



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.



Context

The international community has made progress in improving the health of the world's poor and in tackling global health threats. Governments of developing countries, supported by public and private donors, international agencies and non-government organisations, have increased access to essential medicines and critical health services and are achieving results. With increased coverage of interventions such as immunisation and treatment of common childhood killers, the number of deaths in children under five years of age fell globally from 12.4 million in 1990 to 7.6 million in 2010^{iv}. The influx of funding for HIV has enabled more than five million people in low and middle-income countries to receive life-saving anti-retroviral treatment. However, much more still needs to be done.

The world's poorest and most vulnerable people bear the greatest burden of disease and ill health. Infectious diseases (such as HIV, tuberculosis and malaria), complications from pregnancy and childbirth, and poor nutrition are major causes of high death rates in low-income countries. Every year, around 350 000 women die during pregnancy or childbirth and in 2010 7.6 million children under five years of age died from largely preventable causes, 40 per cent in their first month of life^v. In 2009, 1.8 million people died from HIV-related causes^{vi} and 780 000 people died from malaria, most of whom were children under five years old^{vii}. Non-communicable diseases (such as diabetes, cancer and cardiovascular disease) caused an estimated 29 million deaths in low and middle-income countries in 2008^{viii}. They will account for a growing proportion of total deaths because of increasing risk behaviours (such as smoking), rapid population ageing, and as deaths due to communicable diseases are decreasing. Emerging infectious diseases, such as avian influenza, and potential public health emergencies, such as malaria drug resistance in South-East Asia and multi-drug resistant tuberculosis in Asia and the Pacific, present new threats.

Rationale for investing in health

Good health is a fundamental human right^{ix} and has been recognised in internationally agreed goals. Four of the eight Millennium Development Goals (MDGs) relate to improving people's health in developing countries:

- MDG 1—Eradicate extreme poverty and hunger
- MDG 4—Reduce child mortality
- MDG 5-Improve maternal health
- MDG 6—Combat HIV/AIDS, malaria and other diseases.

Sustainable access to safe water and basic sanitation, combined with good hygiene behaviours, also contributes to improved public health (MDG 7).

Good health is also a means to achieve other development goals, such as economic growth and poverty reduction. Healthier adults are more able to work and children free of disease are better able to learn at school and gain the skills needed to break out of poverty. Providing affordable health care also helps to avoid the catastrophic 'out-of-pocket' fees that push millions of people into poverty every year^x.

Australia can, and does, make a difference to the health of poor and vulnerable people, particularly in Asia and the Pacific region. We are a uniquely placed donor, with geographic, trade, cultural and diplomatic ties across the region, and expertise in delivering programs which support sustainable, equitable health care. The Australian Government is committed to helping improve the health of poor and vulnerable people in developing countries.



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 Alliancexv) 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.



Pillar 2: Closing the funding gap to provide essential health services for all

Further progress towards the health MDGs is being hampered by both a lack of financial resources and poorly-targeted and inefficient use of existing funds. It has been estimated that spending on health in low-income countries must rise to between USD67 billion and USD76 billion a year by 2015 to achieve the health-related MDGs^{xvi}. This equates to approximately USD54 per person per year. However, in 2009 health spending in low-income countries was only USD25 per person, of which USD10 was paid by patients as out-of-pocket fees. This compares to health spending of approximately USD3400 per person in Australia.

To deliver essential interventions to poor people and respond to future health threats, our partner countries' health systems must be adequately and equitably financed. Chronic underinvestment has weakened health systems, leaving them without the staffing and resources required to expand essential services to those most in need.

To support partner governments to finance their health system, Australia will provide increased resources through a range of avenues. Where appropriate and practical to do so, this may include providing health budget support, supporting pooled funding arrangements and working with other donors on joint programs. Australia, with other development partners, will also support partner countries to integrate grants from major international health financing organisations (such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance) into their health budget planning.

