

Wok Bung Waintaim (WBW) Program Review - Management Response

Recommendation	Response (Agree, Agree in part, Disagree)	Explanation	Action Plan	Timeframe
<p>Recommendation 1: The Australian High Commission Port Moresby (AHC) – either through PATH or future investment partners – should provide advocacy and technical support to strengthen GoPNG national-level coordination mechanisms.</p>	<p align="center">Agree</p>	<p><i>While WBW was an effective approach for health system strengthening at the provincial level, it was less successful in engagement and coordination at the national level.</i></p> <p><i>National-level coordination is essential to promote financing reforms, facilitate joint planning and accountability, ensure timely funding flows from the central agencies to provinces and PHAs, and to address aspects of health system strengthening that benefit from adherence to national standards (e.g. medical supplies, health information systems and budget allocations). PNG’s national coordination mechanisms such as PLLSMA, HSACC, PCMCs, NEFC, and others, are running at varying degrees of capacity and conviction. Supporting and strengthening these mechanisms should be a focus of future efforts by either the AHC and its health investments in order to lift the functioning of initiatives at the sub-national level.</i></p> <p><i>The AHC could consider advocacy and support to GoPNG to progress the Review of Laws Affecting Health Governance and Service Delivery consultations and options paper, to advance the structural changes required to fully empower PHAs.</i></p>	<p>DFAT will continue to advocate for and support PNG national coordination mechanisms through a number of programs and forums.</p> <p>For example, the PATH program is providing administrative and technical support to the Provincial Health Authorities (PHAs) in six demonstration provinces to strengthen health management and service delivery. This support includes strengthening PHA capacity to build and manage partnerships, including with central agencies.</p> <p>PATH provincial facilitators support PHA corporate planning and policy dialogue with central agencies, including with NDoH and Departments of Treasury and Finance. PATH has commenced planning a workstream to reduce ‘bottlenecks’ in provincial service delivery which will include national-level engagement to reduce the impact of inadequate funding, untimely release and unpredictable flow of funds.</p> <p>Additionally, through the Health Systems Strengthening Development Program (HSSDP), a DFAT and ADB partnership, DFAT aims to strengthen overarching national regulatory, policy and planning frameworks and public finance management systems. DFAT aims to provide the foundation for efficient, effective, and long-term sustainable health service delivery through improved fiscal and budgetary management, budget execution including public procurement, and health sector management.</p> <p>Through HSSDP, DFAT is also providing targeted specialist technical support to the National Department of Health (NDoH) in policy and national coordination areas including budget management, information management systems and procurement of pharmaceuticals</p> <p>DFAT is currently considering the provision of technical support to the NDoH to review the laws affecting health governance and service delivery.</p>	<p>Ongoing until 2025</p>
<p>Recommendation 2: OSF and other investment partners, when developing health systems strengthening programs, should ensure that designs and implementation are closely aligned with the WHO six pillars of health system strengthening principles, where appropriate. This can be achieved, for example, by framing the design document and program logic</p>	<p align="center">Agree in part</p>	<p><i>While WBW aimed to strengthen the health system in Hela and Southern Highlands PHAs, it did not systematically address all six WHO pillars of health system strengthening. The WHO six pillars are the standard framework and approach for health system strengthening, and all six pillars are fundamental for a functioning health system. WBW targeted and contributed to accelerating positive changes in some key health system pillars – particularly in sub national financing, service delivery, staff capacity and leadership and governance. However, WBW implemented few activities in</i></p>	<p>DFAT aligns its programming with the principles of the WHO six pillars of health system strengthening and will continue to ensure that programs consider all six pillars as appropriate. However, DFAT has partial ability to ensure that other investment partners strictly align their programs with the six pillars.</p> <p>DFAT notes that the WBW program was a targeted health-systems support program and it was beyond the project’s scope to incorporate all six WHO pillars of health system strengthening.</p>	<p>By June 2022 and ongoing.</p>

