AusAID HRF
Health Resource Facility

Developing a strategic approach to the design and delivery of Regional Public Goods in health at the Secretariat of the Pacific Community

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Boxes

Acronyms

CCS	Country Cooperation Strategy
GMU	Grant Management Unit
GPG	Global Public Goods
FCTC	Framework Convention on Tobacco Control
HAU	Health Advancement Unit
HIV	Human immunodeficiency virus
HPP	Health Protection Program
IHR	International Health Regulations
IPPF	International Planned Parenthood Federation
M&E	Monitoring and Evaluation
NCD	Non-communicable Diseases
PEN	Package of Essential NCD Interventions
PH	Public Health
PHD	Public Health Division
PCTs	Pacific Island Countries and Territories
PPHSN	Pacific Public Health Surveillance Network
RPG	Regional Public Goods
SPC	Secretariat of the Pacific Community
SEPPF	Strategic Engagement, Policy and Planning Facility
STI	Sexually transmitted infections
TB	Tuberculosis
TOR	Terms of Reference
UNAIDS	The Joint United Nations Programme on HIV/AIDS
WHO	World Health Organisation

1. Introduction

The Secretariat of the Pacific Community (SPC) is currently developing a Strategic Plan for Public Health for the period 2013-2022. The plan will set the direction and priorities for SPC's involvement in the design and delivery of public health services to its Member States. The plan will also influence how SPC organises itself and how it plans to work with Pacific Island Countries and Territories (PICTs). A key area of work for SPC is the provision of 'regional public goods' (RPG) as part of its mandate and mission. While some services deemed to be public goods are clear e.g. surveillance, others functions are less clear. Further, the distinction between regional functions and multi-country support is often blurred. There is a need to develop a clear understanding and description of: regional public goods in the health sector; and the link between the delivery of regional (multi-country) support and services provided at the country-level.

A consultant was engaged to assist SPC to better define regional public goods in the health sector, and to identify those regional public goods that SPC is best placed to provide. Terms of Reference (TOR) for the assignment are attached at Annex 1. The consultant travelled to Noumea to hold a series of discussions with individual staff and teams in the Public Health Division (PHD) as well as SPC's Director General and others in the agency responsible for defining the approach to RPGs. In advance of this mission, the consultant worked with the Director of the Public Health Division to develop specific objectives for the team discussions (these are reflected in Annex 1). A schedule of meetings was developed, and some preliminary phone briefings were also undertaken in advance. A list of persons met is attached at Annex 2. The discussions with PHD teams focussed on:

- developing a shared understanding of the RPG concept;
- going through, one by one, the activities proposed in the draft PHD strategy and discussing to what extent these are in line with the RPG concept;
- discussing SPC's approach to delivering country level support, and whether this is in-line with aid effectiveness principles.

At the end of the week a half-day workshop was held to consolidate findings and allow an exchange of views across the PHD teams. In preparation for this workshop, teams were asked to prepare a short powerpoint presentation which covered: their understanding of RPGs; examples of RPGs in their team's technical area; SPC's comparative advantage in delivering these RPGs; some reflections on how to ensure that country support is demand driven; and suggestions on how PHD might need to work differently in future.

The consultant was accompanied and supported during the week in Noumea by AusAID's Senior Program Manager (Regional Health), Paulini Sesevu.

The remainder of this report summarizes the discussions held during the week and at the workshop. It begins by proposing a definition of regional public goods in health from the perspective of the PHD team, and an initial list of RPGs where SPC has a comparative advantage. These proposals were broadly endorsed at the half-day workshop, though it was recognized that further discussion was needed. Based on the agreed list, and informed by discussions with PHD Director, this report proposes five core areas for the next iteration of the PHD strategy, reflecting the application of an 'RPG lens' to the current draft strategy. The report concludes with a proposal for next steps, including the development of a monitoring and evaluation (M&E) framework for PHD.

