



Australian Global Health Alliance

Submission into DFAT's International Development Policy

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The Australian Global Health Alliance

The Australian Global Health Alliance (“the Alliance”) is delighted to have the opportunity to make this submission to help inform Australia’s new international development policy.

The Alliance is the member-based peak body for Australian global health organisations, with a mandate to strengthen the global health ecosystem through national and global connections, partnerships, research, and innovation, promoting best practices in global health, and advocacy. Our membership is diverse, ranging from universities and research institutes to international and national non-government organisations or peak bodies, to government entities and public private partnerships. The Alliance also hosts the secretariats of the Australian Network of WHO Collaborating Centres and Pacific Friends of Global Health.

Founded in 2016 by a number of Australian global health organisations and leaders, the Alliance is currently the only OECD country global health alliance with a commitment to First Nations global health equity as part of its foundational mandate. The current strategic focus of the Alliance includes Planetary Health (with a specific focus on Climate Change and Health Security and Sustainable Development), Gender Equality, First Nations Global Health, and Health Equity.

This submission is developed in consultation with Alliance members and partners.

PART ONE: Global health and its importance to Australia’s new International Development Policy

Global health is about achieving equity in health for all. The work of global health are the processes and partnerships undertaken (from evidence to policy and practice) towards achieving health equity. Global health identifies and addresses the political, social, legal, economic, commercial determinants of health. Global health challenges and lessons are borne (and applied) in both domestic and global contexts.

The COVID-19 pandemic has laid bare the interconnectedness of health globally, and that what happens in one corner of the world has a real impact on the livelihoods and wellbeing of us all, irrespective of where you live. It has exacerbated existing inequities, particularly for already vulnerable populations, and highlighted severe weaknesses in health systems to prevent and respond to health crises and their consequences.

While the pandemic has been front and centre of newsreels, long standing health inequities have always been there—now further exacerbated by vulnerabilities of a changing climate, conflict, migration, and displacement. Well documented health challenges such as the burden of non-communicable diseases (NCDs), mental health burden and gender-based violence continue to grow without full address. All global health challenges will impact the fabric of society wellbeing, prosperity and ultimately – stability and social cohesion. It is in every countries’ interest to invest in global health as part of the foundational investment in societal wellbeing and inter-generational equity.

Global Health (in its full understanding beyond only infectious disease threat) is currently not appearing on most economic or development agendas in Australian public discourse. It is imperative that Australia’s new development policy prioritises global health by building resilience against future health challenges - of which are increasing in number and severity (see Part 2) - invests in a future workforce and environment that contributes to good health for all, and also explicitly articulates how Australia will progress its commitment to the Sustainable Development Goals (SDGs).

Key messages:

- Global Health is ultimately the health of all of us - not some of us and is affected by and in turn affects, social, legal, political, ecological, and commercial determinants health which require cross sectoral collaboration
- Health security investment should be made also beyond infectious diseases to address NCDs, mental health burden, climate change, and One Health and Planetary Health -- they are all interconnected.

- Health systems and specifically primary health care health systems must be strengthened as the core delivery platform for universal health coverage and health security.
- Investment in strong research partnerships. Australian global health organisations experts are world class leads in many fields but generally the national global health funding ecosystem is small compared to other OECD nations.
- Ethical and inclusive decolonised partnerships: (for example, with First Nations global health experts and with pro-health corporate sector) are an opportunity for DFAT and the global health community to work together to grow global health practice.
- Through investment and capacity building of global health education and research leaders in our region and in bi-lateral and multilateral partnerships, Australia can retain and deepen our excellence and influence globally.

PART TWO: Key global health challenges

What key trends or challenges will shape Australia's engagement in our region and globally over the next five to 10 years? What risks and opportunities does this present for Australia's development assistance?

Climate change: the greatest single threat to human health

Climate change has been described as one of the greatest threats to global health. Australia is not only the most vulnerable OECD country economically and health-wise to the effects of climate change, but also has a leadership role in our region, where climate change requires urgent collaboration in order to ameliorate future harms. By building healthy sustainable health systems, communities can effectively respond to the growing documented health burdens of climate change. **Addressing climate-change and building climate-resilient and environmentally sustainable health systems as fundamental core policy in the government's new international development health policy will improve regional stability and health security.**

The neglected burden of non-communicable diseases

A well-documented, and huge challenge to global health is the increasing burden of non-communicable disease - particularly relevant in the Asia Pacific. Specifically, diabetes, obesity, cardiovascular and respiratory illness, cancers, and mental health burden which have impact across the lifespan and inter-generationally. Climate change again presents an increased challenge to non-communicable disease population burden through its direct and indirect impacts on air pollution, risk to lung and heart health, natural disaster threats affecting livelihoods and housing, or rise in infectious diseases risk through changes in vector populations. Food systems are being weakened by climate change-related threats and food shortages exacerbated by the supply chain disruptions due to the war in Ukraine, which, combined with the unfettered commercial promotion of unhealthy ultra-processed foods and sugared or alcoholic beverages result in higher non-communicable diseases risk globally. **Addressing non-communicable diseases is not a simple task. It requires systems strengthening and promotion beyond health, and wider cross sectoral community, commercial, and legislative interventions.**

