continue to strengthen human and animal health information systems and surveillance | Agree in-principle noting recommendation 1 | AIHSP support to include: integration of human health surveillance systems, including with animal health surveillance systems ISIKHNAS), coordinating with MoH, MoA and MoEF and other partners; and development, and uptake of iSIKHNAS; | DFAT will consider in consultation with implementing partners and Government of Indonesia (GoI) | July 2023 – Dec 2024 |
| 1. Share lessons and advocate for systematic use of inclusive service delivery. | Agree | AIHSP to share lessons learned on its inclusive COVID-19 vaccination with the MoH and the MOHA and to advocate embedding these approaches in delivery of other health services. | Noting an evaluation of Last Mile Delivery is underway and intended for lessons learned to be shared with GoI and DFAT’s Centre for Health Security | July 2023 – Dec 2024 |
| 1. Support One Health initiatives: | Agree in principle noting recommendation 1 | AIHSP to continue supporting development of the One Health multistakeholder structures at provincial, district and village level; and the GoI’s national and regional leadership in One Health. | DFAT will consider in consultation with implementing partners and Government of Indonesia (GoI) | July 2023 – Dec 2024 |
| 1. Continue targeted support for animal health disease outbreaks | Agree in-principle noting recommendation 1 | AIHSP and DFAT in coordination with DAFF to increase focus on animal health systems strengthening. | DFAT to consider in conjunction with Recommendation 1 about need to consolidate existing activities prior to the end of the program. However, we note the strong national interests of both Australia and Indonesia in combating animal health outbreaks. | Ongoing |
| 1. Improve AIHSP communication, partner processes, capacity, collaboration, and monitoring. | Agree | AIHSP to improve its communication and coordination with GoI and implementing partners and ensure it has the capacity to support current activities. | DFAT will monitor and support AIHSP’s efforts in these areas. | Ongoing |
| 1. Improve capacity of DFAT Health Team at Post, and continue collaboration and coordination between DFAT and DAFF-funded programs | Agree | DFAT Jakarta Post to strengthen Health Team to be commensurate with the size and complexity of our health investments in Indonesia. Animal disease outbreaks and system strengthening require close coordination with DFAT and DAFF. | DFAT Health Team at post will seek to maximise resources available to them; and maintain close coordination between DFAT and DAFF. Note that the team has been enlarged by two additional positions. | Ongoing |
| 1. DFAT consider a possible one-year funded extension for AIHSP | Disagree | While thought to be a possibility at the time the MTR was written, Post has deemed this not possible, following advice from the contract section that the program increase warrants a return to market and a new design. | DFAT has informed AIHSP and GOI partners that AIHSP will end in January 2025, as no extension is possible.  DFAT will commence process for a Design for a successor program to start in early 2025. | Completed. |
| 1. Develop a DFAT health strategy for Australia’s bilateral funding of the health sector in Indonesia | Disagree | MTR team suggested this would provide a basis for future health programming, be aligned with Australian and Indonesian Government strategies and plans, and identify synergies with other bilateral programs, ensuring there is no duplication with other donors. | DFAT will not prepare a separate health strategy document, however an analysis of all efforts in the health sector is important and will be analysed and brought together in the design process for the next program. This will be done at the investment concept note phase and developed through the design process. | Nov 2023-June 2024 or period for design planning and implementation |
| 1. DFAT to introduce a flexible emergency response funding mechanism as a separate modality to health system strengthening | Noted | This was a response to the problems faced by AIHSP in the delays to their health system programming which had to be paused to allow for crisis responses. | For consideration in the design of the next bilateral health program alongside other design options for emergency response | Nov 2023-June 2024 or period for design planning and implementation |
| 1. Australia to progress partnerships with MoH and MoA– and consider arrangements with MoEF, MoHA, Kemenko PMK and BAPPENAS. | Noted | MoEF, MoHA, and Kemenko PMK have emerged as ministries relevant to Australia’s new health investment. | For consideration in the design of the next bilateral health program alongside other design options for emergency response | Nov 2023-June 2024 or period for design planning and implementation |
| 1. DFAT to continue support to: Human and animal surveillance and health information systems. | Agree | This would build on investments in these areas under the current AIHSP program. | For consideration in the design of the next bilateral health program alongside other design options for emergency response | Nov 2023-June 2024 or period for design planning and implementation |
| 1. DFAT to continue animal health laboratory strengthening | Agree | This would build on CSIRO-ACDP’s efforts and investments in these areas. | For consideration in the design of the next bilateral health program alongside other design options for emergency response | Nov 2023-June 2024 or period for design planning and implementation |
| 1. DFAT to continue to support embedding an inclusive service delivery approach across the health system | Agree | This would build on investments under the current AIHSP program. | For consideration in the design of the next bilateral health program alongside other design options for emergency response | Nov 2023-June 2024 or period for design planning and implementation |
| 1. DFAT to support One Health structures, mechanisms and policies and continue to support Indonesia’s leadership on One Health in Southeast Asia | Agree | A One Health lens applied to future national and sub-national policymaking on preparedness and prevention would minimise threats from emerging infectious diseases. Structures down to village levels would help address animal disease outbreaks. | For consideration in the design of the next bilateral health program alongside other design options for emergency response | Nov 2023-June 2024 or period for design planning and implementation |
| 1. DFAT to continue to support animal health vaccine procurement and distribution to GOI. | Agree | DFAT to continue supporting sub-national vaccination planning and training, disease detection and tracing. DFAT to support the implementation of the FMD Roadmap. | For consideration in the design of the next bilateral health program alongside other design options for emergency response | Nov 2023-June 2024 or period for design planning and implementation |
| 1. DFAT to conduct an animal vaccine production risk assessment. | Agree | DFAT, with DAFF, CSIRO and other stakeholders, to conduct a risk assessment and geopolitical mapping before considering support for domestic animal vaccine production. | For consideration in the design of the next bilateral health program alongside other design | Nov 2023-June 2024 or period for design planning and implementation |
| 1. DFAT to move to performance-based funding for partners. | Noted | This would require the managing contractor/partner to develop a robust but simple MEL system for the new health investment, including for sub- partners. | For consideration in the design of the next bilateral health program alongside other design | Nov 2023-June 2024 or period for design planning and implementation |