



Australian Government



Technical Guidance Notes Health Security Initiative

Delivered by the Indo-Pacific
Centre for Health Security



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Program Logic for the Health Security Initiative

Goal: To contribute to the avoidance and containment of infectious disease threats in the Indo-Pacific region with the potential to cause social and economic harms on a national, regional or global scale.

Impact Outcomes:

- 0.1 Countries are better prepared to anticipate, avert and arrest infectious disease threats and outbreaks.
- 0.2 More people are better protected from health emergencies

Anticipate End of Program Outcome 1: Partner countries are better equipped to anticipate infectious disease threats.	Avert End of Program Outcome 2: Partner countries have improved capacity and capability to avert disease threats.	Arrest End of Program Outcome 3: Partner countries have improved capacity and capability to arrest infectious disease outbreaks.	Enable End of Program Outcome 4: There are regional and global partnerships to assist partner countries in anticipating, averting and arresting infectious disease threats and outbreaks.
<p>Intermediate Outcomes: Health Security Initiative activities have contributed to:</p> <ul style="list-style-type: none"> 1.1 improved information systems for public health decision making in partner countries. 1.2 improved access to and use of evidence for policy and other decision making to strengthen their response to disease threats in partner countries. 1.3 the development, trialling and/or registration of new or modified drugs, diagnostics, vaccines and vector control tools for use in partner countries. 	<p>Intermediate Outcomes: Health Security Initiative activities have contributed to:</p> <ul style="list-style-type: none"> 2.1 improved skills, systems and resources for infection prevention and control in partner countries. 2.2 improved access to vector control skills, tools and data in partner countries. 2.3 improved surveillance systems in partner countries. 	<p>Intermediate Outcomes: Health Security Initiative activities have contributed to:</p> <ul style="list-style-type: none"> 3.1 strengthened laboratory and diagnostic systems to support testing of priority pathogens in partner countries. 3.2 strengthened emergency operations centres to manage outbreaks and public health emergencies in partner countries. 3.3 strengthened human resource capacity in health security in partner countries. 3.4 additional new or improved equipment being introduced in partner countries in response to COVID-19 and other infectious diseases. 	<p>Intermediate Outcomes:</p> <ul style="list-style-type: none"> 4.1 The Centre for Health Security engages influentially with key global/ multilateral, regional, national and domestic partners in health security. 4.2 The Centre for Health Security engages with other donors to encourage investment in health security priorities in the Indo-Pacific region.
<p>What we invest in: Information and data systems Operational research Medical product development Product regulation</p>	<p>What we invest in: Infection Prevention and Control Vector Control Surveillance Systems</p>	<p>What we invest in: Laboratory systems strengthening Emergency operations centres Workforce development Equipment</p>	<p>What we invest in: Global/ multilateral, regional, national and domestic partnerships</p>
<p>Assumptions:</p> <ul style="list-style-type: none"> • Programs are relevant and valued by partner countries • Programs are well integrated with or complementary to other partner activities • The Health security initiative outcomes will be sustained beyond the Centre for Health Security involvement. • The Centre for Health Security will have ongoing capacity and expertise to effectively manage the Health Security Initiative and its programs. 		<p>Contextual Factors:</p> <ul style="list-style-type: none"> • Funding is available to the health security initiative. • There is commitment of partner governments. • There are changes in the availability of a game-changing new drug/ vaccine/ diagnostic. • There are changes in new health security actor with the potential for significant political/ financial influence. • There are changes in the patterns of disease or there is a new emerging infectious diseases. 	

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Performance Assessment Framework

Thematic Pillar			Outcome statements		Indicator
	GOAL		To contribute to the avoidance and containment of infectious disease threats in the Indo-Pacific region with the potential to cause social and economic harms on a national, regional or global scale.		
	Impact Indicator	0.1	Countries are better prepared to anticipate, avert and infectious disease threats and emergencies.		
	Impact Indicator	0.2	More people are better protected from health emergencies		
ANTICIPATE	End of program outcome	1	Partner countries are better equipped to anticipate infectious disease threats.		
	Intermediate Outcome	1.1	Health Security Initiative activities have contributed to improved information systems for public health decision making in partner countries.	1.1.1	Evidence of timely use of public health surveillance systems, integrating data from other relevant sources such as animal health.
	Intermediate Outcome	1.2	Health Security Initiative activities have contributed to improved access to and use of evidence for policy and other decision making to strengthen their response to disease threats in partner countries.	1.2.1	Evidence of the improved generation and use of evidence, including research and health information system data, for policy and decision making
				1.2.2	Evidence of the improved alignment of domestic legislation, policies and/ or administrative arrangements with the International Health Regulations and international standards for animal health.
	Intermediate Outcome	1.3	Health Security Initiative activities have contributed to the development, trialling and/ or registration of new or modified drugs, diagnostics, vaccines and vector control tools for use in partner countries.	1.3.1	Total number of new or improved drugs, diagnostics, vaccines and vector control tools in pipeline development with Australian support.
				1.3.2	Total number of new or improved therapeutics, diagnostics, vaccines and vector control tools to which Australia has contributed that are accessible.
				1.3.3	Evidence of improved national regulatory authority business processes and systems being implemented and maintained in partner countries.