However, providing funding alone is insufficient. Globally, health development assistance accounts for only 0.3 per cent of total health expenditure in developing countries xvii. The vast majority of health funding is provided by national governments and private out-of-pocket expenditure, with the latter having a significant, negative effect on the poorest households. Australia will therefore support partner countries to target their health resources more effectively and will advocate for increased and equitable allocation of partner government resources for health. This may include making better use of the non-state sector (such as private providers, faith-based organisations and other non-government organisations) in delivering services; reducing out-of-pocket payments for health care for the poorest people; targeting highest burden diseases and highest impact interventions; and focusing on prevention and primary health care.

Box 2: Improving maternal health in Nepal

In Nepal, the number of women and children dying each year fell by over 50 per cent between 1990 and 2008, putting Nepal on track to meet MDG 5 targets. This success is due to good policy choices by the Ministry of Health, resulting in increased access to skilled birth attendance, family planning, and care during pregnancy and after delivery. The Ministry of Health, with support from donor and technical partners, has trained 55 000 community health workers who help women during pregnancy and encourage them to seek care from trained health workers during delivery.

Australia has supported this improvement in a number of ways. Our largest investment has been direct support to the Government of Nepal to implement the National Health Plan. This investment is complemented by core funding to agencies such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (which funds disease prevention and treatment), and to WHO and the United Nations Children's Fund (which provide technical support to the Government of Nepal). In addition, Australia provides complementary funds to non-government organisations to support the delivery of services such as family planning.



Pillar 3: Empowering poor and vulnerable people to improve their health

In addition to supporting partner countries to provide equitable and responsive health care, Australia will support poor and vulnerable people to demand and access affordable, quality health services and interventions.

Civil society and other representative groups have a critical role to play in advocating for inclusive and accessible health services. The international response to HIV has demonstrated that affected communities and groups at higher risk of becoming ill must be involved in decisions regarding their own health. Australia will provide targeted funding to civil society and advocacy groups to enable them to demand quality health services on behalf of the communities they represent, be active partners in their health and hold authorities accountable for the quality and accessibility of services.

Financial, cultural and social barriers to health care must also be overcome, so poor and vulnerable people are more likely to use available services. Out-of-pocket payments can push people into poverty and discourage already poor people from seeking health care when they need it. Health care must also be accessible to and inclusive of ethnic minorities, women in rural communities and people with disabilities, who often face environmental and attitudinal barriers to health care xviii. Punitive laws and social stigma against groups, such as those at higher risk of contracting HIV, also inhibit vulnerable people from accessing health services.

Australia will advocate for removing these barriers to health care based on evidence. Australia will advocate for sustainable and equitable financing for health, including measures that target poor people, such as removing user fees and introducing cash transfer schemes. We will advocate for inclusive health services that address the health needs of all citizens and account for the specific needs of particular citizens. We will also encourage the removal of punitive laws that restrict access to these services.

Box 3: Removing financial barriers to health care in Bangladesh

The Government of Bangladesh, with the support of donors, including Australia, is implementing a scheme to improve maternal health in Bangladesh. Pregnant women who are poor are receiving vouchers for free maternal health services and a cash payment for delivering their baby with a qualified health worker. The program has had a remarkable impact - many more women are accessing pre- and postnatal care and are giving birth with a skilled health worker, either at home or in a clinic. This is critically important in Bangladesh, where maternal mortality rates are very high.

Pillar 4: Working with other sectors, such as education, water and sanitation, and rural development, to address the causes of poor health

Poor health does not only result from infectious diseases and weak health systems. It is also driven by wider social and economic factors such as poverty, gender inequity, female illiteracy and social exclusion, including for people with disabilities. In seeking to improve the health of poor people in developing countries Australia will also address the non-health sector drivers of health by investing in areas such as water, sanitation and hygiene, education, food security, social protection, gender equality and social inclusion^{xix}. Education for girls is a particular priority, as an educated mother is likely to have fewer and healthier children, and her children are more likely to survive and go to school.

In addition, multi-sectoral efforts (such as public health promotion, strengthening legal frameworks and developing appropriate taxation regimes) are needed to help reduce the risk factors for non-



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.



