


Consultations on Future Priorities for Regional Health Programming in the Indo-Pacific Region

DFAT conducted over 100 consultations from April to November 2022 in support of future health programming in the Indo-Pacific region. This summary provides a broad overview of the themes discussed in meetings with partner governments, health experts and program stakeholders, including identifying challenges and priorities for future investment in health in the Indo-Pacific. A summary of these consultations is provided below.

Table 1: Summary of consultations

Partner governments	International and regional organisations, and likemindeds	Australian organisations and partners	Thematic consultations
<p>Partner governments in the Pacific and Southeast Asia (SEA) including ministries of health, agriculture, and foreign affairs officials.</p> <p>Countries consulted to date: Papua New Guinea, Fiji, Kiribati, Timor-Lese, Nauru, Tonga, Tuvalu, Vanuatu, Indonesia, Vietnam, Philippines.</p> <p>Further consultation to inform programming decisions is planned.</p>	<p>Meetings held with headquarters and regional offices of key organisations including WHO and The Pacific Community (SPC).</p> <p>Bilateral meetings with US, UK, Japan, New Zealand and Republic of Korea to explore opportunities for co-ordinated efforts.</p>	<p>Roundtable and side meetings in capital cities around Australia engaged over fifty different organisations including existing implementing partners in addition to prospective new partners.</p> <p>Briefings were held with Australian Council for International Development (ACFID) and the Australian Global Health Alliance membership with details of all public consultations disseminated through their networks.</p> <p>Consultations with whole of government agencies included: Department of Health and Aged Care; CSIRO; Department of Defence; Australian Centre for International Agricultural Research; National Health and Medical Research Council; Department of Agriculture, Fisheries and Forestry; Australian Institute of Health and Welfare.</p>	<p>Ten thematic consultations with Australian and regional bodies. Themes included: infection prevention and control and antimicrobial resistance; laboratory strengthening; data for decision making and surveillance; field epidemiology; vector-borne disease control; outbreak preparedness and response; community engagement; health product development; HIV & sexually transmitted infections (STIs); and One Health; and</p> <p>Targeted consultations on gender equality, disability and social inclusion, including a roundtable with gender equality and disability inclusion focused organisations; and consultations with First Nations organisations and programs, and regional organisations of people with disabilities (Pacific Disability Forum; and ASEAN Disability Forum).</p>



These discussions explored the health challenges facing the region – both throughout the COVID-19 pandemic and now as countries move into the recovery phase – what capacities exist to combat health challenges and what opportunities there are to further build capability in the region. DFAT will continue consultations, particularly with partner governments, to inform final programming decisions.

Infectious Diseases, Non-Communicable Diseases and Sexual, Reproductive and Health Rights

Consultations highlighted the importance of an overall systems approach to strengthening health across the Pacific and Southeast Asia. Partners considered that the success of programming and COVID-19 response to be in part due to the ability to bring together various functions of the system (e.g. clinical surveillance, laboratories and health information management) in a coordinated manner. Stakeholders emphasised that DFAT should continue to take a health systems approach noting the importance of systems to be resilient, flexible and responsive in the face of various emerging health threats.

Consultations were focused on understanding the capabilities, gaps and needs around communicable diseases. Partner governments and stakeholders acknowledged and appreciated Australia's efforts to pivot regional health security support to combat COVID-19 at the height of the pandemic and agreed that addressing infectious disease threats should remain a focus of Australia's future support to the region.


But the pandemic also underscored the significant, ongoing challenges posed by non-communicable diseases (NCDs) in the region. Though discussion of NCDs was not the key focus of consultations, several stakeholders raised the ongoing impact of NCDs including the increased vulnerability if and as COVID-19 waves take hold in countries and health services are stretched. Ongoing discussions with partners and other stakeholders also continue to identify sexual and reproductive health and rights (SRHR) and service provision is not improving in some countries in the Indo-Pacific region.

Routine Immunisation and Immunisation Policy, Financing and Management

Immunisation policy and planning was noted by stakeholders as a key need (in the Pacific region in particular), noting the drop in vaccine coverage of vaccine preventable diseases. Stakeholders noted a key opportunity of maximising and extending COVID-19 gains in immunisation infrastructure and capabilities to broader immunisation programming. Opportunities likely lie in the implementation of immunisation research, undertaking serosurveillance studies of vaccine-preventable diseases, and building regional capacity in social and behavioural science to inform vaccine programming decision-making, address vaccine hesitancy and increase vaccine uptake.