Thematic Pillar			Outcome statements		Indicator
AVERT	End of Program Outcome	2	Partner countries are have improved capacity and capability to avert infectious disease threats		
	Intermediate Outcome	2.1	Health Security Initiative activities have contributed to improved skills, systems and resources for infection prevention and control in partner countries.	2.1.1	Evidence of effective multisectoral coordination on anti-microbial resistance.
				2.1.2	Evidence of improved antimicrobial use following internationally agreed systems for humans and animals.
				2.1.3	Evidence of improved skills, systems and resources for infection prevention and control.
	Intermediate Outcome	2.2	Health Security Initiative activities have contributed to improved access to vector control skills, tools and data in partner countries.	2.2.1	Evidence of national and subnational strategic vector management response plans being created or updated and implemented.
	Intermediate Outcome	2.3	Health Security Initiative activities have contributed to improved surveillance systems in partner countries.	2.3.1	Evidence of surveillance systems coordinated across animal and public health sectors for priority zoonotic diseases/ pathogens.
				2.3.2	Evidence of surveillance systems in place at all levels (national, intermediate and local) with regular reporting from health facilities.
				2.3.3	Evidence of systematic analysis of surveillance data, including assessment of risk, climate and environmental information, with regular reporting.
ARREST	End of Program Outcome	3	Partner countries have improved capacity and capability to arrest infectious disease outbreaks.		
	Intermediate Outcome	3.1	Health Security Initiative activities have contributed to strengthened laboratory and diagnostic systems to support testing of priority pathogens in partner countries.	3.1.1	Evidence of strengthened laboratory systems to support testing of priority pathogens.
				3.1.2	Evidence of improvements in specimen referral and transport systems.
				3.1.3	Evidence of improved national diagnostic capability and networks.
			3.1.4	Evidence that laboratory quality assurance systems are established or improved.	

Thematic Pillar			Outcome statements		Indicator
	Intermediate Outcome	3.2	Health Security Initiative activities have contributed to strengthened emergency operations centres to manage outbreaks and public health emergencies in partner countries.	3.2.1	Evidence of strengthened emergency operations centres to manage outbreaks and public health emergencies.
				3.2.2	Evidence of improved effectiveness of partner countries' emergency exercise management programs.
	Intermediate Outcome	3.3	Health Security Initiative activities have contributed to strengthened human resource capacity in health security in partner countries.	3.3.1	Evidence of strengthened health workforce skills/ capacity in partner countries for averting, arresting and anticipating infectious disease threats and outbreaks..
				3.3.2	Number of persons trained in health security areas.
				3.3.3	Evidence of regional or country-level field epidemiology training programs or other applied epidemiology training program, with strategies to engage female participants, is in place.
	Intermediate Outcome	3.4	Health Security Initiative activities have contributed to additional new or improved equipment being introduced in partner countries in response to COVID-19 and other infectious diseases.	3.4.1	Evidence of provision of additional equipment to partner countries in response to COVID-19 and/ or other infectious disease outbreaks.
ENABLE	End of program outcome	4	There are regional and global partnerships to assist partner countries in anticipating, averting and arresting infectious disease threats and outbreaks.		
	Intermediate outcome	4.1	The Centre for Health Security engages influentially with key global/ multilateral, regional, national and domestic partners in health security.	4.1.1	Evidence that the Centre for Health Security's engagement in health security organisations has influenced global/ multilateral, regional, national and domestic partners, such that their policy priorities align with Australia's health security interests.
				4.1.2	Evidence that the resources committed by the Centre for Health Security have strengthened global and regional health security architecture.
	Intermediate outcome	4.2	The Centre for Health Security engages with other donors to encourage investment in health security priorities in the Indo-Pacific region.	4.2.1	Evidence that Centre for Health Security investments and engagement have leveraged additional financial support for global and Indo-Pacific health security priorities from other public and private donors.

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Key definitions and principles of reporting:

Principles of reporting:

The following principals apply to all monitoring and evaluation reporting. This information should be collected and included in all progress reporting for the Health Security Initiative. Outcomes, starting point and magnitude can be added in the tabular reporting against output and intermediate outcomes indicators, the significance and contribution can be included in the narrative reporting of results in the body of the partner progress report.

1. **Starting point:** *What was the situation before my project started?*

Possible data sources: a baseline report, situational analysis, other report.

Example: Before this project started, only 3 nurses had received training in infection prevention and control.

2. **Magnitude:** *What is the size of the results compared to the magnitude of the problem?*

Possible data sources: project or other reporting, contextual information, description of the size of the solution compared to the size of the problem.

Example: This project trained 25 of the 30 nurses who work in AAA Hospital (85%). (*i.e. what is the **magnitude** of the training need? Is it 2 nurses out of a hospital of 10 or 2 out of a hospital of 200?*)

3. **Significance:** *What is the significance of the result? What is the context? Why is this result important to the institution and/or country?*

Possible data sources: project or other reporting, contextual information, interviews with project staff or target populations.

Example: This is the first time nurses have received country-specific infection prevention and control training which has been an important component of AAA country's COVID-19 response

4. **Contribution:** *Are the results reported due solely to my project's efforts? Are there other contributing bodies or factors?*

Possible data sources: other people working in the area, national government support, other funders funding the same or similar projects.

Example: This project was co-funded by the AAA Donor Foundation, with DFAT providing 50% of the funding and AAA Donor providing the remaining 50%. AAA Donor also provided funding to re-surface the floor of the hospital, which further improved infection prevention and control in the hospital.

5. **Outcome-level results:** *What are the short and medium-term effects of my project? How have the outputs of my project contributed to these changes? (**Outcome level results** ask "What **effect** did my project have?" as compared to **Output-level results** which ask "What are the **immediate results** of my project?" See definitions on the next page for more details and examples)*

Possible data sources: project or other reporting, focus interviews, publicly available data

Example: This project has contributed to a decrease from 10 hospital acquired infections at AAA hospital each month to 5, and nurses reported being seen as leaders in infection prevention and control. Senior nurses also contributed to the government's plans for repatriation flights and trained staff aboard the flights in infection prevention and control.

