# REVIEW OF DFAT’S HEALTH ADVISORY SERVICES – SPECIALIST HEALTH SERVICE

## Summary of Management response:

DFAT welcomes this timely and important review of the Specialist Health Services (SHS). The review was undertaken to satisfy accountability requirements in determining whether the SHS contract had met its objectives, and to inform the model of health advisory support in the future.

The review provided a considered analysis of the relevance, effectiveness, efficiency, and sustainability of services provided under the SHS program to-date and recommends some modifications to facilitate a robust model of health advisory support going forward.

DFAT notes the conclusion that SHS has performed extremely well and, overall, provided a quality service. However, the review also notes that the overall contribution could have been magnified through improved DFAT processes for monitoring impact, sharing information and cross-Departmental learning. DFAT commits to continue to explore opportunities to address these constraints in a practical and sustainable manner.

## Individual management responses to the recommendations:

| **Recommendation** | **Response** | **Action Plan** | **Timeframe** |
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| **Recommendation 1:**  A central mechanism to provide DFAT with health specialist support be continued following SHS. This should include a function for recruitment and management of consultants to support the health sector as well as for quick turnaround health advice. | Agree | DFAT will proceed with a next phase of the SHS which includes functionality to provide DFAT with access to quality health specialists (including recruitment, management and in-country support) and quick turnaround advice. | September 2021 and ongoing |
| **Recommendation 2:**  DFAT look to avoid duplication and overlap between mechanisms which provide health sector expertise. | Agree | The procurement for the next phase will be broad and flexible to meet future health sector expertise needs. Every effort will be made to remove overlap with existing mechanisms within DFAT going forward. | September 2021 ongoing |
| **Recommendation 3:** Future support be designed to focus on core areas of health specialist advice, i.e., Universal Health Coverage (health in development) and health security to provide flexibility in terms of the range of technical areas in which support can be provided. | Agree | Discussions with the future provider to ensure this process remains flexible will be included in contract negotiation and ongoing review as part of the Steering Committee’s process. | June 2022 ongoing |
| **Recommendation 4:** DFAT to encourage open recruitments for technical assignments where it is appropriate to do so and where time is not a critical factor. | Agree | DFAT will work with the future provider to ensure processes are both flexible and transparent, to yield the most appropriate candidates for the support required. | June 2022 ongoing |
| **Recommendation 5**: Access to a diverse consultant pool should be a key selection criterion in the tender process for the successor to SHS. | Agree | The procurement process will include a selection criteria on the providers ability to demonstrate access to a diverse consultant pool. | September 2021 – March 2022 |
| **Recommendation 6:** The next phase support a formal mentoring program to expand the pool of technical experts with DFAT and Pacific Island nation experience. | Agree | The preferences for a formal mentoring program will be included in the Statement of Requirement for the new service request, with subsequent strategic oversight by the Steering Committee. | June 2022 ongoing |
| **Recommendation 7**: DFAT increase internal capacity to support strategic health sector engagement, including coherence of policy and programs and of DFAT officers’ capacity to effectively participate in health policy dialogue and manage health investments. | Agree in principle | The department will consider ways it can support strategic health sector programming and policy coherence by aiming for relevant DFAT officers to have the necessary capabilities (or training to gain the capabilities) to effectively participate health policy dialogue and manage health investments. The procurement for the next phase of the SHS will include a knowledge building component to support internal capacity. | September 2021 and ongoing |
| **Recommendation 8**: Implement strategies within DFAT to increase awareness and use of any future Facility. | Agree | Health Policy Branch will continue to promote SHS within DFAT. The structure of the next phase of technical support will include a specific focus on this. | September 2021 and ongoing |
| **Recommendation 9**: The Steering Committee’s ToR for the next phase have a greater strategic focus, including monitoring results against a results framework (including implementation of all approved recommendations from this evaluation), and be reviewed annually. | Agree | The Development of Steering Committee’s Terms of Reference will include oversight of the technical advisory services’ progress against a results framework (including implementation of all approved recommendations from this evaluation) and be reviewed annually. | June 2022 ongoing |