Health Workforce and Capacity

Workforce capacity and development featured as a key theme in discussions. Human resource constraints, high staff turnover and task shifting (either caused by or exacerbated by COVID-19) were noted as key challenges. There was particular interest in the sustainability of capacity development opportunities and in ensuring capacity development



activities do not place additional strain on workforces by extracting key personnel from the workplace and exacerbating staff shortages. Investing in the current workforce and supporting partner countries to plan for and address workforce shortages were encouraged.

Consultations affirmed various capacity development models including online training, short courses (e.g. Australian Awards Fellowships Program), scholarships to higher education, mentoring (both informal and formal) and facilitating the sharing of expertise in-country and within the region. Exchange opportunities and higher degree scholarships were thought to be effective in building strong long-term relationships. There was an additional recommendation for training to be embedded into local academic institutions to support localisation of capacity development efforts; and for mentoring type approaches which focus on integrating training and learning ‘on-the-job’ as more sustainable approaches to capacity development.

Where training is offered, ensuring training is contextual to the community in which it is being delivered was encouraged by stakeholders. Increased co-ordination of workforce training within and between countries that creates a sense of community between countries, including cross-regional training opportunities, was further supported. Training should also take into account issues of workforce retention, motivation and burnout. Leadership support of workforce development opportunities was considered critical; and bridging the gap between capacity built in-country and the use of that capacity by policy and decision-makers was noted as a need.


Frontline health workers – with some discussions placing a particular emphasis on the nursing workforce – were noted as key target cohorts for capacity development opportunities. These cohorts faced the greatest risk and strain on their capacity during the COVID-19 outbreak. During some consultations, training outside formal settings (including within the community) was encouraged. Training in infection prevention and control (IPC), disease recognition, surveillance and treatment referral were all noted as areas of particular need.

Field epidemiology was raised in several discussions, particularly in light of the handling of COVID-19 outbreaks in the region. Increased sustainability and standardisation of field epidemiology training was noted as a key need, including the development of more high-quality workplace supervisors. Field epidemiology programming that considers political and social science, engages communities and informs policy was also highlighted as an ongoing gap - and opportunity.

Laboratory Strengthening

Discussions on laboratory strengthening acknowledged the gains made in laboratory capabilities across the region during the COVID-19 pandemic. It was suggested that new technologies may assist in building linkages between work being done on different diseases including - for example, molecular serology which can identify the presence of multiple pathogens. Continued support to maintain capabilities developed during COVID-19 will be critical.

Stakeholders highlighted the need in some contexts to support the establishment or organisation of laboratory systems, including national or reference public health laboratories – while some underscored the opportunity for scaling up of some laboratory programs and possible translation to other country contexts. There was a further suggestion



that investing in laboratory networks between countries would support regional capacity building. Linking health information systems within hospital and clinical settings and laboratories was recommended. Laboratory strengthening was also noted as a key component of enabling availability of quality data for decision-making.

Deployable Health Capability and Outbreak Prevention and Control

Deployments and access to technical expertise, particularly in public health, were considered by stakeholders as key modalities to address health priorities in the region. Building Australia's deployable health capability and having access to a pool of seasoned public health experts who can provide short, medium, and long term support, including health crisis response, was considered valuable.

Developing in-country and regional public health emergency response capabilities (beyond rapid response/deployable teams) was further noted as a need. Limited emergency response capacity, re-deployment of human resources and task shifting were noted as key challenges during the COVID-19 pandemic, hampering the health systems ability to respond effectively and maintain routine services. Extending support to Emergency Operations Centres in provincial centres was thought to be important in strengthening capacity for a co-ordinated and comprehensive response. Strategic planning that accounts for surge capacity was also recommended, including improving linkages between national Emergency Medical Teams and public health response teams, such as Rapid Response Teams for outbreaks.

Some discussions emphasised hospital oxygen systems and access to oxygen within the region as a cost-effective intervention to reduce child mortality from both infectious and non-infectious causes, particularly during outbreaks. Systemic barriers included the access to and availability of oxygen as well as the ability to effectively administer, monitor and adjust oxygen delivery. The provision of training, ongoing support and mentoring for healthcare workers were noted as key mechanisms to improve capabilities in this area.


Capacity in biomedical technology was identified in some discussions as a gap across the region (particularly in Pacific Island Countries), with current training courses producing few graduates. The increased sustainability of investments in training was suggested as a means to address this issue. Furthermore, development in biomedical technology was highlighted as necessary to address issues related to oxygen systems and access to oxygen.