6. Evidence: *What is the evidence of change? How can I substantiate the results?*

Possible data sources: questionnaires, publicly available data, audits, reviews, scientific studies

Example: Handwashing compliance at AAA hospital has improved, as demonstrated by three hand hygiene audits. In the first audit, completed prior to the project starting, hand hygiene compliance was at 60%, but compliance rose to 85% after staff completed the training and remained at that level 2 years later at the completion of the project.

7. Cross-cutting themes: *How has my project addressed the needs of women and/ or people with a disability? How has my project contributed to improvements in climate resilience or One Health approaches?*

Possible data sources: interviews with project staff or target populations, questionnaires, contextual information

Example: All project information, training and signage around the hospital was provided in a variety of accessible formats and channels. Additional leadership training was provided to female nurses, increasing the participation of women in leadership positions in the infection prevention and control network of the hospital.

Key definitions:

End of program outcomes - the desired development change(s) or effects that are anticipated by the end of the program or project period. DFAT's standards require outcomes to define: an 'end state' when the outcome has been achieved; who or what is expected to change; the type of change expected to occur: knowledge (awareness of new ideas, techniques or strategies); action (behaviour change based upon new information/ideas); or condition (organisational or societal conditions changes due to the stakeholder's actions); and the time by which the change is expected to occur.

Intermediate outcomes – the short and medium-term effects of a program or project's outputs observed during program or project implementation. Short-term outcomes include changes in knowledge, attitudes, skills, while medium term outcomes often reflect changes in behaviour, practice and decisions.

Outputs - the products, goods and services that are the immediate results of a program or project (e.g. nurses trained, funding provided, policy reviewed, laboratory equipment provided), NOT the activities themselves.

Performance indicator – quantitative or qualitative measures of progress, that need to be specific, observable, and measurable (if quantitative) or able to show evidence of progress (if qualitative).

More information on terms used in the Australian aid program is available at:

<https://www.dfat.gov.au/about-us/publications/Pages/aid-programming-guide>

Technical Guidance Note

1.1 Health Information Systems (Intermediate Outcome 1.1)

This technical guidance note shows example output and outcome indicators for **Intermediate Outcome 1.1 (Health Information Systems)** of the Health Security Initiative Performance Assessment Framework. These are examples only and should be adapted by program managers to fit each specific program.

Intermediate Outcome 1.1:

Health Security Initiative activities have contributed to improved information systems for public health decision making in partner countries.

Definitions:

Evidence: Quantitative or qualitative evidence (data or examples) of work to demonstrate or substantiate the results(s) reported.

Includes: The following tables provide examples of output and outcome indicators for monitoring and reporting.

Indicator 1: Evidence of timely use of public health surveillance systems, integrating data from other relevant sources such as animal health.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> Number of sites using health information system 		<ul style="list-style-type: none"> Examples of health information system leading to health systems strengthening (e.g. fewer stock-outs, more availability of essential drugs and diagnostics)
		<ul style="list-style-type: none"> Examples of improved timeliness, completeness or accuracy of reporting to health information system
		<ul style="list-style-type: none"> Examples of data system being modified for use in public health emergencies (flexibility of data system)
		<ul style="list-style-type: none"> Examples of data systems that incorporate climate and One Health (note all health information systems should provide sex-disaggregated data, and identify people with a disability).
<ul style="list-style-type: none"> Number of people accessing, reading and using data e.g. number of users logging in 		<ul style="list-style-type: none"> Examples of data in health information system being used to inform policy, initiate outbreak investigations
<ul style="list-style-type: none"> Number of infectious disease models adapted for use in partner countries 		<ul style="list-style-type: none"> Examples of data analysis or modelling being used for decision making and/ or policy

Excludes:

- Training conducted in the areas of health information systems (included under **Outcome 3.3 Workforce**)
- Improvements in surveillance systems (included under **Outcome 2.3 Surveillance**)

Additional Reference: See Joint External Evaluation Tool Second Edition (2018) Section D2, pp 56-59 [WHO | Joint External Evaluation tool \(JEE tool\) - second edition](#)

Technical Guidance Note

1.2 Use of Evidence for Policy (Intermediate Outcome 1.2)

This technical guidance note shows example output and outcome indicators for **Intermediate Outcome 1.2 (Use of Evidence for Policy)** of the Health Security Initiative Performance Assessment Framework. These are examples only and should be adapted by program managers to fit each specific program.

Intermediate Outcome 1.2:

Health Security Initiative activities have contributed to improved access to and use of evidence for policy and other decision making to strengthen response to disease threats in partner countries.

Definitions:

Evidence: Quantitative or qualitative evidence (data or examples) of work to demonstrate or substantiate the results(s) reported.

Includes: The following tables provide examples of output and outcome indicators for monitoring and reporting.

