



**Burnet Institute**  
Medical Research. Practical Action.

SUBMISSION TO THE INQUIRY INTO  
THE DELIVERY AND EFFECTIVENESS  
OF AUSTRALIA'S BILATERAL AID  
PROGRAM IN PAPUA NEW GUINEA  
(PNG)

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**TITLE: SUBMISSION TO THE INQUIRY INTO THE DELIVERY AND EFFECTIVENESS OF AUSTRALIA'S BILATERAL AID PROGRAM IN PAPUA NEW GUINEA (PNG) BY THE SENATE STANDING COMMITTEE ON FOREIGN AFFAIRS, DEFENCE AND TRADE**

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## Summary

We believe that reducing poverty, with a focus on equity, should be the over-arching mission of the Australian aid program in Papua New Guinea. While improvements in fair trade, strategic investments in economic growth industries and strengthened financial governance may lead to improved macro-economic indicators, they will not necessarily improve the quality of life of the very poor. This is particularly so for key services such as health and education – which generally receive little investment from the private sector and play a strong role as equaliser (or, in their absence, exacerbating disparity) for poor and vulnerable communities. The aid program has a unique opportunity to address some of the key factors constraining equitable economic growth in PNG: poor health, lack of education, poor governance systems, and gender inequality. Such an approach is clearly in Australia's national interests.

## Recommendations

### 1. Objectives of Australian Aid

- 1.1 The Australian aid program in PNG should have as a primary objective improving the quality of life of the population, particularly poor and vulnerable groups.
- 1.2 At least 50% of the aid budget should be allocated to human development (including health, education, and women's empowerment).
- 1.3 Australian aid should continue to invest in strengthening governance and institutions to help build within government technical capacity, skills and the ability to learn.

### 2. Modes of aid delivery

- 2.1 Australian aid should continue to be delivered through a diverse range of partners which maintain transparency and accountability to the Australian and PNG governments.
- 2.2 The Australian aid program should support research partnerships that will increase local capacity to identify development needs and effective practices, and to evaluate impact.
- 2.3 The Australian aid program should play an active role in catalysing and brokering engagement by the private sector in human development, for example as partners with Australian aid programs in geographic areas where the companies are operating.
- 2.4 The Australian government should further develop systems for the accountability of all partners in delivering aid, for consistency and to promote accountability – including on-

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contracting of partners and reconsidering the routine exemption of UN agencies from independent evaluations.

### **3. Sectoral focus -- health**

- 3.1 Australian health sector aid in PNG should aim to strengthen the basic building blocks of a health system – effective service delivery, workforce development, health information systems (including operational research capacity), a reliable supply of medical products, vaccines and technologies, equitable health financing, emergency preparedness, and effective and transparent governance.
- 3.2 Within a health systems strengthening framework, Australian aid should prioritise reproductive, maternal, neonatal and child health.
- 3.3 Australian aid should remain flexible enough to effectively respond to emerging health threats, such as multi-drug resistant tuberculosis, malaria and unanticipated epidemics.
- 3.4 Gender equality, including a focus on gender associated violence, should remain both a cross-cutting imperative, and the object of specific programs.
- 3.5 Reducing the high rate of child undernutrition should be a major objective of Australian health sector aid to PNG. This should be achieved through multi-sectoral programming (health, agriculture, water & sanitation, and education).

### **4. Measuring development outcomes**

- 4.1 Dedicated resources need to be allocated to strengthen capacity for M&E in PNG, with early development of multi-year long-term evaluation plans for all significant investments.
- 4.2 Capacity building could be achieved through partnerships between academic and service delivery organisations.
- 4.3 Align Australia's aid program in PNG with the priorities identified in the Sustainable Development Goals.
- 4.4 Ensure that all M&E frameworks for Australian-funded activities in PNG include equity indicators.

### **5. Learning from others**

- 5.1 DFAT should undertake a mapping of successful health care initiatives in low and middle-income countries in the Asia Pacific region to identify opportunities to share experiences with government and civil society health officials in PNG. Northern Laos is one possibility.
- 5.2 DFAT should look to develop a mechanism for aggregating and sharing lessons across sectors and from prior aid programs in Papua New Guinea.

