Australian Government

Department of Foreign Affairs and Trade

TIER 2 INDICATOR TECHNICAL NOTE

COMMUNICABLE DISEASES
PARTNER COUNTRIES HAVE IMPROVED ABILITY TO ANTICIPATE, PREVENT, DETECT AND CONTROL COMMUNICABLE DISEASE THREATS, WITH AUSTRALIAN SUPPORT.

Last updated: August 2023

DEFINITION

This indicator is designed to capture evidence of Australian support for improved preparedness and response to communicable disease threats in partner countries.

Communicable disease threats are infectious diseases with potential to cause outbreaks, epidemics and occasionally pandemics. Examples include (but are not limited to) measles, TB, HIV/AIDS, COVID-19, malaria, dengue, and rabies.

Improved ability to anticipate, prevent, detect and control covers efforts to strengthen, expand or develop capacity in any part of the process involved in identifying, mitigating the risk of or managing the spread of communicable disease threats.

One Health is an approach that recognises the health of humans, domestic and wild animals, plants and the wider environment are linked and interdependent. One Health approaches in practice refers to the organisation of people, institutions and resources to address risks to the health of people, animals and the environment in an integrated way.[1]

SCOPE

INCLUDES:

Qualitative examples of Australia improving partner countries' preparedness and response to communicable disease threats as defined above.

Examples might include activities that:

- Strengthened health emergency preparedness and response, including relevant workforce or health emergency preparedness and response such as Field Epidemiology Training Programs and Field Epidemiology Training Programs for Veterinarians.
- Strengthen public and animal health laboratory surveillance systems to support testing of priority pathogens in partner countries.
- Strengthen emergency operations centres to manage outbreaks and public health emergencies in partner countries.
- Strengthen surveillance systems for communicable diseases, including One Health surveillance systems.

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[1] For a more detailed description of One Health please refer to
https://www.who.int/publications/m/item/one-health-theory-of-change

- Strengthen workforce skills/capacity for management of infectious diseases, including One Health skills/practice in general workforce and strengthened One Health workforce
- Improve skills, systems and resources for infection prevention and control and antimicrobial stewardship in partner countries.
- Improve public health information, education, risk assessments and communication about infectious disease and health security threats.
- Deliver public health and One Health interventions for management of infectious diseases cases and their contacts, including clinical care, case management and contact tracing (e.g., quarantine and contact tracing arrangements for confirmed cases, mosquito spraying and bed net distribution).
- Develop and/or supply therapeutics, diagnostics, vaccines and equipment.

EXCLUDES:

- Non-communicable diseases (NCDs). Support to prevent and reduce the burden of NCDs may be reported against the indicator Health Systems Capacity.

CALCULATION METHOD

This is a qualitative indicator and the calculation of Australia's pro rata share of the work cited in qualitative examples is not required. However, the examples provided should note where Australia has worked with partner governments, international organisations or other donors as appropriate.

DATA SOURCE/S

Reporting against this indicator should draw on standard investment monitoring and reporting documentation.

DISAGGREGATION

Specific disaggregated data is not required for reporting against this indicator. However, consideration should be given to providing narrative examples that highlight activities that promote gender equality, disability, social inclusion, and First Nations perspectives. For example:

- strengthening of health information systems to collect disaggregated data (sex/age/disability) and use of this data to inform policy.
- partnerships with organisations of persons with disabilities to undertake accessibility audits of health infrastructure, to inform modifications.
- The gender balance in training or professional development programs.

Where available through partner reporting, data should be disaggregated by gender, and other sociodemographic determinants.

WORKED EXAMPLE

Narrative examples (maximum 100 words) should clearly outline the type of communicable disease threat that has been addressed through the assistance provided. The following is an example.

Improved Health Emergency Response and Preparedness:

Australian Government

Department of Foreign Affairs and Trade

Australia, through the World Health Organization, improved the health emergency preparedness and response capabilities of PNG. Australia supported training in field epidemiology with graduates deployed in rapid response teams to investigate COVID-19 cases. These graduates also played key roles in provincial emergency response operations, ongoing disease surveillance and reporting. The structures and systems established for COVID-19 surveillance have been expanded to monitor other diseases in several provinces.