Pillar 6: Maximising the impact of Australia's total health official development assistance investment in partner countries

Australia expects to invest significantly in ODA for health. To maximise impact and value for money, Australia will base its bilateral programs on international best practice, backed by high-quality health and program expertise, and effective relationships with counterpart governments. We will work with partner governments, civil society and the private sector to align our investment with national priorities and systems. We will coordinate with relevant Australian Government and other development agencies across the health sector, to maximise the impact of our funding and policy engagement, including using joint funding and programs. Australia will encourage engagement with non-state health care providers to improve access to affordable services for poor and vulnerable people.

Box 6: Working with the non-state sector in Papua New Guinea

As part of our response to HIV in Papua New Guinea (PNG), Australia is funding civil society organisations, international non-government organisations, faith-based organisations and community-based organisations to improve access to HIV services. These groups augment the services provided by the Government of PNG and enable affordable access to HIV testing and treatment. Their work aligns with PNG's National HIV Strategy 2011-15 and supports government priorities. In 2010, these non-state partners provided HIV testing for nearly 77 000 people, more than half of the national total.

Multilateral health agencies, development banks (such as the World Bank) and global health funds all play a critical role in improving health in developing countries. Through our funding, policy engagement and advocacy, Australia will work with these organisations to improve their effectiveness and impact in our partner countries. In particular we will work to maximise the impact of international efforts in-country, by better coordinating and aligning our support to countries' own health priorities and systems.

Australia's increasing investment in health must be underpinned by evidence. Australia will invest in operational research and impact evaluations to inform our investment and support policy decisions in our partner countries. We will also support global efforts to build the evidence base for cost-effective interventions in low-income settings. Australian academic institutions have a role to play in developing this evidence base and in supporting institutions in partner countries to build their own research capacity.

AusAID will bring together a workforce with the right skills to achieve value for money for our investment and have the impact we expect. AusAID will enhance our monitoring systems so we can measure progress against our objectives.

Where Australia will work

Australia's investment in health across countries will be allocated on the basis of 1) poverty and need, 2) Australia's capacity to make a real difference and 3) our national interest. The focus of Australia's investment in health will continue to be in South-East Asia and the Pacific region.

In Pacific Island countries where there is limited critical mass of human and financial resources for health, Australia will play a major long-term role in funding health services, focusing on the health MDGs (maternal and child health and high-burden infectious diseases), prevention and control of non-communicable diseases and the development of a sustainable health financing system and health workforce. We will support partner governments to strengthen the health system fundamentals that are essential to improve health outcomes.



In South-East Asia, Australia will work closely with partner country governments and communities to support them in delivering quality health services to poor people. We will focus on strengthening countries' health systems to address communicable diseases and improve maternal and child health.

As the aid program expands, we will increase our investment in Africa and South Asia (for example, Nepal, Bangladesh, Pakistan and regionally). Our investment will be based on the specific regional and country contexts and Australia's comparative advantage. In Africa, Australia's priority is to provide targeted support for maternal and child health, focusing on East Africa. We will work with experienced partners, including governments, other donors, multilateral organisations and non-government organisations, to strengthen delivery of health services. As in South-East Asia, we will work with partner governments and other donors in South Asia to help strengthen national health systems.

Outcomes for Australia's health programs

Australia's ODA investment in health will contribute to improvements in maternal and child health and reduce the impact of major diseases on poor people. These achievements will include:

- reduced maternal deaths, through increased access to skilled birth attendants, emergency obstetric care and family planning
- reduced child deaths, through increased immunisation coverage, improved nutrition and prevention and treatment of common childhood illnesses
- reduced cases of and deaths from communicable and non-communicable diseases that affect the poor, through surveillance and prevention of priority diseases
- increased use and improved quality of affordable health services, underpinned by stronger country health systems, through increased funding and mobilising community demand.

Australia, partner country governments and multilateral health agencies are mutually accountable for these results. A table of potential indicators for monitoring our progress towards these outcomes is at Appendix A. A detailed sector results framework will also be developed.