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## **About the Burnet Institute**

Our mission is to achieve better health for poor and vulnerable communities in Australia and internationally through research, education and public health. While our headquarters are in Melbourne, the Institute has offices in Papua New Guinea, Laos, and Myanmar, as well as public health programs and research in China, India, Indonesia, Kenya, South Africa, Sri Lanka, Timor-Leste, Vanuatu, and Zimbabwe.

Burnet Institute is unique in being both a medical research institute accredited by the National Health and Medical Research Council and a development NGO fully accredited by the Australian Department of Foreign Affairs and Trade (DFAT). Underpinning our research focus are cross-institute health themes which bring together our diverse staff skills to share their research and technical expertise across: (i) Infectious Diseases (including malaria, tuberculosis, HIV and viral hepatitis); (ii) Immunity, Vaccines, and Immunisation; (iii) Maternal and Child Health; (iv) Alcohol, Other Drugs and Harm Reduction; (v) Sexual and Reproductive Health (including HIV prevention, treatment, and care); and (vi) Young People's Health.

The Institute has an annual turnover of approximately \$40 million, of which more than one-half supports our overseas programs.

## **Burnet Institute in PNG**

Burnet Institute has been engaged in PNG for 20 years through both development and research activities covering our key health themes. The Institute has been a major partner of the PNG government through a series of Australian-funded bilateral aid programs, including the Women's and Children's Health Project (1998-2004), National HIV and AIDS Support Program (2000-2005), Tingim Laip Phase I (2006-2008), the PNG-Australia Sexual Health Improvement Project in East New Britain (2007-2012), and the Health and HIV Implementation Services Provider (2012 onwards, including work on Medical Supplies Reform and a National Health Research Agenda). Working as an NGO, Burnet has supported the national immunization services, including control of measles and hepatitis

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B, and worked with UNICEF to promote involvement by expectant fathers in antenatal care.

Burnet supports services for women and children through the Healthy Mothers Healthy Babies (HMHB) program in East New Britain (2014 onwards). The HMHB program includes a major self-funded research program comprising five studies that aim to define the major causes of poor maternal, newborn, and child health, and to identify feasible, acceptable and effective responses. The first study commenced in March 2015. It investigates major causes of morbidity in mothers, newborns and infants, and the relationship of morbidity in pregnancy to predicting poor outcomes for mothers and infants.

The Institute has conducted extensive research on how malaria infection affects the health of pregnant women and their babies across PNG. In East New Britain, we are trialling community-based management of malaria, in a rapidly expanding program supported by the Global Fund.

We are a longstanding collaborator with the PNG Institute of Medical Research through support to governance, joint research activities, and the secondment of skilled staff. Since 2014, DFAT has contracted the Institute to provide support to the National Department of Health to control an explosive outbreak of multi-drug resistant tuberculosis in Western Province. The Institute also works at the national level through membership of the TB through membership of the TB Emergency Response.

## **Response to the terms of reference**

### **1) Objectives of Australia's aid (a. in the TOR)**

We believe that reducing poverty, with a focus on equity, should be the over-arching mission of the Australian aid program in Papua New Guinea. While improvements in fair trade, strategic investments in economic growth industries and strengthened financial governance may lead to improved macro-economic indicators, they will not necessarily

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improve the quality of life of the very poor. This is particularly so for key services such as health and education – which generally receive little investment from the private sector and play a strong role as equaliser (or, in their absence, exacerbating disparity) for poor and vulnerable communities. The aid program has a unique opportunity to address some of the key factors constraining equitable economic growth in PNG: poor health, lack of education, poor governance systems, and gender inequality.

There is a widespread sentiment, often expressed in the media, that aid to PNG does not provide value for money. This frequently ignores a swathe of factors that contribute to difficulties in effecting sustainable change:

- PNG is a relatively new nation which only became independent 40 years ago, and is thus facing the challenges associated building a modern nation
- It is the most ethnically and linguistically diverse country on Earth
- PNG legislative frameworks are complex and difficult to navigate, impacting on the development of effective systems and accountability frameworks
- PNG is an expensive country in which to work, with remoteness of communities, scarcity of accommodation, underdeveloped transport infrastructure, and law and order issues.