Indicator 1: Evidence of the improved generation and use of evidence, including research and health information system data, for policy and decision making

Output indicators		Outcome indicators
<ul style="list-style-type: none"> Evidence of research projects being conducted in countries that are country-specific and are jointly identified as priorities by countries and implementing partners 	➔	<ul style="list-style-type: none"> Results of research Application of these results at country level (e.g. research tools and information are in use by countries)
<ul style="list-style-type: none"> Number of local researchers involved in research activities 	➔	<ul style="list-style-type: none"> Examples of capacity building of local research partners, e.g. local researchers initiate other research projects and access funding in health security
<ul style="list-style-type: none"> Evidence of collaboration or partnerships for research at national or regional level. 	➔	<ul style="list-style-type: none"> Examples of effects of increased collaboration (e.g. research tools or results being applied across the region, greater cohesion of policies across state boundaries)
<ul style="list-style-type: none"> Inclusion of cross-cutting themes gender, disability inclusion, climate change, One Health) in research 	➔	<ul style="list-style-type: none"> Examples of greater understanding of the interplay between gender, disability, climate or One Health and health security.
<ul style="list-style-type: none"> Expert evaluations (e.g. performance of veterinary services or joint external evaluations) conducted 	➔	<ul style="list-style-type: none"> Identification of gaps and formulation of strategies to address the gaps

Indicator 2: Evidence of the improved alignment of domestic legislation, policies and/ or administrative arrangements with the International Health Regulations and international standards for animal health.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> • Communications material shared with decision makers 		<ul style="list-style-type: none"> • Examples of data in research being used to inform policy or implementation plans
<ul style="list-style-type: none"> • Evidence of policy discussions initiated, actioned or leaders prepared to champion the process 		<ul style="list-style-type: none"> • Examples of policy, plans or operating procedures being changed due to evidence-based information • Laboratory, clinical information and expert evaluations used for assessing and evaluating

Excludes:

- Training conducted in the areas of data for decision making, including mentoring of researchers (included under **Outcome 3.3 Workforce**)

Technical Guidance Note

1.3 Products and Registration (Intermediate Outcome 1.3)

This technical guidance note shows example output and outcome indicators for **Intermediate Outcome 1.3 (Development and Products)** of the Health Security Initiative Performance Assessment Framework. These are examples only and should be adapted by program managers to fit each specific program.

Intermediate Outcome 1.3:

Health Security Initiative activities have contributed to the development, trialling and/ or registration of new or modified drugs, diagnostics, vaccines and vector control tools for use in partner countries.

Definitions:

Evidence: Quantitative or qualitative evidence (data or examples) of work to demonstrate or substantiate the results(s) reported.

Therapeutics: Drugs and medicines used to treat COVID-19 and other infectious diseases

Diagnostics: Screening and tests for COVID-19 and other infectious diseases

Vaccines: Vaccine development for COVID-19 and other infectious diseases

Accessible: There is evidence of progress towards Australian aid supported medical products and equipment being used in partner countries. Evidence includes any of the following:

- › products are registered by regulatory authorities (e.g. Food and Drug Administration, Therapeutic Goods Administration, European Medicines Agency and / or national authorities)
- › products are pre-qualified by WHO or included in WHO guidance
- › products are sold or distributed globally
- › there is evidence of progress towards a fair distribution system in relation to diagnostics, treatments and vaccines .

Vector-control tools: product to prevent vector-borne diseases

Includes: The following tables provide examples of output and outcome indicators for monitoring and reporting.

Indicator 1: Total number of new or improved drugs, diagnostics, vaccines and vector control tools in pipeline development with Australian support.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> • Total number of products produced by one of the product development partnerships supported by the Centre 	➔	<ul style="list-style-type: none"> • Examples of effects in countries (e.g. number of people treated, reduced morbidity or mortality of relevant disease)
<ul style="list-style-type: none"> • Total number of PDP partners in Indo-Pacific region. 	➔	<ul style="list-style-type: none"> • Total number of products procured and distributed globally to partner countries

Indicator 2: Total number of new or improved therapeutics, diagnostics, vaccines and vector control tools to which Australia has contributed that are accessible.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> • Total number of products registered in one or more countries that were developed with the Centre's support 		<ul style="list-style-type: none"> • Examples of impact in countries (eg number of people treated, reduced morbidity or mortality of relevant disease)
<ul style="list-style-type: none"> • Total number of products included in WHO guidance that were developed with the Centre's support 		
<ul style="list-style-type: none"> • Total number of PDP partnerships with Australian institutions 		

Indicator 3: Evidence of improved national regulatory authority business processes and systems being implemented and maintained in partner countries.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> • Number of regulatory strengthening forums, steering committees and consultative workshops held • Number of participants at the regulatory strengthening program forum (by sex; country) 		<ul style="list-style-type: none"> • Examples of collaboration between regulatory strengthening program members leading to improved regulatory efficiency and effectiveness • Examples of coordination of regulatory strengthening activities between partners in the region
<ul style="list-style-type: none"> • Number and details on the intervention(s) made to business processes and/ or systems which strengthen regulatory practice of the national regulatory authority 		<ul style="list-style-type: none"> • Examples of improved business processes and systems being implemented and maintained.

Technical Guidance Note

2.1 Infection Prevention and Control (Intermediate Outcome 2.1)

This technical guidance note shows example output and outcome indicators for **Intermediate Outcome 2.1 (Infection Prevention and Control)** of the Health Security Initiative Performance Assessment Framework. These are examples only and should be adapted by program managers to fit each specific program.

Intermediate Outcome 2.1:

Health Security Initiative activities have contributed to improved skills, systems and resources for infection prevention and control in partner countries.

Definitions:

Evidence: Quantitative or qualitative evidence (data or examples) of work to demonstrate or substantiate the results(s) reported.

Includes: The following tables provide examples of output and outcome indicators for monitoring and reporting.