2. Defining Regional Public Goods

There are a range of views within PHD on what constitutes a regional public good, reflecting the fact that the terminology is a relatively new and that there is no single, universally-accepted definition. The classic economic definition (see box 1), is felt by SPC staff to be too restrictive and not to capture the range of activities and support functions that the organisation is required to do regionally. In this vein, SPC's corporate strategy indicates that the organisation will prioritise services in areas where:

- national capacity does not exist and needs to be either complemented and developed, or substituted;
- there is a regional dimension to the service;
- economies of scale provide an overriding benefit in delivering the service regionally;
- there is obvious need for trans-boundary coordination; and
- SPC clearly has a comparative advantage relative to other actors.

AusAID is in the process of developing a Regional Strategy to guide its overall support to the Pacific (across sectors). While not yet finalised the draft Strategy also steers away from a narrow definition of regional public goods, defining them instead as 'shared property (such as oceanic fisheries) and cooperation by two or more countries characterised by cost sharing which realises economies of scale'.

Box 1: Economic Definition of Global Public Goods

In the classic economic definition, public goods are goods or services which are non-rival (one person consuming them does not stop another person consuming them, e.g., TV broadcasts) and non-excludable (if one person can consume, it is impossible from prevent others from doing so e.g., a fireworks display). The combination of non-rivalness and non-excludability means that public goods are typically undersupplied by the market and it is difficult to get people to pay for them.

Public goods are considered global when they have universal benefits, covering multiple groups of countries and all populations. The concept of Global Public Goods (GPGs) is typically used in relation to 'global commons' such the atmosphere and the global environment. Like public goods, GPGs are inevitably undersupplied: because there is no exclusivity, the private sector will not provide them in sufficient quantities. Further, countries typically cannot agree on which GPGs should be provided, or on how to share the burden of financing them.

Global public goods in health typically include communicable disease control, generation and dissemination of medical knowledge, public health infrastructure. Development financing for these GPGs is often required, as is a mechanism for co-ordination.

Drawing on these organisational perspectives and their own experience of working in health in the region, PHD staff identified the following characteristics of RPGs relevant to the health sector in the Pacific:

- contributing to the delivery of population health benefits;
- requiring public/state support (see Box 1);
- requiring a common approach (and/or common standards) across countries;

- requiring regional coverage and cross border co-ordination;
- cost-effective when delivered regionally;
- providing knowledge, evidence and learning with application across the region, or parts of the region and;
- providing services that countries do not (and may never) have the capacity to deliver themselves.

Based on these characteristics, PHD identified the following RPGs which it believes SPC has a comparative advantage to deliver[1]:

- public health security including surveillance;
- norms and standards (e.g. quality standards for laboratories);
- adaptation of global policies and frameworks (e.g., IHR, FCTC), tools and guidelines (e.g., the 'best buys' for NCD control) to the Pacific;
- support to bring national policies and laws to a regional Pacific standard e.g. on food labelling, alcohol consumption;
- gathering and synthesizing evidence and good practice with regional application, and dissemination of this knowledge;
- cross-country research and dissemination of findings; and
- training to fill critical gaps in human resources relating to delivery of essential public health (PH) functions (to be done in conjunction with recognized training institutions and, where relevant, to result in a recognized qualification).

PHD will further develop this list as it develops its regional strategy.

3. Aligning regional and country support

Delivery of regional public goods necessarily requires engagement with countries. Discussions emphasized the importance of taking a differentiated approach across countries and sub-regions, according to their needs. In particular, it is important to distinguish between lack of capacity as a function of under-development, and lack of capacity as a function of geography and population size. In the former case, capacity building support needs to be grounded in national context and integrated within national development and health sector plans. Such support is most effective when it adheres to aid effectiveness principles, i.e., is driven by country demands and aligned with national plans and systems. To this end, the role of regionally-driven support is likely to be minimal and bilateral programs may be better placed to lead, drawing down on regional expertise as required.

By contrast, in small island states SPC has a long-term and legitimate role as a service provider, fulfilling functions and providing support that it is not economically viable for small countries to develop themselves.

Between these two extremes – where health development should be entirely country led, on the one hand, and where SPC is substituting country-level functions, on the other – is support tailored to sub-groups of countries with common needs. An

[1] This list was compiled by the author based on discussion with PHD teams, and verified during a divisional workshop.

example would be technical support for disease control programs affecting a sub-group of countries (such as Malaria, or TB).

