

MANAGEMENT ACTIONS AND RESPONSE

This section recommends management actions to strengthen the effectiveness and delivery of the Health Security Initiative (HSI) over the remaining period of implementation (to 30 June 2022). Each management action begins with a statement on the challenge faced followed by a recommended action. These are rated according to whether they are high or medium priority and assigned a recommended timeframe for action. *Note: HSI-funded implementing partners are referred to as ‘partners’ for brevity in the table below.*

Key for management actions

Priority of actions		Timeframe for response	
High		Short—within 6 months	S
Medium		Medium—within 12 months	M
		Ongoing—for the duration of the current phase (to mid-2022)	O

Recommended management actions		Priority	Timeframe	Centre for Health Security (CHS) management response
1. Progress of activities				
1.1	Given that evidence to policy processes occur over longer timeframes, evidence to date of outcomes in this area has been limited. CHS to actively monitor its input into, and the resulting development of, global, regional and national evidence-based health security policy and planning over the remaining period of implementation. Management to take appropriate action such as increasing resourcing when monitoring shows inadequate progress. This monitoring could be described in the policy engagement strategy recommended at 2.1.	M	S	Agreed, noting links with Management Actions 2.1 and 5.1. To be taken forward from Q2, 2021 when preparing policy engagement strategy by Directors, Strategy & Enabling and Policy Coordination & Financing.
1.2	Given the impact of COVID-19 on project implementation and progress in combatting other diseases, CHS to re-consider how it will measure progress against planned end-of-program outcomes (EOPOs) and progress in combatting other diseases such as malaria and TB. The end-of-program evaluation and impact metrics will need to be adjusted for the impacts of COVID-19 and expectations may need to be moderated. Alongside the monitoring of COVID-19 activities, CHS	H	M	Agreed, noting this is already in train. Implementing partners have been asked to review and propose amendments to EOPOs in their progress reports due March 2021. Requests for no-cost extensions to enable more time for implementation will be considered. Implications for HSI initiative-level EOPOs will also be considered. To be taken forward by Directors, Program

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	to monitor its non-COVID-19 programming for early identification and minimisation of reversal of gains in other disease areas			Design & Delivery and Strategy & Enabling, supported by the Monitoring, Evaluation & Learning (MEL) Unit.
2. Policy influence				
2.1	The Centre's work in policy engagement has not been well articulated or documented. CHS to prepare and use a policy engagement strategy to provide a stronger basis for planning and assessing the extent to which CHS's engagement in regional and global health security fora is contributing to the strengthening of health security and strategic directions that align with Australia's interests. This will need to be updated regularly. In preparing and implementing the strategy, CHS to increase collaboration and coordination with Posts/bilateral country programs and funds managed by DFAT's Health Policy Branch and Education, Social Protection and Human Development Finance Branch (WHO, Gavi and the Global Fund) to ensure a coherent approach across DFAT's health portfolio to international and regional policy engagement.	H	O	Agreed, noting the strategy will need to encompass priorities for policy engagement for both the HSI and the Regional COVID-19 Vaccine Access and Health Security Initiative (VAHSI), given they are complementary in nature. The strategy will also address monitoring of policy engagement, including in respect of Management Action 1.1. CHS will consult with other parts of the DFAT health portfolio, including Posts and bilateral country programs in preparing the strategy. To be taken forward by in Q2, 2021 by Directors, Strategy & Enabling and Policy Coordination & Financing.
2.2	There has been some ambiguity of roles between CHS and Posts and there is opportunity for greater coordination in work with multilateral and country partners across DFAT's health portfolio. CHS to increase collaboration and coordination with Posts/bilateral country programs and funds managed by DFAT's Health Policy Branch and Education, Social Protection and Human Development Finance Branch (WHO, Gavi and the Global Fund) to leverage health systems strengthening opportunities and outcomes.	M	O	Partially agreed. Communications between CHS and Posts have been significantly strengthened since the end of 2019, including through regular Health Network calls and through the process of developing COVID-19 Country Response Plans. Posts have limited absorptive capacity to participate in more coordination meetings. CHS will continue to strengthen coordination and collaboration with other parts of DFAT health portfolio, including through the regular health network and health leaders' meetings. To be taken forward by Head of CHS and Ambassador for Regional Health Security, supported by the Director, Strategy & Enabling.
3. CHS, its governance, risk management and forward planning				
3.1	CHS staff have strong technical skills but their DFAT aid project management skills need strengthening. CHS to continue to strengthen the project management skills of its staff , including in DFAT systems and processes, and ensure sufficient time for this is allocated. CHS to	H	O	Agreed. To be taken forward from Q2, 2021 and over next 18 months by Deputy Head of CHS and Director, Strategy & Enabling.

