

EVALUATION OF THE NEW ZEALAND MEDICAL TREATMENT SCHEME

BACKGROUND

The New Zealand Medical Treatment Scheme (NZMETS) was set up to provide citizens of Pacific Island countries (PICs) with access to specialised medical treatment. Fiji, Kiribati, Tonga, Tuvalu and Vanuatu are currently participating in the scheme .

The NZMETS's goal is for citizens of these countries to be healthy and productive with a long term outcome of successful clinical outcomes for citizens in participating countries unable to access specialist services. The NZMETS comprises two components:

- the Overseas Referral Scheme (ORS) and
- Visiting Medical Specialists (VMS).

The Activity is delivered by an Auckland-based Health Specialists Limited (HSL).

This evaluation looked at the performance of the NZMETS over the period 2011/12 to 2013/14. In particular, it assessed effectiveness in meeting outcomes and providing recommendations to improve the focus, efficiency and value of the scheme for any future phases.

WHAT WORKED WELL?

The NZMETS has indirectly contributed to New Zealand's sustainable economic development objectives through providing life-saving treatments. Children are well-represented also which increases the potential for lifelong benefits. In terms of the components:

- the VMS has responded flexibly to partner country needs and priorities by providing teams in requested specialties.
- the ORS provided tertiary-level clinical services for patients that were not available in-country.

The evaluation found that patients were provided with successful clinical treatments, and the ORC approval criteria was robustly implemented ensuring that treatment is based on clinical need and prognosis. The NZMETS objectives in terms of outputs and performance against targets have largely been met or exceeded for those measures that have been reported.

With respect to the ORS, a considerable degree of uncertainty around the cost of treatment was well managed, despite factors outside their control such as undiagnosed conditions and complications in theatre or immediately after surgery. Over the evaluation period, our partner has become adept at managing this volatility, which has reduced the variance between budget and expenditure over time. This can be interpreted as a measure of improved efficiency in programme management .

The evaluators noted that some clinical staff have developed and embedded their skills (e.g. new surgical techniques, use of drugs within an oncology service) alongside visiting specialists.

WHAT IMPROVEMENTS COULD BE MADE?

The NZMETS has scarce information on patients' medium-term health outcomes. This is due to the limitations of in-country health information systems, inherent logistical challenges, and the capacity of partner countries to track patients and ensure they receive follow-up care.

Though there was some evidence of the impacts of VMS teams on local staff, including increased skill levels and improved staff confidence, recording of these outcomes is not sufficiently well developed. There is a gap in measurement and reporting that needs to be addressed in any future phase of support. There are also a number of gaps in reporting against the metrics in the results measurement table.

Within the VMS, visiting teams are essentially providing their services through goodwill. If the value of their time was factored in, it would be equivalent to at least 10% of the annual budget of the NZMETS. The pro bono nature of VMS services needs to be borne in mind when considering requests for increased capacity development support.

More strategic planning of capacity development provided through the VMS could support partner countries' health workforce development plans, thereby improving the sustainability of the benefits from any future phase of support.

RECOMMENDATIONS

The evaluation found evidence that the NZMETS was successfully meeting clinical needs that would otherwise go unmet. Therefore there was a case for on-going funding of the NZMETS. Further recommendations focused on revising and reinforcing the scheme for any future phase of support. This included the development of a central document that provides key information about the scheme and revision of the results measurement framework with more meaningful, robust and better specified indicators. The report also recommended extending capacity development support and introducing a Pacific-based liaison role to enable better understanding of and responsiveness to the needs and priorities of partner countries.

OUR RESPONSE

The evaluation was useful in informing MFAT what it has achieved in the past. An in-depth country health needs analysis will be undertaken to inform the new phase of the Activity. As part of developing the next phase, a new Activity Results Framework will be developed which includes achievable and measurable indicators.

DETAILS ABOUT THE EVALUATION

Completed by: Gary Blick and Joanna Smith of Sapere Research Group for the Ministry of Foreign Affairs and Trade

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