

Partnerships for a Healthy Region (PHR) Common Indicators

Notes on PHR common indicators

- This list provides high-level PHR indicators for use by implementing partners. They are organised by PHR cross-cutting priorities, End of Program Outcomes (EOPOs) and Intermediate Outcomes (IOs).
- All indicators refer to where Australian support has contributed to the change.
- DFAT utilises a three-tier indicator framework, presenting data for regional development indicators (Tier 1), results against selected indicators of Australian development assistance (Tier 2) and organisational effectiveness/ways of working (Tier 3). See [Australia’s Development-Policy Performance and Delivery Framework](#) for details.
- Relevant health-related Tier 2 and 3 indicators are included in the list of common indicators (Section 1). Section 2 of this document includes additional Tier 2 indicators, that may be relevant to some projects. Technical notes for these indicators are available here: [Australia’s Development Program - Tier 2 Results](#)

Outcomes (EOPOs and IOs)	PHR Common Indicators
PHR Cross Cutting Priorities	
IO CC1: Greater adoption of One Health approaches and integration of climate change considerations	1. Evidence of utilising risk-informed data to address health and climate-induced disasters and emergencies.
	2. Evidence of alignment between program strategies and climate legislation, policies, and frameworks.
	3. Evidence that project activities have considered how climate change is impacting their health areas of focus
	4. Evidence that project activities engage in and/or strengthen One Health approaches
IO CC2: PHR investments effectively progress gender equality, disability equity and social inclusion (GEDSI) outcomes.	5. Evidence of GEDSI outcomes in policy, capacity, practice, and/or norms and social change.
	6. Evidence that PHR investments effectively progress and integrate gender equality. <i>(linked to Tier 3 indicator)</i>
	7. Evidence that PHR investments effectively progress and integrate disability equity in implementation <i>(linked to Tier 3 indicator)</i> .
IO CC3: PHR programming is enhanced by First Nations Australians perspectives.	8. Evidence of First Nations Australian’s perspectives being effectively embedded into PHR programming <i>(linked to Tier 3 indicator)</i> .
IO CC4: Increased community engagement and locally led development across PHR investments.	9. Evidence of local communities and non-government/civil society being meaningfully engaged in planning, delivery, monitoring and governance of PHR activities.
	10. Evidence of strengthened community systems to influence health policy and programs (at local, sub-national or national level).

EOPO 1 Communicable Disease Control	
EOPO 1: Australian assistance contributes to improved ability of partner countries to anticipate, prevent, detect and control communicable disease threats and to address equity in the delivery of these functions)	11. Evidence of improved capability to anticipate, prevent, detect and control communicable disease threats, including for diverse communities.
IO1.1 Strengthened capacity and systems to respond to epidemic and endemic communicable disease threats.	12. Evidence of meaningful/equitable inclusion of groups who experience social disadvantage in programs and/or services aimed at reduced communicable disease threats.
	13. Evidence of strengthened multisectoral outbreak response systems (<i>JEE P.4.1</i>).
	14. Evidence of strengthened multisectoral laboratory systems (<i>JEE D.1.1</i>).
	15. Evidence of evidence-based health policies with consideration to principles of equity and inclusion.
	16. Evidence of improved treatment and case management of communicable diseases that considers equity and inclusion.
IO1.2 Strengthened pandemic preparedness and outbreak response systems and capacity.	17. Evidence of improved use of early warning and public health surveillance systems, including those that use a One Health approach and/or are at community level (<i>JEE R.2.2</i>).
IO1.3 Increased development, trialling, registration of, and access to new or modified medical products.	18. Number of products, developed with support from the Australian Government, that are available and being accessed by Indo-Pacific populations in the past year.
	19. Evidence that PDAPs have institutionalised approaches within their organisations that are responsive to gender, disability and social determinants.

EOPO 2 Non-Communicable Disease Control	
EOPO2: Australian assistance contributes to improved capacity of partner countries to prevent and control non-communicable disease in an equitable way	20. Evidence of strengthened prevention, early detection, and management of non-communicable diseases, including mental health, aligned with national NCD plans and policies, as applicable.
	21. Evidence of strengthened NCD policy and programming, including consideration of the social and commercial determinants of health.
IO 2.1: Effective health promotion, policy and regulatory reform focused on NCD risk factors resulting in changes in behaviour	22. Examples of implementation of evidence-based and inclusive public education and awareness campaigns which support adoption of behaviours, aligned with partner countries NCD plans and policies.
	23. Evidence of the policy-process being engaged to reduce the impact of NCD risk factors, such as (but not limited to) marketing of foods, sugar, salt/sodium, sweetened drinks, alcohol, and tobacco adopted by partner countries