Despite the above challenges, many in the PNG community recognise that Australian aid has provided vital support to the PNG government's efforts to expand and strengthen basic services.

There have been a number of success stories of Australian aid in PNG. One of these is the successful response to HIV and AIDS, which is no longer considered to be a major health threat. Australian aid was a major driver of the national HIV response in PNG. The Office of Development Effectiveness, in its evaluation of Australia's contribution, found that from the initial design in 2005-6 Australia's contribution employed highly relevant principles and policy<sup>1</sup>. In its lead role, Australian aid responded to signs that the epidemic was becoming an emergency by establishing a dedicated HIV program and significantly increasing its funding. At the same time it remained aligned with evolving national priorities, which included HIV treatment, care, education, and prevention. In line

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<sup>1</sup> Office of Development Effectiveness. Responding to Crisis. Evaluation of the Australian aid program's contribution to the national HIV response in PNG, 2006-2010. Canberra, August 2012.

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with international best practice, it promoted the involvement of people with HIV in the response, and gender sensitive approaches.

Other successes that have demonstrated the health benefits and effectiveness of Australian aid include: the reduction in malaria cases and deaths, the reduction of measles as a key cause of child illness and death, devising a model for effective distribution of medical supplies to remote communities, and the effective response to the cholera epidemics. Australian aid should continue to focus on the needs identified within PNG communities.

## **Recommendations**

- 1.1 The Australian aid program in PNG should have as a primary objective improving the quality of life of the population, particularly of poor and vulnerable groups.**
- 1.2 At least 50% of the aid budget should be allocated to human development (including health, education, and women's empowerment).**
- 1.3 Australian aid should continue to invest in strengthening governance and institutions to help build within government technical capacity, skills and the ability to learn.**

## **2) Modes of aid delivery (b-d in the TOR)**

The Australian aid program should be delivered through a diverse range of development partners, working at both national and sub-national levels. Different partners bring unique strengths and expertise to the delivery and provision of aid programs. The aid program must achieve a balance between support to governments (district, provincial and national), the private sector, multilateral institutions and civil society.

### ***NGOs (Australian and PNG)***

NGOs have a strong track record in PNG, particularly in relation to the provision of specialist technical expertise, in maintaining continuity of engagement in the long-term, in accessing more challenging environments and with local-level stakeholders and communities, and play a key role in developing and piloting innovation in aid. As NGOs are not-for-profit, utilising these partners also ensures that aid funding is utilised solely in the management and implementation of aid activities.

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### ***Research partnerships***

Given the relatively modest research capacity in PNG, the unique context, and clear gaps in service delivery and health outcomes, partnerships between Australian and PNG research institutions, service delivery organisations, and government agencies should be strongly supported by the Australian aid program across a range of sectors, such as health, agriculture, gender, education, and environment. Strengthened research capacity will enable PNG to more effectively identify development needs, to understand what does and does not work, and to monitor and evaluate development outcomes. PNG's decentralised society requires some development learning at district level, through focused pilot programs that retain a strong connection with provincial and national policy.

### ***Multilateral organisations***

There is a strong role for multilateral organisations, such as the World Health Organization and UNICEF, in human development in PNG and they should be supported by Australia. However, UN agencies are often exempted from an independent evaluation of Australian-funded activities. This routine exemption limits the ability of the Australian aid program to learn important lessons from the implementation of development programs. It should also be recognised that many of the innovations contributing to the ability of UN Agencies to promote policy improvements and inform international standards are led by NGOs.

### ***Church health services***

Church-run health services are critically important to the health system in PNG. In addition to delivering vital services they have strong links to and influence amongst communities through their internal networks. Support to and engagement with church-run health services will strengthen the linkages between service providers and communities, and adaptation of development to differing local contexts.

### ***Private sector***

We consider that the private sector, in its many incarnations, has a potential role in addressing some of the key factors constraining equitable economic growth in PNG: poor



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---

health, lack of education, poor governance, and gender inequality. The Australian Government can be a catalyst and facilitator in promoting this role – and in encouraging all private sector partners to demonstrate high standards around ethical engagement and corporate responsibility in recognition that PNG's regulatory and accountability mechanisms are fragile<sup>2</sup>. We have witnessed a number of ways in which the private sector has engaged in development in PNG.