4. Core areas for PHD strategy

Based on the list of identified RPGs, it is suggested that the PHD strategy focus on five core areas. These are loosely grouped into the two program areas identified in the current draft strategy: *Research Evidence and Information*, and *Policy, Planning and Regulation*. Each core area includes examples of activities drawn from the priority areas outlined in the current strategy. The list of activities is indicative and not exhaustive; the aim is to provide a structure around which PHD can build.

For each core area, a brief rationale on why this area constitutes a regional public good is provided, followed by short discussion of SPC's comparative advantage.

4.1. Research, Evidence and Information

The generation and dissemination of knowledge is in-line with the classic definition of a public good (see box 1), in that it is typically under-supplied by the market and usually funded from public sources (except in cases where new knowledge is likely to have a commercial value). Similarly, a regional entity is needed to lead the creation of 'regional' knowledge, given that there is limited incentive for an individual country to do so. Regional knowledge includes research and learning based on cross-country comparison; the 'regionalisation' of global knowledge and evidence, and the identification of good practice from within the region with application to other countries.

SPC is well placed to work in this area because it has links with all countries in the Pacific, providing a unique overview of regional issues. It is also well placed to generate cross-sectoral research and evidence, given that it works in all sectors. Further, it has established relationships with regional academic institutions to build on, as well as links with policy makers, increasing the likelihood that research findings will influence the policy process.

Core area 1: Building the evidence base

This core area includes carrying out research directly, and commissioning new research from academic partners in the region. Initially the focus will be on areas where SPC has a strong track record and existing capacity, namely surveillance and STI/HIV. Examples of activities include:

- operational research aimed at improving the delivery of surveillance programs across the region, under the auspices of the Pacific Public Health Surveillance Network (PPHSN);
- conducting surveys on the prevalence of STIs, including HIV, in key sub-populations and second generation sero-prevalence surveys; these will be developed and implemented in conjunction with key partners: UNAIDS, IPPF, WHO;
- research on the impact of non-health sectors on health (particularly NCD risk factors).

Core area 2: Knowledge translation

PHD will serve as a repository of evidence and good practice on public health in the region, accessible to countries and partners. Building on PHD's work on behaviour

change and strategic health communication, the initial focus will be on NCD prevention and control. Examples of activities include:

- collecting, synthesizing and disseminating global evidence on 'what works' in health promotion for NCDs, and adapting for the Pacific;
- developing good practice tools / guidelines for lifestyle modification and behaviour change;[2]
- intervention research on the impact of health promotion activities.

4.2. Policy, Planning and Regulation

The overarching aim of the core areas set out below is to raise the status and standard of public health programs across the region through strengthening the 'upstream' functions of policy, planning and regulation.

Core area 3: Leadership and Governance

The identification and delivery of regional public goods in the Pacific needs to be overseen and co-ordinated by PICTs themselves. To this end, efforts are underway to strengthen regional health governance in the Pacific. Through this core area, SPC will work alongside other regional partners to support reform of the health architecture in the Pacific, ensuring a strong focus on public health in these negotiations.

Strengthened *leadership* for public health is a critical aspect, and a pre-requisite, of better governance. Conversely, better governance is required to provide the enabling environment for leaders to exercise their skills. Thus, while improved leadership and management skills will primarily benefit the countries where the individuals work, they can also be considered as a regional public good in that – alongside better governance – they should lead to a higher standard of public health programs, with externalities for the region as a whole. Activities in this core area will include:

- scholarships for advanced leadership training for emerging public health leaders and key public health officials; aid effectiveness principles will be applied to the selection of individuals, and consultations with countries held to ensure transparent selection, appropriate position / remuneration on return, cover while away and so forth;
- mobilising senior SPC engagement, in the PHD and beyond, to contribute to the reform of the regional health architecture in the Pacific (recognizing that this is a long-term endeavour that will require sustained engagement and close working with other partners).