Vector-Borne Disease Control

Discussions on vector-borne disease control highlighted the need to extend training beyond vector surveillance to include training on proactive (e.g. community clean up) and reactive (e.g. indoor residual spraying) control measures. Some discussions highlighted the expansion of the dengue virus in the region as a particular concern with antigenic variation, strain drift and emergence as key related issues.

Antimicrobial resistance (AMR)

Antimicrobial resistance (AMR) was seen as a priority with discussions pointing to the need for a multifaceted approach across surveillance and clinical support. Stakeholders suggested the priority needs in relation to AMR included: strengthened surveillance of antimicrobial use and resistance in humans, animals and the environment; improved diagnostics; and the



promotion of stewardship activities such as improving national policies and guidelines related to antimicrobial use.

Infection Prevention and Control (IPC)

While there have been some gains on IPC during COVID-19, stakeholders noted a gap in relation to foundational IPC programs – including on training and policy – for many countries in the region. Discussions underlined the need for: a collaborative, system strengthening approach; support for governance and the development of IPC protocols from ministry to community level; and mentorship programs for health worker training to sustain interventions.

Community Engagement


Community engagement and building trust within the community of the health system was highlighted across forums as being key to supporting the reach and acceptance of health programs. Working beyond formal systems to engage communities was encouraged, including a recommendation to seek out those groups in-country that have strong links to local communities and exploring non-traditional means for engagement. Community engagement was noted as critical for a range of programs including: TB, vector control, communication efforts (e.g. provision of information, education and communications materials), health literacy and IPC. Discussions noted that integration between community surveillance networks and national coordination centres remained important, particularly during outbreaks.

Discussions also highlighted the need to prioritise delivery models that promote local capacity development and ownership to support sustainable outcomes. This included not only community consultation, but the need for broader discussions related to governance structures. Participatory methods were encouraged, including in all aspects of planning, implementing, and monitoring or programs. This could, for example, include prioritising mentoring and education for communities, funding of local organisations, and supporting local leadership.

Health Data Collection, Analysis, Surveillance and Epidemiology

Stakeholders noted COVID-19 pandemic supported digital maturity of health systems in several countries. This included the use of mobile technologies and other digital infrastructure for surveillance, health service delivery monitoring and emergency preparedness. Improving health information systems and data for decision-making was seen as important for promoting long-term sustained health planning and monitoring.

Emerging from this, integrated data management and use of data for decision-making was highlighted as a key opportunity, including supporting the visualisation and use of data that supports policy advice and decision making, and informs national resource allocation. Strengthening data literacy capabilities and involving communities and engaging local leadership was encouraged. There was further recognition of the value and need to build in interoperability of data systems within countries. Discussions also placed additional attention on the need to extend support to the requisite data infrastructure including, for example, hardware, software and necessary human resources.



Investment in multi-source surveillance and real time feedback loops remains important to stakeholders, including at the community level, in the clinical setting and within laboratories. Some discussions emphasised the need to strengthen surveillance systems which incorporate clinical information and community transmission dynamics to enable data triangulation and better use of data for decision-making. Additionally, there was a recognition that drawing the link between surveillance data and policy dialogue and development is an opportunity that could be strengthened. Efforts to support surveillance to take a One Health approach and extend to the examination of critical control points in pathways from animal to human transmission was encouraged, particularly to prepare for future outbreaks. The capacity of the workforce to support multi-source surveillance systems was noted as critical and the value of a contextual approach was noted (e.g. in regards to vector surveillance, country context which provides detail on mosquitos and insecticide resistance was considered key by stakeholders). Uptake and engagement on modelling in the region were reported as being challenging, compounded by limited availability of data.


Research, Product Development and Regulatory Support

Discussions on Product Development Partnerships (PDPs) included acknowledgement of the global reach of these partnerships and the value of ensuring Australia has a voice within these consortia to be able to advocate for the needs of our region. There was also acknowledgement of the relationships that PDPs have with Australian institutions and the mutual opportunity this presents for PDPs to work more effectively in the region as well as providing an avenue for Australian organisations to make global contributions. While there was recognition that PDPs have been effective in creating a pipeline for new treatments (e.g. Malaria), it was highlighted that challenges remain in incorporating new treatments into country planning and practice. Additionally, cost was identified as a significant barrier to the introduction and procurement of products in the region (including the cost of diagnostics and vaccines).