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<p>around the relevant pillars, engaging technical experts in health system strengthening to advise on the design, and aligning existing investment planning, implementation and progress reporting to the principles of each pillar, where possible.</p>		<p><i>the other two health system pillars (access to medical products and technologies, and health information systems), largely because these are coordinated at the national level, where WBW's engagement was limited.</i></p>		
<p>Recommendation 3. If future investments in health system strengthening adopt a Collective Impact approach, the AHC and OSF should ensure that where possible investments address all five key elements of Collective Impact. This could be achieved by, for example, engaging technical experts in Collective Impact to advise on program design, develop a Collective Impact strategy during the inception phase to inform implementation, and actively working with partners and other donors to promote the Collective Impact approach among stakeholders. In particular, OSF and PATH should prioritise partnership brokering activities to establish the foundation for a Collective Impact approach.</p>	Agree	<p><i>There is a growing body of evidence on Collective Impact's ability to influence systems change and contribute to population level change. Collective Impact has five key elements: (1) a common agenda, (2) shared measurement system, (3) coordinated plan of action, (4) continuous communication, and (5) a backbone support organisation. Evidence from Collective Impact practice demonstrates that in addition to the five conditions, there are additional principles of practice that should be followed to put collective impact into action. While several stakeholders considered WBW to align with a Collective Impact approach, it addressed some – but not all – elements and principles of Collective Impact. For example, while it strengthened coordination and communication between partners, coordination and communication are likely to have been stronger if there was a coordinated plan of action or shared measurement system agreed between partners, both of which are key elements of the Collective Impact model. OSF, if continuing WBW, and PATH/AHC, in planning and designing health systems strengthening, should be guided by these principles of practice and the five conditions, as it is more likely to achieve sustainable improvements in provincial health systems. Adoption of a Collective Impact approach may necessitate changes to M&E, and accountability and reporting processes, given that under a Collective Impact approach changes are due to the collective efforts of stakeholders, rather than attributable to a single actor.</i></p>	<p>DFAT health development programs are designed and implemented to achieve a range of development outcomes. While some programs, such as WBW, PATH and HSSDP, may not be directed by all elements of the Collective Impact approach, they all follow the principles of a Collective Impact approach where appropriate.</p> <p>For example, WBW applied a collective impact approach where possible, as the focus on strengthening the Hela PHA required engagement from outside partners.</p> <p>DFAT will explore opportunities to incorporate Collective Impact approaches into health system strengthening programs as appropriate.</p>	Ongoing until 2025
<p>Recommendation 4. The AHC when designing investments in health-system-strengthening, or when seeking to replicate WBW-style strategies in other provinces, should where possible design and fund investments for longer time periods to allow systems change to be realised.</p>	Agree	<p><i>WBW was funded as a three-year strategy – a period some stakeholders noted was too short for achieving the level of change required. Given that health system change takes time, a longer investment period (five years or more) is more likely to allow systems change to be realised sustainably.</i></p>	<p>DFAT has a long-term commitment to strengthen the PNG health sector. The majority of DFAT's programs in the health sector are longer than three years duration. For instance, the HSSDP, 2019-2025, continues many of the elements of support at a national and provincial level that commenced in 2012 with the RPHSDP program; and the current phase of the PATH program (2020-2025) builds on the foundation of the earlier Health and HIV program (known as HHISP).</p>	Ongoing until 2025

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			<p>WBW was a pilot. Key elements, such as recognising the importance of central government engagement to effect change; and committing to inclusive province-wide consultation committee meetings have been incorporated into longer-term DFAT programming through PATH.</p>	
<p>Recommendation 5. The AHC, when designing future investments in health system strengthening or implementing WBW-style strategies in other provinces, should actively and consistently engage with implementing partners on sustainability at the design, implementation and reporting phases. This could be achieved, for example, by including sustainability as a specific consideration in the program logic, ensuring partners implement sustainability-focused activities throughout the implementation period, and require all partners to monitor, reflect and report on sustainability-related achievements.</p>	<p>Agree</p>	<p><i>DFAT's Investment Design Quality Criteria require that investment designs identify what sustainable benefits the investment aims to generate and strategies to achieve these, as well as identifying and addressing constraints to sustainability. Implementation of a sustainability strategy is also a criterion for assessing investment effectiveness as part of annual Investment Monitoring Reports. In the case of WBW, we found little evidence of sustainability being strategically considered or communicated with stakeholders during the funding period, which decreases the likelihood that improvements will be sustainable. While it can be reasonable to assume that the improvements in PHA capacity and processes will be sustained, many interviewees expressed concerns about sustainability, particularly regarding the need for ongoing funding of health services (a challenge also noted in the WBW Sustainability and Exit Strategy), lack of succession planning for PHA leadership and senior executive, and the lack of common understanding amongst stakeholders of what sustainability would look like for WBW or how it could be achieved. A more explicit sustainability strategy may have helped address these challenges.</i></p>	<p>Sustainability is a central pillar of the DFAT development framework and is integrated within and measured in DFAT's implementing partner agreements and performance monitoring.</p> <p>DFAT will continue to engage with implementing partners to ensure sustainability is appropriately addressed at all stages of the program cycle.</p> <p>WBW was a pilot program with a focus on strengthening PHA administrative capacities and partnerships over a relatively short timeframe. WBW has, however, supported the PHA's transition to a more efficient and effective approach to planning, management and partnerships which contributes to increased future sustainability of the PHA in the PNG context.</p>	<p>Ongoing until 2025</p>
<p>Recommendation 6: The AHC, either directly or through PATH, should develop guidance materials on effective and/or sustainable approaches to PHA strengthening, or to health system strengthening more broadly.</p>	<p>Agree</p>	<p><i>Sustainability is an ongoing challenge especially if WBW-style strategies are implemented in other provinces. It is also likely to be a shared challenge across PHAs, PATH projects, and across the AHC's health portfolio more broadly. As such, there may be value in developing guidance materials on sustainability, to promote a shared vision and evidence-based approach to sustainability across investments. The guidance could, for example, articulate a shared definition of sustainability, provide guidance to implementing partners on DFAT design and monitoring requirements regarding sustainability, share lessons learned from WBW, and provide examples of sustainability approaches that have been successful elsewhere. Such guidance could be shared with AHC staff, implementing partners, sub-grantees, PHAs and other stakeholders as relevant.</i></p>	<p>The PATH program is developing its approach to strengthening the capacity of PHAs in the six demonstration provinces. The aim is for information on the strengthened capacity, processes, reforms and innovative approaches to be shared with other provinces' health authorities via documentation, meetings and workshops, with a view to extending the capabilities of PHAs beyond the nominal reach of PATH.</p> <p>PATH is collaborating with HSSDP to capture shared learnings and develop guidance materials on effective and sustainable approaches to health system and PHA strengthening, set realistically within the PNG context.</p> <p>DFAT will work with PATH and HSSDP to ensure they apply this guidance through all their activities and that other partners can share and use the guidance effectively.</p>	<p>Ongoing until 2025</p>