Core area 4: Policy and Legislation

SPC is a development agency with programs in many of the areas that influence population health, notably food security /agriculture, trade, education and the environment. Further, the SPC Corporate Strategy identifies the control of NCDs as a multi-sectoral priority for the agency. The PHD division will leverage these cross-sectoral links and the agency-wide commitment to support the development, review,

[2] The aim here should be to shift from direct support for implementation of behaviour change interventions, to a more strategic, 'RPG' role focussed on development of tools, guidance and evidence.

implementation and monitoring of legislation and policies in sectors which benefit public health. The regional public good aspects of this work relate to ensuring minimum standards (for example, in development of tobacco and alcohol control measures), a common approach to monitoring, cross-country learning and serving as a centre of regional expertise. Activities in this core area will include:

- within SPC, incorporating a health (particularly NCD) focus and targets into the work of relevant divisions;
- support to develop and review legislation and enforcement policies in key areas; as WHO has comparative advantage in Tobacco control and measures related to the Framework Convention on Tobacco Control, SPC will focus its efforts on emerging areas such as the trade in unhealthy foods;
- developing a 'NCD scorecard' which monitors countries' adherence to the commitments they have made in NCD control, for example at the World Health Assembly and UN High Level Meeting on NCDs.

Core area 5: Essential Public Health functions

a) Public Health Security and Disease Surveillance

Public health security is a recognized regional public good: disease outbreaks have cross border implications, and response efforts need to be co-ordinated across countries. Further, a standardised approach to surveillance is required, which in turn requires laboratory facilities which meet minimum quality standards. Work in this core area builds on SPC's strong track record in supporting surveillance for notifiable diseases through PPHSN. Activities include:

- strengthening national and regional surveillance and response capability in response to the PPHSN priority diseases;
- information management: collecting and analysing data on these priority diseases and disseminating across the region;
- building public health laboratory capacity at the national level and at regional L2 referral laboratories in Fiji and Guam for the diagnosis of PPHSN priority target diseases – and proper referral and differential diagnosis capacity;
- building national and regional capacity and capability in field epidemiology through delivery of tailored training courses: a one-week basic training; a four-week mid-level training, and a one-year complete program to be delivered via training hubs across the Pacific. A curriculum is currently being developed in conjunction with Fiji School of Medicine which is expected to accredit the course. This should help with the professionalization of the cadre. There will also be work with countries to ensure new qualified staff are appropriately recognized and remunerated;
- working with WHO to further develop NCD surveillance capacity in the region, with a focus on ensuring timely analysis of data for use at country level.

b) Norms and standards

This area is concerned with the adaptation of global norms and standards on public health to the Pacific context. It will require establishing a mechanism for regular and close collaboration with WHO, as the organisation with the global mandate in this area. Activities will include:

- adaptation and costing of the essential PH interventions, including the Package of Essential NCD Interventions (PEN), to the Pacific context;

- adapting global guidance on treatment protocols for HIV /STI to the Pacific context, and supporting countries to update their national guidelines in this area;
- supporting the translation of global norms and standards for laboratory quality into national policies.

c) Targeted country support: for RPGs and Health Systems Strengthening

It is recognized that to date much development partner support to health in the Pacific has been fragmented, driven by vertical funding streams, and of variable impact. The funding environment is now changing and there is an opportunity to move towards a more comprehensive and integrated approach to country support, grounded in country needs, and focussed on strengthening public health programs.

PHD will focus primarily on the provision of regional public goods – as outlined above – however delivery of regional public goods does also require targeted support at country level. For example, support to strengthen country health information systems may be required to help countries to meet their regional reporting requirements related to notifiable diseases; and, country level work to strengthen surveillance capacity and strengthen laboratories. The principle of subsidiarity should underpin all work at country level, and the rationale of providing support from a regional base should be clear. The development of common standards (e.g., for example laboratory safety) and support to help countries meet regional obligations – are clear examples of this approach.

Over time PHD seeks to expand its capacity to provide support for health systems development. Given the capacity constraints in small island states, including the need for capacity substitution, and the dearth of other development partners engaged in these countries, small island states might constitute the initial focus of this health systems support, once in place.

In larger countries, SPC should work to ensure that all health systems support is demand driven and aligned with country needs; and where possible commissioned and managed bilaterally as part of local health development agenda. In practice this means that country support be informed by a capacity assessment, and developed as part of a process that has a clear theory of change. That process should be linked to the recipient governments own budget cycle, with support planned in advance, linked to country strategic priorities and coordinated with the work of other donors. It should be coordinated *via* Joint Partnership structures with support recorded on-budget even if only indicatively. This does not mean that all funding must be pooled – vertical support, for example for family planning, may be appropriate however it needs to be negotiated and integrated with the local health development agenda, reflected in national plans and so on.

