Submission to the New International Development Policy:
a revitalised approach to Australia’s global health program

Introduction
COVID-19 (Coronavirus) and recent measles outbreaks provide critical examples of the urgent need for the Australian Government to invest in the health systems - workforce and physical infrastructure - of our near neighbours. Australia’s health security depends on our regional health security - and the aid policy ‘reset’ gives us the opportunity to invest into long-term health system partnerships and strengthening. Australian expertise is very well-placed to facilitate public health outcomes across the region, which are also in our national interest.

As the peak body for global health organisations across Australia, this submission outlines the value of global health components of international development, for both regional partners and Australia. Global health is a critical means for improving the lives of regional partner countries and advancing Australia’s national interest. As such, this submission argues global health should be recognised as a cross-cutting theme and strategic priority within the newly formed international development policy. A key feature should be ongoing research and evidence-based improvements to facilitate the highest level of program implementation. At the same time, we would reiterate that the forthcoming policy be underpinned by a real commitment to improving the health, human security, resilience and economic outcomes for the partner countries’ neediest communities.

Regardless of the final scope, purpose and structure of the new policy, there should be a clearly defined and well-resourced global health component of Australia’s Official Development Assistance (ODA). This submission will demonstrate the impact of global health, and that it supports Australia’s national interest and represents a return on investment, before recommending key tenets of the new international development policy with a focus on partnerships for health.

Although DFAT and its relevant Ministers have indicated that there will be no change to the overall ODA budget resulting from this review, we would like to argue the global health and overall ODA budget must be commensurate with the scope of planned activities. If the Australian Government intends its international development portfolio to have real impact and strategic value, stated objectives must be matched by budgetary support. Tightening the development budget will continue to undermine the durability and effectiveness of ODA.

Part 1: Why Global Health?
Global Health is the area of study that places priority on improving health and achieving equity in health for all people worldwide. This includes communicable and non-communicable diseases (NCDs), as well as both acute and chronic illnesses. Interventions include all strategies to prevent, promote, and treat physical and mental health conditions.

Success and Impact
Investing in global health has real benefits for partner countries and their citizens. In almost every area there have been quantifiable improvements in critical health problems over the past 50 years. For example, for communicable diseases, major killers like malaria have had their morbidity rapidly and consistently reduced, vaccines are preventing and even eliminating infectious diseases such as polio and smallpox, and health interventions have increased the length and quality of life for those with chronic health issues such as Type 1 Diabetes.

Global health investment and innovation can lead to marked improvements in the health of women, children and adolescents. For example, under-five child mortality has continued to decrease year on year. According to UNICEF, under-five mortality worldwide has reduced from an estimated rate of 93 deaths per 1000 live births in 1990, to 39 deaths per 1000 live births in 2018, a decrease of 59%. This decline has saved an estimated 48 million children since the year 2000. In addition, contraceptive care has prevented many deaths associated with complications from pregnancy and childbirth.

At the same time, NCDs (such as cancer, diabetes, heart disease, mental illness) and injury have emerged as major causes of death and disability in low and middle-income countries.
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For instance, NCDs kill 41 million people per year, many of whom are under the age of 70 years. However, there is strong evidence in support of a number of highly cost-effective interventions in NCDs. The World Health Organisation (WHO) has highlighted 16 ‘Best Buys’ including salt reduction strategies, exercise programs and drug therapy and counselling for cardiovascular diseases. It has been estimated that the cost of delivering this package of programs at scale in low and middle-income countries is an additional US$1.27 per person, and this will save 8.2 million lives. Addressing the burden of NCDs has particular relevance to countries in the Pacific region where levels of obesity and diabetes are amongst the highest in the world.

As another example, cervical cancer is a major killer of women worldwide with around 260,000 deaths estimated to have occurred in 2017. Most cervical cancer deaths are estimated to occur in lower and middle-income countries. 70-90% of cervical cancers can be prevented by human papilloma virus (HPV) vaccines. Developed from Australian research, these are now available in more than 120 countries with in excess of 270 million doses administered worldwide (as of May 2017). Gavi, the Vaccine Alliance, is extending vaccine access in low income countries through market shaping methodologies and negotiating record low prices. Unitaid is investing US$60 million to advance more effective screening tools and introduce new portable devices to treat precancerous lesions. Among the project’s goals is to bring about a screen-and-treat solution that costs less than US$ 1. More effective, affordable tools for screening and treating will be essential to reach the targets in the Global Strategy to accelerate the elimination of cervical cancer. The Global Strategy was recommended for approval and implementation at the WHO Executive Board in January, with the resolution cosponsored by Australia.

Over recent years, Australia has contributed substantially to global and regional health, including facilitating the establishment of the Asia Pacific Leaders Malaria Alliance and supporting the Global Fund to Fight AIDS, Tuberculosis and Malaria, TB Alliance, FIND and Gavi, the Vaccine Alliance.

