



TIER 2 INDICATOR TECHNICAL NOTE

HEALTH SYSTEMS CAPACITY

PARTNER COUNTRIES IMPROVE HEALTH SYSTEM CAPACITY TO PROVIDE QUALITY, ACCESSIBLE, AFFORDABLE HEALTH SERVICES, WITH AUSTRALIAN SUPPORT.

Last updated: 08 August 2023

DEFINITION

This indicator aims to capture evidence and examples of Australian support to partner countries to improve health system capacity.

Health system refers to the organisation of people, institutions and resources to meet the health needs of populations.

This indicator includes One Health investments (see the *Excludes* section below).

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.

Quality – effective, efficient, safe and appropriate.

Affordable – does not cause financial hardship.

Capacity refers to the availability of, or ability to provide, health services.

SCOPE

INCLUDES:

Qualitative examples of Australian support improving health systems capacity as defined above. Examples might include activities that:

- improve availability and quality of health services such as:
 - Provision of health services
 - provision of training and professional development programs
 - provision of specialist technical assistance
 - provision and installation of health information systems/IT equipment
 - provision of health equipment and commodities
 - building or renovation of health infrastructure (including to improve accessibility of infrastructure)
 - development of new/improved medicines/therapeutics, diagnostics, vaccines, and other health commodities
- strengthen the operation and resilience of health systems such as:



- improving financing and budget/resource management
- strengthening models/approaches of service delivery
- introducing systems for routine assessment of quality of care
- strengthening policy and regulatory frameworks including for prevention of non-communicable diseases
- strengthening the alignment of domestic legislation, policies and/or administrative arrangements with international health standards
- improving the generation and use of evidence (for example research and health information system data, disease surveillance systems) for policy and decision making
- improving procurement forecasting and distribution systems for health commodities.

EXCLUDES:

- Investment managers should consider whether reporting under the *Communicable Disease Threats* indicator is more appropriate.
- While some investment activities may be reported under multiple indicators, examples used for *Contraceptive Protection from Unplanned Pregnancies* and *Communicable Disease Threats* should not be duplicated under the Health Systems Capacity indicator.

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 and social inclusion, and First Nation's 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 of training and professional development programs.

WORKED EXAMPLE

Narrative examples (maximum 100 words) should clearly outline the type of health service that has been addressed and how its availability or provision has been improved. The following are examples:



In September 2022, the Health Sector Development Services Program completed the national rollout of PNG’s electronic National Health Information System (eNHIS) across all 22 provinces. The eNHIS facilitates real-time reporting of primary and public health activity data from 846 health facilities. It supports early identification of outbreaks of communicable diseases such as measles, pertussis, tuberculosis and HIV. Between 2020 and 2022, outbreaks of COVID-19 like symptoms were able to be tracked in provinces where eNHIS had been implemented. By the end of 2022, 95.7 per cent of the registered health facilities were reporting activity each month.

2.

In Fiji, in partnership with the Ministry of Health and Medical Services, Australia is contributing to major reforms of supply chains, digital health, and patient safety and quality care at major hospitals. This includes a national roll-out of mSupply, a logistics information system, across over 58 health facilities (30% completed), the development and implementation of a five-year Digital Health Strategy to strengthen the foundations of IT and health information, and institutionalising clinical governance and infection prevention reforms at four major hospitals to reduce preventable deaths with its investment in the Fiji Health Program (\$40m, 2017–24).

3.

WHO Solomon Islands Country Office, through Australia’s WHO partnership, supported the Ministry of Health and Medical Services to improve maternal healthcare outcomes in response to four maternal deaths in Gizo, Western Province. WHO technical experts supported Emergency Management of Obstetric Complications training, attended by 28 nurses and midwives from Gizo Hospital, and helped develop the first draft of the Solomon Islands Postnatal Care Guidelines. WHO supported distribution of 1000 copies of the Solomon Islands Standard Treatment Manual for Obstetrics and Gynaecology, helping standardize and improve quality of care by enhancing competency and confidence of midwives and nurses.