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Response to Raymond *et al.* Health policy evaluation in rural and remote Australia: a qualitative exploration and lessons from the Northern Territory

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In a recent *Australian Health Review* contribution, Raymond *et al.*[1] described perspectives of health policy evaluation in rural and remote contexts by 25 Northern Territory Department of Health (NTDOH) policymakers. The themes identified are unified by strengths-based approaches,[2] and highlight NTDOH policymakers' responsibility for supporting equity and outcomes in rural and remote health (RRH). To support appropriate health policy evaluation in the Northern Territory (NT), a greater focus on the intersection between RRH and Aboriginal and Torres Strait Islander health policy contexts is needed.

In the NT, Darwin is an outer regional area and all other areas are remote or very remote.[3] Outside of Darwin, 7 out of 10 people identify as Aboriginal and/or Torres Strait Islander, and this proportion increases with remoteness.[4–6] Policy evaluation in RRH, and Aboriginal and Torres Strait Islander contexts have synergies, differences and overlapping relationships. Aboriginal and Community-Controlled Health Services (ACCHS) are located at this intersection, with local insights and knowledge of the unique and shared characteristics with RRH and Aboriginal and Torres Strait Islander health policy.

ACCHS are a priority for health care planning and delivery,[7] but their importance in RRH policy evaluation is understated. ACCHS are directly operated by, and accountable to local Aboriginal communities, with reporting requirements to the Health Performance Framework[8] and Closing the Gap targets.[9] ACCHS stakeholders have a deep connection to and understanding of Aboriginal and Torres Strait Islander health. They have demonstrated capability to enhance the evaluation of programs and policies involving Aboriginal and Torres Strait Islander peoples, including those introduced and implemented by NTDOH.[10]

Indigenous governance and leadership (for example by way of early ACCHS engagement) is a critical component of effective and contemporary RRH policy evaluation because it enables the co-design of a monitoring and evaluation plan throughout the policy development process.[11,12] Including evaluation in policy development processes is central to informing policy formulation and implementation.[12] Indeed, the NT Government Program Evaluation Framework requires this through policy and budget development processes.[13] To promote this further, resourced policy governance models built around Indigenous leadership (e.g. shared ownership and collaborative development processes[14]) should be explored.

Raymond *et al.*[1] analyses and best practice evaluation in Aboriginal and Torres Strait Islander contexts[11,15–17] should inform future RRH policy evaluation. Another approach for optimising RRH policy evaluation is to reference key principles from the NT Aboriginal and Torres Strait Islander Health Plan 2021–2031;[7] which are cultural respect, community control, ethical practice, health equity, accessibility, capacity, and partnership.[7] Strengthening relationships and partnerships with the community-controlled sector can enhance policy evaluation capacity.

Just as the health policy evaluation context is important to consider, so too are the specific facets of health that are the subject of policy. RRH policy evaluation ought to be

responsive to the political, social, contextual and temporal factors influencing RRH policy development and implementation. There is a need to advance work such as Raymond *et al.*[1] and explore the complex interface in policy evaluation between RRH and Aboriginal and Torres Strait Islander health.

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