Indicator 1: Evidence of effective multisectoral coordination on anti-microbial resistance.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> Number of multisectoral workshops completed e.g. bridging workshops, laboratory training in human and animal health 	➔	<ul style="list-style-type: none"> Improved staff knowledge, understanding and confidence in conducting joint human, animal and environmental health anti-microbial resistance surveillance
<ul style="list-style-type: none"> Number of workshop attendees, number of ministries represented (disaggregated by sex; country; ministry) 		<ul style="list-style-type: none"> Examples of collaboration between animal, human and environmental health for anti-microbial resistance
<ul style="list-style-type: none"> Number of policies, procedures, operating guides created or updated to improve coordination 	➔	<ul style="list-style-type: none"> Examples of policies, procedures or operating guides leading to improved coordination (e.g. joint surveillance reporting) Examples of how policies and procedures include people with a disability.
<ul style="list-style-type: none"> Creation or re-vitalisation of networks for shared cross-sector collaboration 	➔	<ul style="list-style-type: none"> Examples of network members sharing resources, skills, knowledge

Indicator 2: Evidence of improved antimicrobial use following internationally agreed systems for humans and animals.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> • Number of antimicrobial stewardship activities run (e.g. workshops, information sessions) • Creation, modification and/ or distribution of antimicrobial stewardship guidelines and/ or clinical treatment guidelines 	➔	<ul style="list-style-type: none"> • Examples of greater understanding and awareness of antimicrobial stewardship • Examples of improvement in appropriate dispensing of antibiotics

Indicator 3: Evidence of improved skills, systems and resources for infection prevention and control.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> • Number of resources (e.g. policies, procedures, operating guides) created or updated to improve coordination 	➔	<ul style="list-style-type: none"> • Examples of policies, procedures or operating guides leading to improved infection prevention and control (e.g. better compliance with hand hygiene regulations, fewer hospital acquired infections)
<ul style="list-style-type: none"> • Creation, coordination or revitalisation of infection prevention and control committees 	➔	<ul style="list-style-type: none"> • Examples of committees implementing policies, leading to improvement in infection prevention and control (e.g. better compliance with hand hygiene regulations, fewer hospital acquired infections)

Excludes:

- Training of staff (included under **Outcome 3.3 Workforce**)
- New or improved equipment including personal protective equipment (included under **Outcome 3.4 Equipment**)
- New or improved drugs, diagnostics, vaccines and vector control tools (included under **Outcome 1.3 Products and Registration**)
- Antimicrobial surveillance (included under **Outcome 2.3 Surveillance**)

Additional Reference: See Joint External Evaluation Tool Second Edition (2018) Section P3, pp 22-29 apps.who.int/iris/bitstream/handle/10665/259961/9789241550222-eng.pdf?sequence=1

Technical Guidance Note

2.2 Vector Control (Intermediate Outcome 2.2)

This technical guidance note shows example output and outcome indicators for **Intermediate Outcome 2.2 (Vector Control)** of the Health Security Initiative Performance Assessment Framework. These are examples only and should be adapted by program managers to fit each specific program.

Intermediate Outcome 2.2:

Health Security Initiative activities have contributed to improved access to vector control skills, tools and data in partner countries.

Definitions:

Evidence: Quantitative or qualitative evidence (data or examples) of work to demonstrate or substantiate the results(s) reported.

Includes: The following tables provide examples of output and outcome indicators for monitoring and reporting.

Indicator 1: Evidence of national and subnational strategic vector management response plans being created or updated and implemented.

Output indicators		Outcome indicators
<ul style="list-style-type: none">• Number of plans created, updated or implemented• Number of people (&/or agencies) involved in the planning process		<ul style="list-style-type: none">• Examples of vector management plans leading to an improvement in vector control planning or implementation• Any evidence of use of the plans.• Any evidence that vector management plans take into account cross-cutting issues (climate change, One Health, gender or disability inclusion)

Excludes:

- Training of staff (included under **Outcome 3.3 Workforce**)
- Vector surveillance (included under **Outcome 2.3 Surveillance**)

Additional Reference: See WHO Monitoring and Evaluation indicators for integrated vector management (2012) Section 3.5 p 11 [World Health Organization Monitoring and Evaluation indicators for integrated vector management](#)

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Technical Guidance Note

2.3 Surveillance (Intermediate Outcome 2.3)

This technical guidance note shows example output and outcome indicators for **Intermediate Outcome 2.3 (Surveillance)** of the Health Security Initiative Performance Assessment Framework. These are examples only and should be adapted by program managers to fit each specific program.

Intermediate Outcome 2.3:

Health Security Initiative activities have contributed to improved surveillance systems in partner countries.

Definitions:

Evidence: Quantitative or qualitative evidence (data or examples) of work to demonstrate or substantiate the results(s) reported.

Includes: The following tables provide examples of output and outcome indicators for monitoring and reporting.

Indicator 1: Evidence of surveillance systems coordinated across animal and public health sectors for priority zoonotic diseases/ pathogens.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> Number of multisectoral workshops completed e.g. bridging workshops, laboratory training in human and animal health 	➔	<ul style="list-style-type: none"> Examples of improved collaboration in conducting joint human, animal and environmental health surveillance
<ul style="list-style-type: none"> Number of workshop attendees, number of ministries represented (disaggregated by sex; country) 		<ul style="list-style-type: none"> Examples of surveillance systems that combine animal, human and environmental health surveillance
<ul style="list-style-type: none"> Number of policies, procedures, operating guides created or updated to improve coordination 	➔	<ul style="list-style-type: none"> Examples of policies, procedures or operating guides leading to improved One Health surveillance

Indicator 2: Evidence of surveillance systems in place at all levels (national, intermediate and local) with regular reporting from health facilities.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> Number of sites reporting to a surveillance systems 	➔	<ul style="list-style-type: none"> Examples of improved timeliness, completeness or accuracy of reporting to surveillance system
		<ul style="list-style-type: none"> Examples of surveillance system being modified for use in public health emergencies (flexibility of surveillance system)
		<ul style="list-style-type: none"> Examples of surveillance systems that incorporate climate and One Health. (note all health information systems should provide sex-disaggregated data, and identify people with a disability).
<ul style="list-style-type: none"> Number of people accessing, reading and using data e.g. number of users logging in 	➔	<ul style="list-style-type: none"> Examples of data in surveillance system being used to inform policy, initiate outbreak investigations