The Global Fund has achieved economies of scale and delivered on key market shaping objectives through its Pooled Procurement Mechanism (PPM) which directly procured US$1.1 billion of medicines and health products, including antiretrovirals, antimalaria medicines, long-lasting insecticidal nets, and rapid diagnostic tests on behalf of more than 60 countries in 2018. Between 2014-2018, the Global Fund’s PPM has generated more than US$600 million in savings.

**Return on Investment**

Expenditure on global health activities and interventions has demonstrated a measurable return on diseases, reproductive and maternal, child and adolescent health in low and lower middle-income countries and could return between $13 and $30. More specifically, the return on investment for each US dollar invested in:

- Packages of women, children, and adolescent health initiatives is between US$6 – US$40, and even higher for some interventions;
- Tuberculosis is between US$2 and US$120;
- And, malaria is between US$6 – US$40.

Australia’s investments in the 21st century public-private partnerships such as the Global Fund and Gavi have represented an excellent value for money. For every dollar contributed to the Global Fund, US$20 has been invested in the Indo-Pacific region, the Global Fund’s investment of US$14.5 billion in the Indo-Pacific region is estimated to have spurred US$276 billion in long-term economic gains. Furthermore, each dollar of investment in immunisation via Gavi will give a return of $21 dollars, rising to $54 dollars when broader societal benefits are included. This is expected to generate US$900 million in donor cost savings and contribute US$80-100 billion in economic benefits over the 2021–2025 period.
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Australia’s total contribution to Gavi is calculated to be $USD555 million between 2000-2020 whereas Gavi’s commitments to countries in the Indo-Pacific region stands at $USD 2.6 billion for the same period. Therefore, Gavi’s total commitments to the region are more than five times the contribution from Australia.

In relation to NCDs, it has been estimated that investment in the package of 16 ‘Best Buys’ in NCD prevention in low and middle-income countries yields a return of $7 for every dollar invested.

Investing in global health is in Australia’s national interest
Investing in global health programs, services and technology in our region is firmly within Australia’s national interest and supports the objectives of the 2017 Foreign Policy White Paper. In summary, it promotes prosperity, regional stability and security, fosters innovation from which Australia can benefit economically and intellectually, builds goodwill with neighbouring countries and extends our influence, expertise and commercial interests:

By securing the health of Australia: With growing travel and migration set to continue, support to regional prevention, early detection and containment systems are essential to protect Australian health security. Investments in TB control in Papua New Guinea for example, have been shown to potentially return over four times the benefit back to Australia.

By extending our expertise, diplomacy and soft power: Australian expertise in national health insurance, prevention and treatment of non-communicable diseases, and drug supply systems are just a few key areas that concern neighbouring countries. Australian aid facilitates greater opportunity for exchange and collaboration, and global health programs portray Australia as a good global citizen and a strategic partner. The benefits for Australia’s reputation and influence in the region, as well as for building bilateral and people-to-people links cannot be underestimated. For example, an ANU study highlighted the impact of Australian aid on exports to Asian countries, with every $1 of aid resulting in an average of $7.10 in Australian exports.¹

By fostering innovation and commerce: Australia has a strong track record in health research, innovation and service delivery, including in the development of the HPV vaccine, pentavalent vaccine, cochlear implant clinical management for viral hepatitis and in tobacco control. Global health engagement can export, translate and communicate these innovations into regional and global initiatives, enabling significant commercial opportunities, particularly for the private sector and small businesses.

By substantially contributing to the economic growth, stability and prosperity of Australia’s region: Health is the cornerstone of an educated, productive society and workforce, and can contribute substantially to economic growth. Better integration of health into plans for major development and infrastructure projects can deliver improvements in economic growth as well as health outcomes and progress toward the Sustainable Development goals. Gaps in regional health systems can destabilise economies, weaken governance systems and undermine security environments. The measles outbreak in Samoa, with more than 5,600 cases and 81 recorded deaths in a population of only 197,000, illustrates how whole countries can be rapidly brought to a standstill, with schools closed, curfews imposed, business activity and trade frozen, and health services overwhelmed. Australia can foster stability and prosperity through strategic investments in health infrastructure.

We are now experiencing the evolving, devastating global impact of COVID-19. While the cost of this pandemic will not be known for some time it is very clear from the scoping studies carried out under the auspices of the Regional Health Security Centre that many countries in this region do not currently have the health infrastructure to cope with a large-scale epidemic. In some cases, there is not even the capacity to identify cases.

Part 2: What should Australia’s international development program look like?
Investing in Official Development Assistance

Recommendation: There should be a reversal in the ongoing contraction of international development assistance.
The ODA budget has been under threat since 2013-14, where Commonwealth financial allocations have reduced in relative
and in absolute terms. Regrettably, countries in the region increasingly see Australia as an unreliable partner in development. Increasing the budget allocation will facilitate a more ambitious, strategic and effective development program and enable greater positive international engagement with numerous benefits to Australia and its neighbours.

