



Saving lives

Improving the health of the world's poor

November 2011

Summary

Saving lives is one of the five strategic goals of Australia's aid program. This includes saving the lives of poor women and children through greater access to quality maternal and child health services (for example, skilled birth attendants and midwives), and supporting large scale disease prevention, vaccination and treatment.

Good health is a human right and a means to achieving other development goals. However, many countries remain off-track to meet the health Millennium Development Goals and the poorest and most vulnerable people continue to bear the greatest burden of ill-health.

Australia has six pillars for our investment in health:

1. Supporting partner countries to deliver more and better-quality health services for poor and vulnerable people
2. Closing the funding gap to provide essential health services for all
3. Empowering poor and vulnerable people to improve their health
4. Working with other sectors, such as education, water and sanitation, and rural development, to address the causes of poor health
5. Reducing the impact of global and regional health threats, particularly in Asia and the Pacific
6. Maximising the impact of Australia's total health ODA investment in partner countries.

Australia will base its investments in health on what works, is effective and achieves results. Australia will provide a mix of support, focussing on funding national health systems, in addition to supporting multilateral health agencies and civil society organisations. Our focus will continue to be on Asia and the Pacific region and we will provide multilateral and regional support where we can be effective.

Purpose

The fundamental purpose of Australia's aid program is to help people overcome povertyⁱ. Saving lives is one of the five strategic goals of the aid program helping to achieve this. Of the ten development objectives of the aid program, the second is saving the lives of poor women and childrenⁱⁱ through greater access to quality maternal and child health services (for example, skilled birth attendants and midwives), and supporting large scale disease prevention, vaccination and treatmentⁱⁱⁱ. This thematic strategy outlines Australia's strategic approach to development assistance for health. It guides the work of the Australian Agency for International Development (AusAID) and other relevant Australian government agencies.



Investing in health is in Australia's national interest because it fosters healthy and productive communities, builds regional prosperity and stability and reduces the impact of emerging health threats across Asia and the Pacific region and beyond.

Australia's approach to investing in health

Australia's development assistance for health has grown steadily in recent years and we have learned lessons that are informing our approach to investing in health. We know that in addition to bringing financial resources, Australia must engage with partner governments and institutions at the policy level to encourage equitable and appropriate budget allocations for health. Strong health systems are essential to deliver key health interventions and focussing on poor and vulnerable people will achieve greater impact. Civil society has a critical role to play in demanding and delivering quality services. Donors and national governments also need to better engage with the non-state sector to ensure affordable and accessible health services. Our bilateral programs in partner countries must be complemented by effective multilateral organisations, which offer technical and financial support. Finally, measuring and monitoring progress is critical to ensuring the effectiveness of our investment and to managing our programs accordingly.


Based on this experience, Australia's increasing investment in health will be guided by four principles:

- Assistance must be **context-specific**, targeting the needs and priorities of each country.
- Assistance should target the main causes of poor health among **poor and vulnerable people** to achieve the greatest impact.
- Assistance should promote **leadership and accountability** in our partner countries and support efforts by government and civil society to address health priorities.
- Assistance should be **backed by evidence** and supported through effective monitoring and evaluation.

To focus our efforts and deliver results, we will work on these six pillars:

1. Supporting partner countries to deliver more and better-quality **health services for poor** and vulnerable people.
2. **Closing the funding gap** to provide essential health services for all.
3. **Empowering poor and vulnerable people** to improve their health.
4. **Working with other sectors**, such as education, water and sanitation, and rural development, to address the causes of poor health.
5. Reducing the impact of **global and regional health threats**, particularly in Asia and the Pacific.
6. **Maximising the impact** of Australia's total health official development assistance (ODA) investment in partner countries.

Australia's development assistance for health is delivered primarily by AusAID. The Department of Health and Ageing leads Australia's engagement with the World Health Organization (WHO) and the Department for Agriculture, Fisheries and Forestry is responsible for some animal health programs targeting emerging infectious diseases.