One example is *Tingim Laip*, PNG's largest community-based HIV prevention and care project operating in 20 locations in ten provinces. The project has been funded by the Australian Government since 2004. The Burnet Institute managed the program on behalf of AusAID until 2010.

*Tingim Laip* works in settings where the risk of HIV transmission and the impact of HIV are higher and focuses on the key populations most affected by HIV, in particular environments of HIV risk, vulnerability and impact. Among these "high-risk settings", mining sites and other industrial estates were ranked highly vulnerable due to abundant commercial sex and high intake of alcohol and other drugs. As such, it was important to engage with the corporations responsible for these industries.

Partnerships between the private sector and *Tingim Laip* occurred in some provinces, but there was considerable variation. On the whole they were very successful; many community-managed sites engaged very effectively with company management. The potential was enormous with the "topping up" (at no cost to *Tingim Laip*) that occurred with corporate activities and support. Prominent among private sector entities that engaged effectively with this program were OkTedi Mining (owned by the PNG Government), US-based Cargill, owner of the Milne Bay Palm Oil Estates, the multinational Ramu Agri-Industries Limited, and Canada's Barrick Gold Ltd in Kainantu.

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<sup>2</sup> <http://www.transparency.org/country#PNG>

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---

An additional example is that of Oil Search, a key partner in the implementation of HIV and Malaria activities within PNG, funded under the Global Fund.

For-profit Managing Contractors also have utility in managing large-scale development initiatives - with an ability to scale-up activities in implementation of large-scale reimbursable contracts that in many cases are beyond the remit of smaller NGOs. Ensuring effective accountability mechanisms for the management of these larger contracts, and the on-contracts made to NGOs and other providers through grants and sub-awards, is also important in ensuring accountability and transparency of aid implementation.

## **Recommendations**

**2.1 Australian aid should continue to be delivered through a diverse range of partners which maintain transparency and accountability to the Australian and PNG governments.**

**2.2 The Australian aid program should support research partnerships that will increase local capacity to identify development needs and effective practices, and to evaluate impact.**

**2.3 The Australian aid program should play an active role in catalysing and brokering engagement by the private sector in human development, for example as partners with Australian aid programs in geographic areas where the companies are operating.**

**2.4 The Australian government should further develop systems for the accountability of all partners in delivering aid, for consistency and to promote accountability - including on-contracting of partners and reconsidering the routine exemption of UN agencies from independent evaluations.**

### **3) Sectoral focus of the Australian aid program (e-f in the TOR)**

Having proposed in Section 1 that at least 50% of aid funds in PNG should be allocated to human development, as a health-focused institute we concentrate on the health sector in this section. Investing in health is an important path to achieving the aid program's twin goals of sustainable economic growth and poverty reduction.

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---

The rates of maternal and child deaths in PNG are extremely high, with one of the highest maternal mortality rates in the world – more than 500 deaths per 100,000 live births. This is about 80 times that in Australia and equates to up to 1500 mothers dying each year. Neonatal mortality has been alarmingly slow to improve. In PNG, 5000 newborns die each year. Two-thirds of these newborns could be saved with basic, but effective, interventions.

One of the major constraints to poverty alleviation is poor health and, therefore, health development efforts need to be targeted explicitly towards the very poor. The landmark 2001 Report by the **Commission on Macroeconomics and Health**<sup>3</sup> succinctly summarised the importance of health and education to economic growth as follows: *“Health is the basis for job productivity, the capacity to learn in school, and the capability to grow intellectually, physically, and emotionally. In economic terms, health and education are the two cornerstones of human capital, which Nobel Laureates [in economic sciences] Theodore Shultz and Gary Becker have demonstrated to be the basis of an individual’s economic productivity. As with the economic well-being of individual households, good population health is a critical input into poverty reduction, economic growth, and long-term economic development at the scale of whole societies.”*

The expert panel of leading economists convened by the Copenhagen Consensus Centre in 2013<sup>4</sup> ranked **ten health interventions among the 16 most cost-effective solutions** to the major global development challenges. The top five value-for-money investments are fighting malnutrition; malaria medicines; expanded childhood immunisation coverage; deworming treatments for children; and expanded TB treatment. We believe that a focus by the Australian aid program on strengthening systems to efficiently deliver these highly ranked health interventions will have a major impact on the health and well-being of the people of PNG, and contribute to poverty reduction.