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	Number of health workers trained and working in service delivery
	Percentage (and estimated number) children vaccinated with DPT3	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	Australian ODA funding for health
	(government/external/individual), per capita	
Pillar 3. Empowering poor and vulnerable people to improve their health.	Use of health services by lowest two wealth quintiles	Number of communities mobilised to demand and support quality health services
	Percentage health budget allocated to primary health care	Number of women receiving cash transfers or vouchers to access health services
Pillar 4: Working with other sectors, such as education,	Number of additional girls completing a cycle of basic	Number of girls benefiting from initiatives that reduce
water and sanitation, and rural development, to address the causes of poor health.	education	financial and fee barriers to schooling
,	Number of people with knowledge of improved hygiene practices	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	Number of Australian programs providing health sector budget support or support through pooled funding arrangements
	Percentage health ODA disbursed according to agreed schedules	Number of Australian programs participating in multi- donor coordination mechanisms, which include key
	Percentage health ODA using country public financial management systems	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.



ⁱ Australian Government, *An Effective Aid Program for Australia: Making a real difference – Delivering real results*, Response to the Independent Review of Aid Effectiveness, July 2011.

 $http://unstats.un.org/unsd/mdg/Resources/Static/Products/Progress2010/MDG_Report_2010_Progress_Chart_En.pdf.$

- xii 72 per cent of the world's poorest billion people live in middle-income countries, whereas 20 years ago more than 90 per cent of the world's poor lived in low-income countries. Sumner, A, 2011, Where do the poor live? An update, Brighton, UK: Institute of Development Studies.
- xiii Victoria et al, 'Applying an equity lens to child health and mortality: more of the same is not enough', Lancet 2003; 362: 233–41.
- x^{iv} Well-functioning health systems comprise: leadership and governance; health information systems; health financing; human resources for health (health workforce); essential medical products and technologies; and service delivery.
- xv Formerly the 'Global Alliance for Vaccines and Immunisation'.
- xviFigures in 2005 USD. 'More money for health, and more health for the money', Taskforce on Innovative International Financing for Health Systems, p11.

http://www.international health partnership.net/pdf/IHP%20 Update%2013/Task force/Johansbourg/Final%20 Task force%20 Report.pdf.

ii Australia will focus on the poorest wealth quintile within a population, as people living within this generally have the worst health and are least likely to access services.

iii Other relevant objectives of the aid program include: improving public health by increasing access to safe water and sanitation; and improving governance to deliver better services, improve security, and enhance justice and human rights. These objectives are addressed in separate thematic strategies.

 $^{{}^{\}mathrm{iv}}\mathrm{UN}\;\mathrm{Inter-agency}\;\mathrm{Group}\;\mathrm{for}\;\mathrm{Child}\;\mathrm{Mortality}\;\mathrm{Estimation}, \textit{Levels}\;\&\;\mathit{Trends}\;\mathrm{in}\;\mathrm{Child}\;\mathrm{Mortality};\;\mathit{Report}\;2011.$

^v UN Inter-agency Group for Child Mortality Estimation, Levels & Trends in Child Mortality: Report 2011.

vi Joint United Nations Programme on AIDS 2010, Global Report on the AIDS Epidemic.

vii World Health Organization, World Malaria Report 2010, p.60.

viii World Health Organization, Global Status Report on Non-communicable Diseases 2010.

ix Article 12.1, International Covenant on Economic, Social and Cultural Rights (1966).

x World Health Organization, World Health Report 2010.

xi MDG: 2010 progress chart,

xvii Sridhar and Batniji, 'Misfinancing Global Health: a case for transparency in disbursements and decision making.' The Lancet 2008:372.

 x^{viii} Data from 51 countries has shown that people with disability are nearly three times more likely to be denied needed health care than people without disability. Summary World Report on Disability, 2011, p. 9.

 $^{^{\}mbox{\scriptsize xix}}$ Australia's approach to these sectors is set out in the respective thematic strategies.

xx Risk factors for non-communicable diseases include poor diet, tobacco use, physical inactivity and harmful use of alcohol.

xxi UNICEF, Tracking Progress on Child and Maternal Nutrition, 2009, p.17.