IO 2.2: Strengthened screening, early detection, and management of priority NCDs	24. Evidence of improved quality screening/diagnosis of, and /or access to early treatment, for children, adolescents, women, and men, in all their diversity, for priority diseases and risk factors, such as (but not limited to) cervical cancer, hypertension, and diabetes.
IO 2.3 Effective models of care are supported which promote physical and psychosocial wellbeing	25. Evidence of improved knowledge, attitudes and behaviours and reduced stigma of community members, families and/or service providers towards people with mental health conditions and psychosocial disabilities.
	26. # of people (sex/disability, age disaggregated if available) that have accessed rights based mental health and psychosocial support services
	27. Evidence of strengthened workforce capability to provide rights based mental health support services and referrals

EOPO 3 Sexual and Reproductive Health and Rights

EOPO3: Australian assistance contributes to increased capacity of partner countries to advance equitable and comprehensive SRHR, particularly for women and girls	28. Contraceptive protection (total couple years of protection) from unplanned pregnancies made available (<i>Tier 2 indicator</i>).
IO 3.1: Improved systems and capabilities to deliver comprehensive, rights based SRH services and quality information and education	29. Evidence of strengthened health workforce skills/capacity in partner countries, in line with international good practice, to deliver comprehensive rights based SRH services.
IO 3.2: Australia and partners advocate for and support for strengthened legislative and policy environments that advance universal, equitable SRHR	30. Instances where DFAT and partners' advocacy and support for strengthened enabling environments has advanced universal and equitable sexual and reproductive health and rights.
IO 3.3: Improved quality, range and availability of SRH commodities and services, particularly for women and girls	31. Evidence of increased range and quality of SRH commodities being accessed by partner country populations, increasing SRH choices.

EOPO 4 Resilient Health Systems

EOPO4: Australian assistance contributes to partner countries improved regulatory mechanisms, data systems, and capabilities to deliver equitable public health action	32. Evidence of improved health system capacity to provide quality, accessible, affordable health services (<i>Tier 2 Indicator</i>).
	33. Evidence of strengthened health system capabilities to promote climate resilience and health emergency preparedness.
	34. Instances where information/data on gender, disability and other social determinants of health is used to inform decisions on health policies and programs.
IO 4.1: Improved regulatory systems increase the availability of high	35. Number of new medical products that are registered and available to support disease control and improved health outcome.

quality safe, effective and essential medicines and products.	36. Evidence of improved regulatory practice as a result of business process and system improvements.
IO 4.2: Strengthened data systems, with quality data increasingly informing evidence-based decision making to enhance health policy and programming.	37. Evidence of strengthened health information systems.
	38. Evidence of partner countries utilising data to better inform decision-making, including for prevention and early warning systems.
IO 4.3: Workforce skills enhanced across key areas, addressing partner government priority needs	39. Evidence of strengthened national or regional health workforce capacity, aligned with country and regional workforce strategies (JEE D.4.3).
	40. # of people (sex/disability) trained in delivering quality and accessible health services.
IO 4.4: High quality advice made available to meet partner needs, including by employees.	41. Evidence that technical advice provided by partners is used by partner governments.
	42. Number of public health experts (sex/disability) from the Pacific and Southeast Asia trained to be deployed to a public health emergency.

Tier 2 Indicators

This list includes the DFAT Tier 2 indicators that are not included in the PHR Framework above. Tier 2 indicators are from [Australia's Development-Policy Performance and Delivery Framework](#). Guidance notes for all Tier 2 indicators can be found here: [Australia's Development Program - Tier 2 Results](#)

DFAT strategy outcome area	Tier 2 Indicator (does not include Tier 2 indicators in the PHR list in section 1)
Improved Governance	T1: Number of organisations Australia has supported in the reporting period to strengthen accountability and/or inclusion, including examples of assistance provided and significant policy change achieved, at the following levels: <ul style="list-style-type: none"> a. Government institutions, organisations or systems (by type and level) b. Civil society organisations or systems (by type and level) c. Private sector organisations (by type and level).
Gender Equality	T2: ODA funding channelled to Women's Equality Organisations and Institutions.
	T3: Number of services provided to victim/survivors of sexual and gender-based violence.
Disability Equity	T4: Number of organisations of persons with disabilities (regional/national/state/local) receiving capacity building support.
Strengthening Leadership	T5: Number of people who successfully complete a tertiary or technical/vocational course or work-related training.
Strengthening regional architecture	T6: Examples of support to ASEAN.
	T7: Examples of support to Pacific regional organisations such as the Pacific Islands Forum, the Pacific Community (SPC), Forum Fisheries Agency (FFA), and the Secretariat of the Pacific Regional Environment Programme (SPREP).
Environment and Biodiversity	T8: Number of people using basic or safely managed drinking water services.
	T9: Number of people using basic or safely managed sanitation services and/or a handwashing facility with soap and water.
	T10: Number and value of investments which promote/ deliver nature-positive outcomes.