Indicator 3: Evidence of systematic analysis of surveillance data, including assessment of risk, climate and environmental information, with regular reporting.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> Evidence of reporting and analysis of surveillance system data (e.g. weekly reports, briefings to government bodies) Evidence of data analysis that includes environmental, ecological, climate information. 	➔	<ul style="list-style-type: none"> Examples of data analysis being used to inform policy, initiate outbreak investigations

Excludes:

- Training conducted in the areas of surveillance, data analysis (included under **Outcome 3.3 Workforce**)

Additional Reference: See Joint External Evaluation Tool Second Edition (2018) Section D2, pp 56-59 [WHO | Joint External Evaluation tool \(JEE tool\) - second edition](#)

Technical Guidance Note

3.1 Laboratories (Intermediate Outcome 3.1)

This technical guidance note shows example output and outcome indicators for **Intermediate Outcome 3.1 (Laboratories)** of the Health Security Initiative Performance Assessment Framework. These are examples only and should be adapted by program managers to fit each specific program.

Intermediate Outcome 3.1:

Health Security Initiative activities have contributed to strengthened laboratory and diagnostic systems to support testing of priority pathogens in partner countries.

Definitions:

Evidence: Quantitative or qualitative evidence (data or examples) of work to demonstrate or substantiate the results(s) reported.

Strengthened: Improvements from a baseline in systems, processes and/or facilities; staff have improved knowledge and/or skills to fulfil their roles

Includes: The following tables provide examples of output and outcome indicators for monitoring and reporting.

Indicator 1: Evidence of strengthened laboratory systems to support testing of priority pathogens.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> Number of priority pathogens that are able to be tested in the laboratory 		<ul style="list-style-type: none"> Examples of clinicians utilising laboratory results to improve treatment
<ul style="list-style-type: none"> Number of different types of testing available (e.g. GeneExpert, PCR, whole genome sequencing) 		<ul style="list-style-type: none"> Examples of changes in treatment (e.g. change in type of antibiotic used) due to test results
<ul style="list-style-type: none"> Improvement in quality of laboratory testing (e.g. fewer false positive or false negative results, shorter test turnaround time, improved in-test control results) 		<ul style="list-style-type: none"> Examples of improved surveillance, more rapid outbreak response due to testing
<ul style="list-style-type: none"> Improved reporting (e.g. timeliness and completeness of reports) 		<ul style="list-style-type: none"> Examples of government policy change due to laboratory data

Indicator 2: Evidence of improvements in specimen referral and transport systems.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> • Average time for sample transport • Number of sites sending samples 	➔	<ul style="list-style-type: none"> • Examples of rapid specimen referral system leading to rapid response for outbreak investigation
<ul style="list-style-type: none"> • Number of samples correctly prepared and shipped 		<ul style="list-style-type: none"> • Examples of rapid specimen referral system leading to faster decision making for clinical care

Indicator 3: Evidence of improved national diagnostic capability and networks.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> • Number of workshops completed e.g. coordination workshop management workshop, regional network 	➔	<ul style="list-style-type: none"> • Improved staff knowledge, understanding and confidence in conducting joint human, animal and environmental health anti-microbial resistance surveillance
<ul style="list-style-type: none"> • Number of workshop attendees, number of countries represented (disaggregated by sex; country) 		<ul style="list-style-type: none"> • Examples of collaboration between animal, human and environmental health for anti-microbial resistance
<ul style="list-style-type: none"> • Creation or re-vitalisation of networks for regional collaboration 	➔	<ul style="list-style-type: none"> • Examples of network members sharing resources, skills, knowledge

Indicator 4: Evidence that laboratory quality assurance systems are established or improved.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> • Number of laboratories ready to apply for accreditation • Number of laboratories that have participated in external quality assessment • Results of external quality assessment 	➔	<ul style="list-style-type: none"> • Examples of results of laboratory being trusted due to quality assurance
<ul style="list-style-type: none"> • Number of quality manuals and/ or quality plans created and/ or updated 		<ul style="list-style-type: none"> • Examples of implementation of quality manual and/ or quality plans

Excludes:

- Anti-microbial stewardship, antimicrobial surveillance (included under **Outcome 2.1 Infection prevention and control**)
- Training of staff (included under **Outcome 3.3 Workforce**)

Additional Reference: See Joint External Evaluation Tool Second Edition (2018) Section D1, pp 49-55 [WHO | Joint External Evaluation tool \(JEE tool\) - second edition](#)

Technical Guidance Note

3.2 Emergency Operation Centres (Intermediate Outcome 3.2)

This technical guidance note shows example output and outcome indicators for **Intermediate Outcome 3.2 (Emergency Operation Centres)** of the Health Security Initiative Performance Assessment Framework. These are examples only and should be adapted by program managers to fit each specific program.

Intermediate Outcome 3.2:

Health Security Initiative activities have contributed to strengthened emergency operations centres to manage outbreaks and public health emergencies in partner countries.

Definitions:

Evidence: Quantitative or qualitative evidence (data or examples) of work to demonstrate or substantiate the results(s) reported.

Strengthened: Improvements from a baseline in systems, processes and/or facilities; staff have improved knowledge and/or skills to fulfil their roles

Includes: The following tables provide examples of output and outcome indicators for monitoring and reporting.