Pillar 1: Supporting partner countries to deliver more and better-quality health services for poor and vulnerable people

While impressive gains have been made in recent years, many countries remain off-track to meet key MDG targets for health. Maternal and child mortality rates remain unacceptably high in sub-Saharan Africa and parts of Asia and the Pacific, and progress is too slow in almost all regions to halt and reverse the spread of HIV^{xi}. The burden is on the poorest people, including those in middle-income countries^{xii}. Cross-country studies have shown that child mortality rates are generally highest in the poorest 20 per cent of a population^{xiii}.

Australia's priority is to support partner countries to manage sustainable health systems^{xiv} that deliver equitable, affordable and quality health services and make best use of public and private providers. These services must be evidence-based and responsive to the needs of poor and vulnerable citizens. Currently, low coverage and quality of health services in many developing countries mean that the poorest people cannot access appropriate health care when and where they need it. People with disabilities often have significant health problems, yet have limited access to health services.

Australia will support partner countries to identify and respond to their own national health priorities, particularly those that affect poor people. To do this, Australia will promote leadership and accountability for health and support partner government investment in critical elements of their health system, including trained health workers, procurement and supply systems for medical supplies, information on national health issues, basic health infrastructure and service delivery.

Australia will advocate with partner governments for equitable health services and prioritise first and second-level care, including cost-effective interventions to improve maternal and child health (such as reproductive health and family planning services) and prevent non-communicable diseases.

Box 1: Supporting health services in East Timor

Australia helps the Ministry of Health deliver community health outreach programs in isolated, rural areas. Health workers travel to more than 450 villages each month to provide pre- and postnatal care for women and babies, immunisation for children, family planning support, treatment and prevention of common diseases and infections, and information on nutrition and hygiene. Support has also included training Timorese nurses and midwives (contributing to a steady rise in the number of skilled attendants at births), providing overseas scholarships in medicine and health administration, procuring medical equipment, supporting a national health survey and strengthening the national health system. With Australia's support, the child mortality rate reduced by around two-thirds between 1990 and 2010.

In fragile contexts, humanitarian situations and where instability creates gaps in essential services Australia may also provide targeted support to improve specific health outcomes among poor and vulnerable groups, such as reproductive health, nutritional levels and reducing rates of infectious diseases, including HIV.

Multilateral health agencies (such as WHO) and global financing mechanisms (such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance^{xv}) play a critical role in supporting better health services for poor people in partner countries. They provide technical guidance and complement our bilateral programs by funding commodities and services that Australia does not directly provide. Some funds are also using innovative financing techniques to raise additional resources. Australia will continue to invest in multilateral health agencies and global funds to expand the reach and impact of our programs.



communicable diseases^{xx}. Australia will also support improved governance, including in public financial management, to ensure adequate budgetary allocations for health. Australia will promote coordinated policies with a greater focus on health outcomes and, where feasible, will measure the impact of our investments in these sectors on health.

Box 4: Under-nutrition: the need for a multi-sectoral approach

Under-nutrition is an urgent issue in areas such as East Timor, Indonesia, South Asia and sub-Saharan Africa. Across developing countries, approximately 30 per cent of children have stunted growth^{xxi}. The problem is multidimensional, driven by lack of access to food, health care, safe water and basic sanitation. These drivers are underpinned by poverty, gender inequality and social exclusion. Efforts to address under-nutrition require coordination across a range of sectors. Countries that have improved the nutritional status of their populations, such as Thailand, have demonstrated good stewardship and high levels of cooperation across many government departments.

Pillar 5: Reducing the impact of global and regional health threats, particularly in Asia and the Pacific

Emerging infectious diseases (such as avian influenza) and increasing resistance to commonly-used medicines are major concerns in our region. These emerging public health issues are a symptom of our dynamic and rapidly developing region. However, they can reverse development gains, have greatest impact on the poorest people and pose a direct threat to Australia. Australia’s aid program can directly invest in reducing this risk at its source, for example through strengthening surveillance, health systems and access to quality medicines.