5. Next steps: PHD strategy and m and e framework

It is proposed that PHD revise their draft health strategy to include a clearer focus on Regional Public Goods. One approach might be to structure the strategy around the core areas set out above. This next iteration would need to include:

- specific outputs that PHD will deliver under each core area;
- a results framework with targets and indicators to assess PHD's impact at both regional and country level.

Development of a robust results framework will in turn require a much clearer program logic, or theory of change, in the strategy itself – which sets medium term

objectives for each core function (or priority area), and then describes how the proposed activities will contribute to the achievement of this objective; related indicators and targets also need to be identified.

As SPC better defines its capacity building approach, so it will become easier to develop country specific performance frameworks. In larger countries at least, SPC could consider including its health support in a country cooperation strategy (CCS) that reports via Joint Partnership structures such as joint annual reviews with country level indicators aligned to country-level monitoring frameworks. This will allow mutual accountability - so SPC and government can hold each other accountable for results

This may raise issues of attribution. For instance, if SPC is working in partnership with others it may not be possible to attribute specific results to SPC inputs. This is in line with good aid effectiveness practice: *contribution* not *attribution* should be the guiding principle of SPC's support. The development of a clear program logic, which articulates SPC's specific role and contribution, is even more important in this context.

Finally, there needs to be some thought on how to report on RPGs, which can only be reported on a regional level – what will be the indicators? How will data be collected?

Annex 1 Terms of Reference

Developing a Strategic Approach to the Design and Delivery of Regional Public Goods in Health at the Secretariat of the Pacific Community

Background

The Secretariat of the Pacific Community (SPC) is currently developing a Strategic Plan for Public Health for the period 2013-2022. The plan will set the direction and priorities for SPC's involvement in the design and delivery of public health services to its Member States. The plan will also influence how SPC organises itself and how it plans to work with Pacific Island Countries and Territories (PICTs). A key area of work for SPC is the provision of 'regional public goods' as part of its mandate and mission. While some services deemed to be public goods are clear e.g. surveillance, other functions are less clear. Further, the distinction between regional functions and multi-country support is often blurred. There is a need to develop a clear understanding and description of regional public goods in the health sector; and the link between the delivery of regional (multi-country) support and services provided at the country-level.

AusAID has agreed to assist SPC to better define the 'regional public goods' in the health sector and clarify where SPC can add the most value in the design and delivery of its support to countries.

Terms of Reference

The consultant will support the Director of Public Health, SPC, to lead his team through a process to:

1. **Identify Regional Public Goods and SPC's comparative advantage**

- Define the range of 'regional public goods' (RPGs) in the health sector that are needed in the Pacific region; distinguish between RPGs which require action only at regional level, and those which also require engagement at country level.
- For each regional public good, identify the range of stakeholders currently involved in its delivery; strengths, weaknesses, duplications and gaps;
- For each regional public good, identify SPC's current role, its comparative advantage and its potential future role;

2. **Assist SPC to better define its key role(s) working at the country level on provision of regional public goods**

- Present current thinking on 'good practice' in the delivery of technical assistance and approaches to capacity building, with a specific focus on aid effectiveness and co-ordination among partners;
- Based on this, identify appropriate and effective ways for SPC to support countries in relation to each of the regional public goods where SPC is seen to have a comparative advantage. (Bear in mind: what are others doing? What does it make sense to do at regional vs. country level)
- Identify how country support should be assessed and measured;

3. Developing a Strategy

- Agree/re-confirm main areas for inclusion in the SPC Strategic Plan for Public Health
- Agree/re-confirm appropriate 'ways of working' at regional and country level
- Identify human and financial resource requirements required to deliver on agreed regional public goods in health approach

The contractor will work individually and collectively as necessary with SPC staff and other relevant stakeholders as agreed by the Director of Public Health to implement the above tasks. It is envisaged that a series of working group discussions will be held with relevant staff, to work through the points above. In addition, a 0.5-1 day workshop could be held, to be chaired by the Director of Public Health with facilitation support from the consultant, to summarise the key points.