Indicator 1: Evidence of strengthened emergency operations centres to manage outbreaks and public health emergencies.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> Relevant documents finalised e.g. Standard Operating Procedures (SOP), emergency response plans 	➔	<ul style="list-style-type: none"> Evidence that plans and procedures are being regularly used/implemented /tested
<ul style="list-style-type: none"> Number of multisectoral workshops completed e.g. coordination workshops 	➔	<ul style="list-style-type: none"> National EOCs can be activated within 120 minutes of receiving an early warning or information of an emergency requiring EOC activation
<ul style="list-style-type: none"> Number of workshop attendees, number of ministries represented (disaggregated by sex; country; ministry) 		
<ul style="list-style-type: none"> Number of subnational centres set up and/or equipment/resources provided 	➔	<ul style="list-style-type: none"> Improved performance of sub-national centres in simulation exercises

Indicator 2: Evidence of improved effectiveness of partner countries’ emergency exercise management programs.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> • Number of after action reviews undertaken 		<ul style="list-style-type: none"> • Examples of lessons learnt/ plans from table top and simulation exercises or after action reviews that are systematically documented and being implemented
<ul style="list-style-type: none"> • Number of table-top exercises undertaken 		<ul style="list-style-type: none"> • Examples of new recommendations leading to more efficient operation of the emergency operations centre
<ul style="list-style-type: none"> • Number of simulation exercises undertaken 		

Excludes:

- Laboratory strengthening (included under outcome **3.1 Laboratories**)
- Surveillance activities to support emergency operations centres (included under **Outcome 2.3 Surveillance**)
- Therapeutics, diagnostics, vaccines and equipment (included under **Outcome 1.3 Products and Registration**)

Additional Reference: See Joint External Evaluation Tool Second Edition (2018) Section R2, pp 76-79 apps.who.int/iris/bitstream/handle/10665/259961/9789241550222-eng.pdf?sequence=1

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3.3 Workforce (Intermediate Outcome 3.3)

This technical guidance note shows example output and outcome indicators for **Intermediate Outcome 3.3 (Workforce)** of the Health Security Initiative Performance Assessment Framework. These are examples only and should be adapted by program managers to fit each specific program.

Intermediate Outcome 3.3:

Health Security Initiative activities have contributed to strengthened human resource capacity in health security in partner countries.

Definitions:

Evidence: Quantitative or qualitative evidence (data or examples) of work to demonstrate or substantiate the results(s) reported.

Strengthened: Improvements from a baseline in systems, processes and/or facilities; staff have improved knowledge and/or skills to fulfil their roles

Includes: The following tables provide examples of output and outcome indicators for monitoring and reporting.

Indicator 1: Evidence of strengthened health workforce skills/ capacity in partner countries for anticipating, averting and arresting infectious disease threats and outbreaks.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> Number of training events (e.g. workshops, study tour, training course) 	➔	<ul style="list-style-type: none"> Examples of improved staff knowledge, use of skills learned, understanding and confidence in subject area
<ul style="list-style-type: none"> Number of staff mentored, disaggregated by sex, country, program, type of training and training area* 	➔	<ul style="list-style-type: none"> Examples of staff taking on new responsibilities, taking on leadership roles, conducting their jobs with more confidence Improved staff knowledge, understanding and confidence Improved supervision and management Improved strategic direction and planning implemented

Indicator 2: Number of persons trained in health security areas.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> Number of persons trained, disaggregated by sex, trainee country of origin, program, type of training and training area* 	➔	<ul style="list-style-type: none"> Evidence of newly acquired skills being applied to improve health security Improved staff knowledge, understanding and confidence Staff feel better prepared to use the training content in their work Examples of staff using their training to improve health security Examples of staff assisting in emergency Examples of staff passing on training content (e.g. staff running training workshops, staff mentoring other staff)

Indicator 3: Evidence of regional or country-level field epidemiology training programs or other applied epidemiology training program with strategies to engage female participants is in place.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> Number of additional or improved regional or country-level field epidemiology training programs in place Number of students graduating from field epidemiology training programs supported by the Health Security Initiative, disaggregated by sex, country, program, type of training and training area* Number of students supported by the Centre for Health Security graduating from other regional field epi training programs, disaggregated by sex, country, program, type of training and training area* 	➔	<ul style="list-style-type: none"> Impact of trainees' field epidemiology training projects Students have knowledge, understanding and confidence Students feel better prepared to use training content in their work Examples of students using their training to improve health security Examples of students assisting in emergency Examples of students passing on training content (e.g. students running training workshops, students mentoring other staff)

* All data must be disaggregated by: **sex, country of origin, program, type of training** (e.g. workshop, training course - formal qualification/no qualification, train the trainer, study tour, placement, peer learning) and **training area** (e.g. field epidemiology, human and animal health surveillance, laboratory testing, vector control, emergency operations, infection prevention and control and public health information, education and communications)

Excludes:

Additional Reference: See Joint External Evaluation Tool Second Edition (2018) Section D4, pp 63-69 [WHO | Joint External Evaluation tool \(JEE tool\) - second edition](#)

Technical Guidance Note

3.4 Equipment (Intermediate Outcome 3.4)

This technical guidance note shows example output and outcome indicators for **Intermediate Outcome 3.4 (Equipment)** of the Health Security Initiative Performance Assessment Framework. These are examples only and should be adapted by program managers to fit each specific program.

Intermediate Outcome 3.4:

Health Security Initiative activities have contributed to additional new or improved equipment being introduced in partner countries in response to COVID-19 and other infectious diseases.