Australia will invest in preparing for pandemics and other potential international public health threats (such as malaria drug resistance, multidrug resistant tuberculosis and antibiotic resistance) to help minimise the impact of infectious disease transmission in the region. We will support partner governments to build their surveillance systems and improve their ability to respond to emerging disease threats, including through better coordination between human and animal health sectors. We will also work with international health agencies and other donors to monitor such transnational threats and respond as needed, including by advocating for political commitment to address public health threats.

Box 5: Tackling malaria drug resistance in the Mekong

In 2009 approximately 780 000 people died from malaria, 85 per cent of whom were children under five years of age. There are very effective treatments for malaria. However, in Burma and along the Thai–Cambodia border, malaria parasites are becoming resistant to the key component of these treatments - artemisinin. The spread of artemisinin resistance is a major threat to public health. There are currently no effective drugs to replace artemisinin and the human and economic cost of widespread resistance would be enormous. Australia is working with other partners to stop the spread of artemisinin resistance in the Mekong region and help protect the lives of people at risk of contracting malaria in South-East Asia and beyond.

Other global challenges may also threaten international health and regional stability. Humanitarian crises arising from natural disasters, conflict, economic shocks and climate change may affect the burden of disease, including through increasing food insecurity, and have a destabilising effect on our region. Australia will invest in identifying and mitigating the potential health impact of these crises, in addition to supporting national governments to build their own systems to prepare for and respond to such risks.



Appendix A: Indicative Health Indicators

The following indicators may be used to monitor and evaluate the results of Australia's investment in health, as progress towards the health Millennium Development Goals. These are representative indicators only and a detailed sector results framework will be developed. Partner country governments, Australia, multilateral health agencies and other donors are mutually accountable for these results.

Pillars for Australia's investment in health	Indicators for health outcomes	Indicators for health outputs
Pillar 1: Supporting partner countries to deliver more and better-quality health services for poor and vulnerable people.	Percentage (and estimated number) births attended by skilled birth attendants Percentage (and estimated number) children vaccinated with DPT3	Number of health workers trained and working in service delivery Number of months that health facilities have selected medical supplies in stock
Pillar 2: Closing the funding gap to provide essential health services for all.	Proportion public funding allocated to health Total health expenditure by source (government/external/individual), per capita	Australian ODA funding for health
Pillar 3: Empowering poor and vulnerable people to improve their health.	Use of health services by lowest two wealth quintiles Percentage health budget allocated to primary health care	Number of communities mobilised to demand and support quality health services Number of women receiving cash transfers or vouchers to access health services
Pillar 4: Working with other sectors, such as education, water and sanitation, and rural development, to address the causes of poor health.	Number of additional girls completing a cycle of basic education Number of people with knowledge of improved hygiene practices	Number of girls benefiting from initiatives that reduce financial and fee barriers to schooling Number of education programs provided on improved hygiene practices
Pillar 5: Reducing the impact of global and regional health threats, particularly in Asia and the Pacific.	Number partner countries with emergency plans that include response to public health emergencies	ODA for international agencies to monitor and act on transnational threats
Pillar 6: Maximising the impact of Australia's total health official development assistance (ODA) investment in partner countries.	Percentage health ODA provided through program based approaches Percentage health ODA disbursed according to agreed schedules Percentage health ODA using country public financial management systems	Number of Australian programs providing health sector budget support or support through pooled funding arrangements Number of Australian programs participating in multi-donor coordination mechanisms, which include key multilaterals

Note: Data will be drawn from national systems and indicators and data sets may vary across countries. Australia will measure a range of indicators across our programs, as relevant to the country context and program. Data will be disaggregated by sex, socio-economic quintile and relevant disability criteria where possible.