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	also strengthen induction processes and training of new staff in DFAT systems and processes.			
3.2	There is scope for CHS to make greater use of the expertise of Technical Reference Group (TRG) and Government Reference Group (GRG) members. Regional representation in CHS's consultative and decision-making structures has been limited. CHS to review and revise the TORs, composition and functioning of the TRG and GRG to ensure these groups are still fit for purpose. CHS to look for opportunities to make greater use of the expertise of both groups and increase regional representation in the TRG and other consultative and decision-making structures.	M	S	Agreed. To be taken forward from Q2, 2021 by Head of CHS and Director, Strategy & Enabling.
3.3	While HSI projects are required to periodically update their risk registers, the Initiative-level risk register has not been updated. CHS to review and update the HSI risk register , including a specific section on COVID-19, and undertake a stocktake of risk registers at the project level. CHS and partners to ensure all risk registers are regularly updated and risk mitigation measures implemented and reported.	H	S	Agreed. To be taken forward in Q2, 2021 by Directors, Strategy & Enabling and Program Design & Delivery, supported by the Program Management Unit.
3.4	CHS to determine how the existing HSI Strategic Framework will incorporate, and the CHS Team will manage and coordinate, the work associated with the new Regional COVID-19 Vaccine Access and Health Security Initiative together with the existing work of the HSI . CHS to determine the process for the design of the next phase of the HSI.	H	S	Agreed. To be taken forward from Q2, 2021 by Head and Deputy Head of CHS and Director, Strategy & Enabling, supported by the MEL Unit.
4. Effectiveness and efficiency of partnership management				
4.1	The thematic, country and regional-based groups/partner forums linked to the HSI strategic objectives, have been well received as a platform for strengthening program coherence. CHS to continue to refine these forums to optimise partner collaboration and synergies between projects to maximise outcomes at thematic, country and regional levels. CHS to sustain partner engagement by ensuring the forums have a clear purpose and value-add for participants and seeking regular feedback. CHS to look to include Posts, country and	M	O	Agreed, noting that this is already in train. To be taken forward over next 18 months by Director, Program Design & Delivery with support from Director, Strategy & Enabling in conjunction with the MEL Unit.

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	regional partners and technical expertise to contribute to forums as needed. CHS also to share lessons learnt between the forum coordinators.			
5. Sustainability				
5.1	The HSI Performance Assessment Framework includes indicators to monitor improvements to health security capacity and translation of research results to policy and practice. However, implementation and reporting by implementing partners against these indicators still needs to be strengthened. Reporting should demonstrate, where feasible, how research evidence has been translated into policy and practice, and how capacity building has resulted in systems-level improvements. CHS to provide practical guidance to implementing partners on this. CHS also to require partners to strengthen planning and implement measures for the sustainability of activities, including transition planning, and to report on these activities.	H	O	Agreed, noting this is already in train. The progress report template has been revised to strengthen reporting on sustainability. To be taken forward by Director, Program Design & Delivery with support from Director, Strategy & Enabling in conjunction with the MEL Unit.
6. Cross-cutting priorities				
6.1	There is evidence of some progress in addressing the cross-cutting priority of gender equality, with minimal or limited reporting of activities to address disability inclusion, climate responsiveness and One Health. CHS to provide guidance and support to implementing partners to improve their capacity to address all HSI cross-cutting priorities. CHS and partners to integrate the cross-cutting priorities into their monitoring and evaluation frameworks as appropriate, and to monitor and report on progress and achievements. CHS to consider how to better integrate One Health considerations into its current and future human health projects , particularly those dealing with zoonoses and AMR. CHS also to consider addressing climate responsiveness through One Health approaches in the design of future investments.	H	S	Agreed, noting that this is already in train. Guidance notes and workshops for partners on gender and disability inclusion were provided in Q4, 2020. Pilot training in disability inclusion is planned in Q2, 2020. A One Health Partners Forum has been established. To be taken forward by Directors, Strategy & Enabling and Program Design & Delivery.
7. CHS's positioning for COVID-19				
7.1	Many HSI-funded projects have been significantly impacted by COVID-19 and gains made in other disease areas are being reversed. Adaptive management has been required to pivot activities towards a	H	S	Agreed, noting this is already in train. A learning and adaptive management workshop was conducted with the CHS program management team in Q1, 2021. A CHS

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	<p>pandemic response. CHS and partners to incorporate simple, nimble and timely monitoring, reporting and communication of HSI-funded partner COVID-19 response activities, and to regularly capture and share emerging lessons and good practice. This will inform adaptive management of projects, provide evidence for accountability and could inform the design of any future phase of the HSI.</p>			<p>concept note for adaptive management is being developed. To be taken forward by Director, Program Design & Delivery with support from Director, Strategy & Enabling and in conjunction with the MEL Unit.</p>
8. Monitoring, evaluation and learning (MEL)				
8.1	<p>Project delivery partner monitoring and reporting has been variable. CHS to continue to work with partners to strengthen the quality and consistency of their project monitoring and reporting and the integration of continuous quality improvement, reflective learning and MEL for adaptive management practices at a project, thematic and HSI initiative level. Learnings to be regularly documented and shared by CHS and partners.</p>	H	S	<p>Agreed, noting this is already in train. Partner workshops on project monitoring & evaluation frameworks and progress reporting were conducted in Q4, 2020 and Q1, 2021. The templates for progress reports and annual plans have been revised to strengthen the quality and consistency of reporting. Technical guidance notes on reporting against indicators in the HSI Performance Assessment Framework were provided to partners. A monitoring, evaluation & learning resource hub has been established on CHS's website (https://indopacifichealthsecurity.dfat.gov.au/monitoring-and-evaluation-resources-hub). To be taken forward by Directors, Strategy & Enabling and Program Design & Delivery in conjunction with the MEL Unit.</p>
8.2	<p>CHS with the support of the MEL Unit to undertake a series of case studies at thematic, country and/or portfolio level to document achievements and lessons learned, and further articulate and inform program coherence.</p>	M	M	<p>Agreed, noting that some case studies have already been prepared. To be taken forward by Director, Strategy & Enabling and CHS intern(s), with support of the MEL Unit.</p>