## INDEPENDENT REVIEW OF THE TONGA HEALTH PROMOTION FOUNDATION'S IMPLEMENTATION OF RESPONSIBILITIES UNDER THE NATIONAL NCD STRATEGY

## Summary of management response:

DFAT welcomes this review, which was commissioned to consider the effectiveness of Tonga Health Promotion Foundation's (TongaHealth) contribution to the implementation of Tonga's National Non-Communicable Diseases Strategy at its mid-point. The review considered advice, opinions and experiences from a wide range of stakeholders and provided a considered analysis of the evidence that was available.

DFAT notes that the majority of the recommendations relate to actions required by TongaHealth. DFAT may support agreed recommendations through existing technical advisor mechanisms or via other, established development investments. For those that are agreed in principle, DFAT will continue ongoing dialogue with TongaHealth around ways to address the recommendations, however will not provide additional resources.

Australia has supported TongaHealth since 2009, with the current partnership ending in June 2025. DFAT will take a pragmatic approach to the future partnership with TongaHealth as DFAT notes there has been little improvement from the previous <u>evaluation</u>. DFAT will undertake a design for the next phase of Australian support to Tonga's Health Sector by the end of fiscal year 2024-25, informed in part by this review.

## Individual management responses to the recommendations:

| Recommendation   | Response              | Advice / Next Steps  | Timeframe   |
|--|-----------------------|--|-------------|
| <ol> <li>TongaHealth should seek to strengthen its technical<br/>capacity by finalising and implementing an organisational<br/>capacity assessment, identifying sources of external<br/>technical assistance (e.g. volunteers, TASP), and<br/>strengthening the partnership with the Ministry of Health's<br/>Health Promotion Unit (HPU) given their significant<br/>technical and implementation expertise in the health field.</li> </ol> | Agree in<br>principle | DFAT agrees that TongaHealth requires additional technical<br>public health capacity. We will continue to discuss pathways<br>with TongaHealth to address these capacity gaps, however<br>DFAT will not fund additional resources to implement this<br>recommendation.<br><i>Comment: The DFAT grant arrangement included technical</i><br><i>resources to address TongaHealth capacity gaps, however</i><br><i>extending this investment is not considered good value for</i> | N/A         |
|  |                       | money at this time.  |             |
| 2. TongaHealth should seek to strengthen partnership and   | Agree                 | DFAT agrees with this recommendation and will use existing,  | July 2024 – |
| communication with MoH, particularly the HPU.  |                       | short-term technical assistance to support TongaHealth to  | June 2025   |

|    |  |           | develop and map a practical forward workplan extending to       |             |
|----|--|-----------|---|-------------|
|    |  |           | June 2025, including engagement with MoH.                       |             |
| 3. | TongaHealth should lead on identifying an alternative      | Disagree  | DFAT does not agree with this recommendation. TongaHealth,      | N/A         |
|    | governance mechanism for NCDs.                             |           | as the responsible organisation for delivering the National NCD |             |
|    |  |           | Strategy, should drive the existing National NCD Committee to   |             |
|    |  |           | sit regularly.  |             |
|    |  |           | Comment: DFAT understands the current governance                |             |
|    |  |           | mechanism has been ineffective, however establishing a new      |             |
|    |  |           | mechanism will duplicate efforts and is unlikely to deliver     |             |
|    |  |           | results.  |             |
| 4. | TongaHealth should reduce its grant administration         | Agree     | DFAT agrees with this recommendation and will use existing,     | July 2024 – |
|    | workload, for example by simplifying grant application     |           | short-term technical assistance to support TongaHealth to       | June 2025   |
|    | processes, introducing an annual grant management cycle,   |           | develop and map a practical forward workplan extending to       |             |
|    | and reducing the overall number of grants.                 |           | June 2025, including simplifying grant management.              |             |
| 5. | TongaHealth should revise the grant selection process to   | Agree     | DFAT agrees to this recommendation and will use existing,       | July 2024 – |
|    | ensure grants are allocated to projects that are evidence- |           | short-term technical assistance to support TongaHealth to       | June 2025   |
|    | based, have a population-level focus, and cover a broader  |           | develop and map a practical forward workplan extending to       |             |
|    | range of NCD risk factors.                                 |           | June 2025, including improving targeting of grants.             |             |
| 6. | TongaHealth should transition away from a near-exclusive   | Agree in  | DFAT agrees that TongaHealth should reorientate its functions   | N/A         |
|    | focus on grant administration, and reorient toward         | principle | and activities to better align with the NCD strategy and will   |             |
|    | delivering other functions and activities mandated in the  |           | continue to encourage TongaHealth to consider steps towards     |             |
|    | NCD Strategy. This should particularly involve TongaHealth |           | this.   |             |
|    | positioning itself as a convenor and facilitator of        |           |   |             |
|    | multisectoral dialogue and collaboration to progress       |           | Comment: DFAT understands a similar recommendation was          |             |
|    | priority activities.                                       |           | made during the last phase of Tonga Health Sector Support       |             |
|    |  |           | and little progress has been made.                              |             |
| 7. | TongaHealth should develop and implement a strategic       | Agree in  | DFAT agrees with the recommendation and will consider ways      | N/A         |
|    | approach to supporting stakeholder engagement and          | principle | to support TongaHealth through existing or complementary        |             |
|    | collaboration.   |           | programming.  |             |

| 8. TongaHealth should strengthen its internal M&E system,    | Agree    | DFAT agrees with the recommendation and will seek to           | July 2024 – |
|--|----------|--|-------------|
| with a focus on generating evidence of TongaHealth's         |          | provide M&E support through to the end of the current grant    | June 2025   |
| progress against the NCD Strategy and Statement of           |          | agreement, through the DFAT funded M&E officer and the         |             |
| Corporate Intent, generating evidence of outcome-level       |          | Tonga Australia Support Platform.                              |             |
| change as a result of grants, and producing timely and       |          |  |             |
| quality progress reports.                                    |          |  |             |
| 9. TongaHealth should adopt a stronger focus on GEDSI,       | Agree    | DFAT agrees with the recommendation and will consider ways     | July 2024 – |
| including by building the capacity of the TongaHealth team,  |          | to support TongaHealth through existing or complementary       | June 2025   |
| strengthening engagement of Organisations of People with     |          | programming, such as through the established Tonga Australia   |             |
| Disabilities (OPDs) and other GEDSI-focussed organisations,  |          | Support Platform through to the end of the current             |             |
| and strengthening inclusiveness in grants.                   |          | agreement. This may include facilitating cross-learning with   |             |
|  |          | civil society and OPDs.  |             |
| 10. DFAT, as the major funder of TongaHealth, should provide | Agree in | DFAT agrees that closer oversight is required over the         | July 2024 – |
| stronger strategic oversight, and introduce stronger         | part.    | remaining grant period. Specifically, this relates to the      | June 2025   |
| accountability for delivering against the NCD Strategy and   |          | implementation of Australian development funding for           |             |
| Statement of Corporate Intent.                               |          | activities to support TongaHealth in its role to implement the |             |
|  |          | National NCD Strategy. However, it is not within DFATs sphere  |             |
|  |          | of control to ensure accountability for delivering against the |             |
|  |          | Strategy, or TongaHealth's Statement of Corporate Intent.      |             |