Deliverables

The consultant will:

- Work with Director of Public Health to develop a schedule of meetings and an agenda for the workshop, including objectives for each session/meeting
- Brief (by telephone) key staff to present at the workshop to ensure their role is clear
- Support the Director PH during the workshop by: recording key points as they emerge; capturing agreement on key issues; facilitating discussions as required
- Deliver to SPC, cc AusAID, a report on these tasks agreed with both parties before the final report is issued.

Timelines

The contract will commence on 1st April and be completed by 30 April 2013. Up to 12 days are expected. The draft timeline is as follows:

1-8 April: Up to 2 days Preparation

8 April: Travel to Noumea

8-11 April: Team meetings with SPC technical staff, including teleconferences with Suva staff; discussion with Director of Public Health

12 April: Consolidation workshop for all Noumea staff, with video-link to Suva

13 April: Travel home

Up to 3 additional days follow up / report writing as required

Annex 2: Schedule of meetings 8-12 April: Regional Public Goods and SPC Public Health Strategy

Date	Noumea Time	People to attend meeting if at all possible	Purpose / formal
Tuesday Morning	**8:30 -10:00**	**Suva HAU team** Josaia Samuela, Nicol Cave and Jacinta Issacs	Purpose: to work through main areas of TOR - Defining regional public goods in HAU, and SPC comparative advantage - Characteristics of HAU work at country level - Aid effectiveness issues: working with partners and aligning with country systems - Implications for current draft of PHD strategy
	10:30	Rebecca Dodd, Paulini Sesevu, Colin Tukuitonga	
Tuesday Afternoon	**13:30**	**HPP team / Others –**Dennie Iniakwala, Pascal Rigaldies, Olayinka Ajayi, George Otieno, Michelle O'Connor	Purpose: to work through main areas of TOR - Defining regional public goods in HPP, and SPC comparative advantage - Characteristics of HPP work at country level - Aid effectiveness issues: working with partners and aligning with country systems - Implications for current draft of PHD strategy
	15:00	**GMU –** Juma Mkanda	Purpose: to work through main areas of TOR - Lessons from GMU on delivery of regional public goods including SPC comparative advantage.
Wednesday	**8:00 – 9:00**	Jimmie Rodgers, Rebecca Dodd, Paulini Sesevu	Briefing on PHD Mission
	9:00-11:00	Rebecca Dodd, Paulini Sesevu, Colin Tukuitonga, Sala Elbourne, Dennie Iniakwala and Peter Godwin	Briefing for Peter Godwin, Consultant for Global Fund analysis

	12.00 - 14:00	**GMU** (Juma Mkanda), Peter Godwin; Paulini Sesevu as observers	Briefing with Peter Godwin, AusAID Consultant for Global Fund analysis and discussions on Response Fund
	14:00 – 15:00	**SEPPF –** Cameron Bowles, Mei Lin Hardy, Richard Mann and Patricia Sachs, Rebecca Dodd, Colin Tukuitonga, Paulini Sesevu	SPC's approach to Regional Public Goods
Thursday	**8:00 – 10:00**	**HAU** – Viliami Puloka, Jeanie McKenzie, Rebecca Dodd, Paulini Sesevu, Josaia Samuela, Nicole Cave, Jacinta Isaacs	Purpose: to work through main areas of TOR - Defining regional public goods in HAU, and SPC comparative advantage - Characteristics of HAU work at country level - Aid effectiveness issues: working with partners and aligning with country systems Implications for current draft of PHD strategy
	10:30 – 12:30	**HPP** – Yvan Souares, Adam Roth, Sala Elbourne, Dennie Iniakwala, Pascale Rigaldies, Michelle O'Connor	Purpose: to work through main areas of TOR - Defining regional public goods in HPP, and SPC comparative advantage - Characteristics of HPP work at country level - Aid effectiveness issues: working with partners and aligning with country systems Implications for current draft of PHD strategy
Friday	**8:00 – 11:30**	Director PH to Chair All technical staff Paulini Sesevu, Rebecca Dodd	Workshop - Director PH to introduce purpose of workshop - AusAID (Paulini) to introduce AA new approach to health in the Pacific - Each Technical Team to present outcomes of discussions - Group discussions

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