Definitions:

Evidence: Quantitative or qualitative evidence (data or examples) of work to demonstrate or substantiate the results(s) reported.

Includes: The following tables provide examples of output and outcome indicators for monitoring and reporting.

Indicator 1: Evidence of provision of additional equipment to partner countries in response to COVID-19 and/ or other infectious disease outbreaks.

Output indicators		Outcome indicators
<ul style="list-style-type: none">Amount of additional equipment provided (e.g. masks, face shields, personal protective equipment, ventilators, oxygen, acute care supplies, laboratory equipment, isolation facilities, swabs, testing machines and cartridges, syringes, mosquito nets and spraying equipment).		<ul style="list-style-type: none">Effect of additional equipment (e.g. improved infection prevention and control; reduced morbidity and mortality)

Excludes:

- new or improved drugs, diagnostics, vaccines and vector control tools (included under **Outcome 1.3 Products and Registration**)
- other activities under infection prevention and control (e.g. training, improved AMR surveillance, improved skills, systems and resources included under **Outcome 2.1 Infection prevention and control**)

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4.1 Influence (Intermediate Outcome 4.1)

This technical guidance note shows example output and outcome indicators for **Intermediate Outcome 4.1 (Influence)** of the Health Security Initiative Performance Assessment Framework. These are examples only and should be adapted by program managers to fit each specific program.

Intermediate Outcome 4.1:

The Centre for Health Security engages influentially with key global/ multilateral, regional, national and domestic partners in health security.

Definitions:

Evidence: Quantitative or qualitative evidence (data or examples) of work to demonstrate or substantiate the results(s) reported.

Resources: financial resources, human resources, participation

Strengthen: increase effectiveness and efficiency of organisations from a baseline

Includes: The following tables provide examples of output and outcome indicators for monitoring and reporting.

Indicator 1: Evidence that the Centre for Health Security’s engagement in health security organisations has influenced global/ multilateral, regional, national and domestic partners such that their policy priorities align with Australia’s health security interests.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> • Number of international meetings the Centre for Health Security has attended • Number of organisations the Centre for Health Security has engaged with one-on-one 	➔	<ul style="list-style-type: none"> • Examples where Australia and Centre for Health security have influenced health security decisions and policy and resourcing priorities in the region (e.g. interviews with key regional stakeholders)
<ul style="list-style-type: none"> • Number of agenda items/ issues or programs the Centre has led or endorsed in international fora (e.g. items raised at global meetings, presentations to global or regional meetings) • Communications material shared with decision makers at global or regional level • Number of decision-making bodies Centre for Health security invited to join 	➔	<ul style="list-style-type: none"> • Creation or adoption of policy decisions or strategic directions in regional or global health security fora that align with Australia’s health security interests in the Indo Pacific. • Centre for Health Security seen as an important, constructive strategic contributor to health security in the region

Indicator 2: Evidence that the resources committed by the Centre for Health Security have strengthened global and regional health security architecture.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> • Number of technical advisors placed in regional and international health security organisations by the Centre for Health Security 	➔	<ul style="list-style-type: none"> • Examples of technical advisors strengthening global or regional preparedness and response systems
<ul style="list-style-type: none"> • Engagement by Centre for Health Security staff in international fora (e.g. attending meetings, chairing events, convening events, presenting at conferences) 	➔	<ul style="list-style-type: none"> • Examples of the Centre’s contribution to improvements in regional or global health security policy • Centre for Health Security seen as a constructive, important strategic contributor to health security in the region • Examples of strengthening of relationships with key countries
<ul style="list-style-type: none"> • Assisting country partners in our region to become more involved in global or regional fora (e.g. travel bursaries to conferences) 	➔	<ul style="list-style-type: none"> • Examples of partners in our region being more involved in global and regional fora with decision making or policy setting authority (e.g. examples of consideration of the needs of small island nations in international policy)
<ul style="list-style-type: none"> • Amount of funding contributed by the Health Security Initiative to global or regional health security organisations (e.g. World Health Organization, Food and Agriculture Organization) 	➔	<ul style="list-style-type: none"> • Examples of global or regional health security organisations funded by Australia making a positive contribution to international responses to public health emergencies of international concern.

Technical Guidance Note

4.2 Leveraging Finances (Intermediate Outcome 4.2)

This technical guidance note shows example output and outcome indicators for **Intermediate Outcome 4.2 (Leveraging Finances)** of the Health Security Initiative Performance Assessment Framework. These are examples only and should be adapted by program managers to fit each specific program.

Intermediate Outcome 4.2:

The Centre for Health Security engages with other donors to encourage investment in health security priorities in the Indo-Pacific region.

Definitions:

Evidence: Quantitative or qualitative evidence (data or examples) of work to demonstrate or substantiate the results(s) reported.

Leverage: encouraging public and private donors to invest in order to increase the potential return of the investments by Australia and other donors.

Includes: The following tables provide examples of output and outcome indicators for monitoring and reporting.

Indicator 1: Evidence that the Health Security Initiative's investments and engagement have leveraged additional financial support for global and Indo-Pacific health security priorities from other public and private donors.

Output indicators		Outcome indicators
<ul style="list-style-type: none"> • Number of existing and new donors and funders investing in health security • Evidence of the Centre for Health Security's engagement with existing and potential health security donors and funders (e.g. high-level meetings) 		<ul style="list-style-type: none"> • The additional amount of funding leveraged by Australia's investments that has been invested in joint health security initiatives in the Indo Pacific region. • The effect(s) of increased funding on Centre for Health Security projects (e.g. additional projects/ sites/ countries funded) • Political effects of co-financing with other donors and funders (e.g. strengthening of relationships with like-minded countries)