Stakeholders reinforced the need to consider product access and implementation as a key element of PDPs. Effective malaria and TB drugs and diagnostics already exist, for example, yet these drugs face significant access barriers across the region. Stakeholders suggested that product access requires support from other organisations, with strong coordination with PDPs to avoid over-burdening partner governments. Future product development programming opportunities for DFAT that were highlighted by stakeholders included: supporting local and regional capacity for good manufacturing practices, technology transfers, regulatory strengthening (in both countries with and without established regulators), quality and risk assurance and market surveillance, product introduction and deployment activities, and improving procurement and supply chain systems and stockpiles. The issue of substandard and falsified medical products, particularly in Southeast Asia, was also raised, in addition to the correct use and administration of treatments.

One Health and Climate Change

Discussions noted the socioenvironmental threats to health security, including those caused by climate change and biodiversity loss, and the need for a more integrated approach to health security that incorporate human, animal, and environmental health. Consultations



pointed to a greater focus on zoonoses as bring critical in addressing the root causes of epidemic and pandemic outbreaks.

Participants across consultations encouraged DFAT to support a holistic approach to health through a One Health lens including and to facilitate improved co-ordination of efforts across human, animal and environment health sectors, including in areas of surveillance. Stakeholders recommended supporting the One Health workforce and seeking to invest in community capabilities related to animal and environment health (in addition to human health capabilities).

Climate change was also raised frequently. Discussions noted that the impacts of climate change, and climate-sensitive infectious diseases were likely to disproportionately burden lower income countries. Food insecurity and changing patterns of vector-borne diseases brought on by the impacts of climate change were seen as threats to health security in the region and stakeholders recommended a multi-sectoral response.


Gender Equality, Disability and Social Inclusion, and First Nations Engagement

Consultations reinforced the increased risk certain groups face to health issues, including infectious diseases, and the critical importance of investing in gender equality and inclusive development. A lack of investment in data related to gender, age, disability and ethnicity was raised by stakeholders as a key gap in health systems, rendering some groups less visible in policy development and resource allocation. Access to information and services were highlighted as critical barriers for programs to address, as was supporting the engagement of diverse groups including women and people with disabilities, in informing policy and decision making.

Stakeholders encouraged attention to capacity building of stakeholders and investment in women in leadership. Engaging organisations of people with disabilities and women's rights organisations from the inception of programming was strongly encouraged, particularly to support community engagement efforts, accessible communications and improving reach, access and inclusion of those at risk of being left behind. Attention was also drawn to the need to strengthen health services recognised as critical to progressing gender equality, including sexual and reproductive health services, and to support continuation of these services in times of health emergencies.

Stakeholders considered there to be a strong foundation and opportunity for reciprocal sharing of knowledge and learning on health from the Australian First Nations context into and within region. The shared value placed on the environment and its influence on health, the centrality of culture and community to wellbeing, the role of traditional knowledge systems and the experience of reaching hard-to-reach populations (including in regional and remote locations) were highlighted as opportunities for knowledge transfer and learning. Other experience within the Australian Indigenous health sector noted as transferable or shareable with the region included: community-controlled health programs; principles of community engagement, local leadership and self-determination; and the cross-cultural experience and skills of First Nations Peoples.

Stakeholders reinforced the critical nature of embedding technical support on GEDSI and First Nations into future programming, and recommended embedding expertise into



advisory functions to support program implementation. There was further recognition of the value in sharing lessons learned and good practice to support progress and outcomes on GEDSI and First Nations engagement in the health sector.

Collaboration and Partnership Approaches

Discussions highlighted the importance of collaboration on health between countries in the region. Ensuring the capacities built during the pandemic are not lost and supporting a networked approach to knowledge sharing and mentoring was seen as critical.

Greater collaboration and stronger networks between investment delivery partners was also seen as important. Many of the organisations working on health that took part in consultations expressed a keen interest in developing greater links with one another. Better coordination and communication between partners were suggested as being important in limiting duplication, reducing inefficiencies and maximising investments – with the partner forums supported by DFAT’s Health Security Initiative (2017-2022) highlighted as a positive example that supported these linkages.

While expertise of Australian institutions and deployment of health specialists was valued by partner countries during HSI and the pandemics, stakeholders encouraged a focus on longer term capability in-country and reduced reliance on ‘fly-in-fly-out’ models.