**Prioritising global health**

**Recommendation: Health should be a cross-cutting theme and strategic priority of the forthcoming international development policy.** All areas of existing ODA investment can be seen to intersect with global health, including infrastructure and trade, agriculture, effective governance, education, building resilience, gender equality and economic development. As such, policy recognition of global health as a strategic cross-cutting asset of international development and foreign policy, alongside diplomacy and trade, will help garner sufficient attention, resources and political willpower to guarantee the global health program is effective and contributes to other areas of ODA, as well as other of Australia’s national interests.

**Financing global health**

**Recommendation: Investment is critical.** Whilst global health has made significant progress, sustained, innovative and well-structured financing arrangements are needed in order to ensure the longevity, quality and scale of vital health programs. Investment in global health is critical so it can have positive flow-on effects for other areas of development, strategic and trade policy. Australia recognised leadership and knowhow in health technology assessment (notably through the Pharmaceutical Benefits Advisory Committee) and the design of universal health programs should be utilised in providing technical support for countries in the region to set priorities and optimise access to medicines and health care for their populations.

**Poverty alleviation and health equity**

**Recommendation: Australia should support an international development narrative that emphasises human development, health equity and human rights, in addition to national interest and strategy.** With growing disparities in health status and service access across the Indo-Pacific, investment in the health systems that cater to the needs of the most marginalised and vulnerable is paramount. It also represents a return on investment as highlighted above.

**Partnerships for global health**

**Recommendation: The new international development policy should prioritise traditional and non-traditional partnership and collaboration as a key means for achieving effective, resource efficient and long-lasting impacts in global health.** Partnership building is an essential component of global health engagement. The Global Health Alliance Australia is an important vehicle for mobilising sectoral and cross-sector partnerships in global health. With existing relationships with Australian member organisations (48), WHO Collaborating Centres and the Pacific Friends of Global Health (The Global Fund, Gavi and Unitaid), the Alliance enables partnerships and consortia across the ‘silos’ in global health.

**Environmental health**

**Recommendation: Climate change and other environmental stresses should be at the heart of the new policy.** Climate and environmental change are having significant impacts on human health in the Indo-Pacific region and globally. It is critical that the new international development policy recognises the health impacts of climate change (and other stresses such as rapid urbanisation, air and water pollution and the loss of biodiversity) and dedicates resourcing to help regional health systems build resilience to these emerging issues. This can be justified by highlighting the co-benefits of climate adaptation and mitigation for health outcomes, the economy and other indicators of success. This sentiment should be mainstreamed within the Pacific Step-Up.

**Global health governance**

**Recommendation: Australia to meet the forthcoming Gavi replenishment.** There are inordinate benefits that result from active participation in global health governance constituted by multilaterals, such as the WHO, and public-private partnerships, such as Gavi and the Global Fund. Contributing to these organisations ensures that Australia has a seat at the table and the opportunity to make sure that the particular needs and voices of this region are heard and influence policy and bring resources into the region. As such, Australia should view its contributions to these organisations as a fundamental component of its overall global health expenditure.
It is thus incumbent on Australia to meet the forthcoming Gavi replenishment of at least $275 million. Alongside the Gavi replenishment, DFAT should continue to support the region through complimentary bilateral health programs, including immunization.

**Strengthening Health Systems**

**Recommendation:** Institutional support for strategic health programs should be continued and expanded. Weak health systems contribute to the initiation and escalation of critical health issues. For example, delays in the detection and reporting of Ebola cases are known to have contributed to the outbreaks in Guinea, Sierra Leone and Liberia, whereas in neighbouring countries with stronger health systems, the spread was more controlled. Australia has an important opportunity to strengthen regional health systems to ensure economic development, stability and regional health security. Institutional support for strategic health programs, such as the Indo-Pacific Centre for Health Security, should be continued and expanded.

**Research**

**Recommendation:** An iterative process of research, research translation and knowledge gain should be embedded into all health implementation programs to facilitate evidence-based improvements. Medical and public health research adds value and creates impact across multiple areas. Medical research is one of Australia’s greatest assets, building evidence for international development expenditure for maximum effect and ensuring a good basis for measurement and evaluation.

**Non-Communicable Diseases and Health Problems**

**Recommendation:** Targeted health issues should include non-communicable disease, ranging from cardiometabolic issues, through to mental disorders and violence against women. The burden of disease in this region is progressively shifting from communicable diseases as the major challenge to non-communicable diseases, although the threat of communicable disease is still ever present. Local health systems are ill-prepared for the rise of NCD’s which most often require cross department and cross sector collaboration. For the Australian Government, this links in with a range of other international development agendas including urbanisation, agriculture, education, law and justice, sustainable ecosystems and economic development. DFAT is already responding in the space of violence against women (VAW), for example, but it is usually viewed as a social or legal issue despite being the leading cause of death for women of reproductive age in the Pacific. Bringing this under the purview of global health will help drive the VAW agenda. Funding for the kNOwVAWdata initiative should be continued and expanded into early intervention in health settings.

*This submission is endorsed by the following organisations*

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