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<sup>3</sup> Macroeconomics and Health: Investing in Health for Economic Development. Report of the Commission on Macroeconomics and Health, Chaired by Jeffrey D. Sachs. Presented to the Director-General of the World Health Organization, on 20 December 2001.

<sup>4</sup> B Lomborg. *How to Spend \$75 Billion to Make the World a Better Place*. Copenhagen Consensus Center, 2013.

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---

In our experience, the delivery of “vertical” health interventions, as described by the Copenhagen Consensus Centre, is unlikely to be effective and sustainable without the coordinated mobilization of all aid actors, including civil society, to firstly strengthen the underpinning health system and, secondly, support the implementation of operational research that can ensure investments are relevant, well-targeted and measured for impact. Investment in health also contributes to achieving another of the Australian aid program's objectives – ***gender equality and empowering women and girls***. In late 2013, the leading medical journal *The Lancet* published a paper entitled “Advancing social and economic development by investing in women's and children's health: a new Global Investment Framework”<sup>5</sup>. The conceptual framework recommended by the authors (who comprise *The Lancet* Commission on Investing in Health) has women, adolescent girls, mothers and newborns at the centre. The core recommended interventions include prevention of unintended pregnancy and birth through contraception and reproductive health and effective care during pregnancy, birth and the postnatal period.

Reducing unintended pregnancies and maternal mortality can greatly increase the quality of life for women in PNG and improve their educational and economic potential. These will, however, be insufficient without additional focused attention on two critical underlying social determinants: the low status of women and gender associated violence. Australian aid has demonstrated capacity in supporting responses to both these areas.

We welcome the recent attention given by the Australian aid program to reducing maternal and child undernutrition as evidenced by the formation of the multi-sectoral Nutrition Working Group within DFAT and Australia's recent membership of the global Scaling Up Nutrition Movement<sup>6</sup>, launched in 2011. Nutrition has been a blind spot in the Australian aid program in PNG despite the prevalence of stunting (chronic undernutrition) in children under 5 years being 44% -- higher than many countries in Sub-Saharan Africa.

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<sup>5</sup> Karin Stenberg et al. Advancing social and economic development by investing in women's and children's health: a new Global Investment Framework. *The Lancet*. Published Online November 19, 2013. [http://dx.doi.org/10.1016/S0140-6736\(13\)62231-X](http://dx.doi.org/10.1016/S0140-6736(13)62231-X)

<sup>6</sup> Scaling Up Nutrition: <http://scalingupnutrition.org/>

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Recent estimates suggest that poor nutrition accounts for some 45% of child deaths globally and 11% of the total global disease burden<sup>7</sup>. Therefore, reducing child undernutrition will have a major impact on child mortality. Moreover, reducing stunting rates will lead to better educational and employment outcomes.

## **Recommendations**

- 3.1 Australian health sector aid in PNG should aim to strengthen the basic building blocks of a health system – effective service delivery, workforce development, health information systems (including operational research capacity), a reliable supply of medical products, vaccines and technologies, equitable health financing, emergency preparedness, and effective and transparent governance.**
- 3.2 Within a health systems strengthening framework, Australian aid should prioritise reproductive, maternal, neonatal and child health.**
- 3.3 Australian aid should remain flexible enough to effectively respond to emerging health threats, such as multi-drug resistant tuberculosis, malaria and unanticipated epidemics.**
- 3.4 Gender equality, including a focus on gender associated violence, should remain both a cross-cutting imperative, and the object of specific programs.**
- 3.5 Reducing child undernutrition should be a major objective of Australian health sector aid to PNG. This should be achieved through multi-sectoral programming (health, agriculture, water & sanitation, and education).**

## **4) Measuring development outcomes (g. in the TOR)**

The recent report into the performance of Australian aid in 2013-14 found that while monitoring and evaluation (M&E) across programs in the Pacific was below the global average, the situation in PNG was far worse, where fewer than 50 per cent of investments had satisfactory monitoring and evaluation arrangements.<sup>8</sup>

The approach to M&E of Australian aid programs is often piecemeal and relies on fly-in fly-out consultants. A whole-of-aid program monitoring and evaluation framework should be

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<sup>7</sup> Black, R.E., et al., Maternal and child undernutrition: global and regional exposures and health consequences. *The Lancet*, 2008. 371(9608): p. 243-260.

<sup>8</sup> DFAT, 2014, Performance of Australian Aid 2013-14, p 26

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developed, which incorporates a cascading system of reporting and accountability. All programs should integrate monitoring and evaluation as a central facet of governance, programming and implementation of aid programs. Ensuring aid partners have adequate support and develop these systems is crucial to ensuring their accountability for delivering outcomes to PNG communities, and in their accountability to both the Australian and PNG Governments for same. M&E frameworks must include equity markers as one of the measures of success. Effective M&E needs to be participatory and partner authorities and communities need to be involved in the design from the outset.

There is a great need to build in-country capacity in monitoring and evaluation (and associated operational research) in PNG. This capacity strengthening needs to have a dedicated budget across the program in all sectors. Partnerships between Australian and PNG academic institutions and government and civil society service providers could help build capacity. Australian aid's 2013 development of a multi-year evaluation framework for measuring progress in medical supplies reform is an example of long-term planning for impact evaluation of a significant investment<sup>9</sup>.

It is highly unlikely that PNG will achieve any of the Millennium Development Goals by the end of 2015. As the aid program to PNG is under review and redesign it would be timely to adopt the post-2015 Sustainable Development Goals<sup>10</sup> as benchmarks.

## **Recommendations**

**4.1 Dedicated resources need to be allocated to strengthen capacity for M&E in PNG, with early development of multi-year long-term evaluation plans for all significant investments.**

**4.2 Capacity building could be achieved through partnerships between academic and service delivery organisations.**

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<sup>9</sup> DFAT and Burnet Institute. Medical Supply Reform Impact Evaluation Papua New Guinea. Year One Evaluation Report. December 2013. <http://dfat.gov.au/about-us/publications/Documents/png-burnet-institute-medical-supply-evaluation.pdf>

<sup>10</sup> Sustainable Development Solutions Network: <http://unsdsn.org/resources/goals-and-targets/>

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**4.3 Align Australia's aid program in PNG with the priorities identified in the Sustainable Development Goals.**

**4.4 Ensure that all M&E frameworks for Australian-funded activities in PNG include equity indicators.**

**5) Learning from others (h. in the TOR)**

There are a number of countries that have faced similar development challenges as PNG and are making significant progress. In our experience, Laos and Nepal offer useful lessons for PNG regarding health development.

In two northern provinces of Laos – mountainous and multi-ethnic like PNG – Save the Children has been engaged in primary health care development since the mid-1990s. They have worked through provincial and district health management teams made up of government staff, whilst also effectively mobilising communities, building the capacity of health staff at every level, and taking services to remote communities through mobile outreach clinics. The results have been excellent – infant, child and maternal mortality rates have declined significantly in this region, and are comparable to the lower rates found in Thailand.

Nepal has managed to reduce maternal and child mortality more rapidly than PNG, and at lower cost, despite challenging geography and the disruption of a decade-long civil war. This has been through strong support to a community-based health workforce, a focus on high-impact interventions, removal of financial disincentives to health care access, and broad gains in gender equality. This has often been obtained with critical contributions from development partners (including to some extent Australia).

There are opportunities for learning across sectors and from the history of support within PNG itself, and developing a broad-scale database and mechanism for aggregating and sharing such lessons among partners. This would help the Government of PNG coordinate development partner assistance and is also crucial in informing ongoing improvement and learning from prior experience.

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## **Recommendations**

- 5.1 DFAT should undertake a mapping of successful health care initiatives in low and middle-income countries in the Asia Pacific region to identify opportunities to share experiences with government and civil society health officials in PNG. Northern Laos is one possibility.**
- 5.3 DFAT should look to develop a mechanism for aggregating and sharing lessons across sectors and from prior aid programs in Papua New Guinea.**