Fighting pandemics, new and old

Pandemics, new and old, continue to threaten the health security of the region and beyond. The world was grossly underprepared to tackle COVID19, and as a result, set back years of hard-fought progress and investments in global health, including from Australia's own aid program. In 2020, due largely to the disruption of services and redirection of resourcing towards the COVID19 response, progress in the fight against HIV, TB and malaria globally went backwards as did treatment of NCD's. The knock-on effects of the pandemic are exacerbating existing gender inequalities and disrupting women's access to vital health services, with new cases of cervical cancer (the only cancer the world can closely eliminate given the highly developed tools by Australian scientists) expected to rise from 570,000 in 2018, to 700,000 by 2030, without urgent action. The COVID-19 pandemic itself is not over. Globally, new variants and waves continue to place strain and disruption on health systems, and it is yet unknown what the burden of long-covid will be. **It will be critically important for Australia to prioritise resources and efforts that respond to stalled progress in the key infectious areas in the region - including HIV, TB and malaria and also be prepared to address new pandemics.**

Changing population demographics and social vulnerabilities

By 2030, 1 in 6 people in the world will be aged 60 years or over¹. Ageing populations (particularly in Asia Pacific) will increase presentations of non-communicable diseases such as heart disease, stroke, diabetes, and cancer. In addition, cognitive decline, loneliness, and mental wellbeing place burden to health systems, social services, and the economy. At the same time, the world is now home to the largest cohort of adolescents in history², and inequalities in health and health risks that emerge in early childhood and adolescence will often persist for a lifetime.

Due to Covid-19 disruptions, there has been a detrimental effect on women's sexual and reproductive health; drastic declines in maternal health care with limited access to telehealth in rural areas plus legal restrictions on abortion in many countries. These amplify the disadvantages faced by women in accessing safe sexual and reproductive health. Gender based vulnerabilities also include the high rate of gender-based violence in the region. Globally, 1 in every 10 women and girls aged 15-49 were subjected to sexual and/or physical violence by an intimate partner. There are also an increasing number of countries outlawing gay relationships and persecuting trans communities. The changing political ideology of larger countries allows for hate crimes and reduction of access to health service for LGBTIQ+ communities and is an area to be monitored closely in order to protect and allow all to thrive. In global health and biomedical research there are huge gaps in gender disaggregated data and questions on interventions for specific populations such as pregnant women. Only 47% of data required to track SDG 5- Gender Equality, is currently available. **Gender and changing population demographics must be mainstreamed for planning in all policies. Global/Regional investment in the gender equality agenda, SDG 5, is needed to ensure we get back on track to meet the targets set out.**

Shifting power imbalances towards health equity

There is a growing movement in Australia and globally towards decolonising and localising international development efforts. This movement supports that development assistance be rooted in principles of justice and equity, and based on the needs, perspectives and preferences of those countries and communities. These calls echo similar calls that have been made for decades by First Nations Australians in relation to engagement with mainstream Australia. Nowhere have these calls being more salient – locally and globally – than in the realm of health. By growing our own cultural understanding as global health allies towards equal partnerships in the region and beyond, Australian institutions and organisations will continue to grow in excellence and their impact to the regional and global partners of choice.

Australia should prioritise partnerships that strengthen local leadership and capacity in its new development policy. Australia has a unique opportunity to shift and not perpetuate inequity in power in global health (see Part 3).

Funding constraints

Funding for global health programmes, research and innovations is a huge challenge for the Australian global health community. First, despite a welcome boost to the ODA budget in the October 2022 Federal Budget, funding for health in the development budget is small compared to other OECD countries commitments.

Moreover, there is a paucity of global health specific research funding in Australia. Alliance members and partner networks have expressed deep concern about minimal, insecure, and short-term funding opportunities, which require institutions and experts to seek funding from varied international sources. For example, the Medical Research Futures Fund in 2019 has only allocated \$30 million across 10 years to global health - most of which has been focused on health security and to date little has been allocated. The funding for research and innovation within the Centre for Health Security remains a relatively small component. These risks spark competition between global health institutions, which is counter-productive to partnerships for Australian leadership in global health. The critical social issues of modern times facing health are complex, multi-faceted, and at times appear rapidly changing. It is only by connected networks and transdisciplinary approaches that such challenges can be met. **Australia needs to prioritise and scale up investment in global health research and programming to maintain its global core excellence and increase its influence that aligns with Australia's recognised national strengths.**

¹ <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

² <https://www.unicef.org/health/adolescent-health-and-well-being>

PART THREE: Addressing global health challenges

How can Australia best utilise its national strengths to enhance the impact of our development program and address multidimensional vulnerabilities? What development capacity do we need?

There are no specific silver bullets to achieve global health equity, but in its new International Development Policy, Australia can harness the following actions to guide us towards healthier societies and populations.

Utilise national global health strengths

Centre global health in First Nations-led foreign policy

The commitment of the Foreign Minister to a First Nations led foreign policy and within the new development policy opportunity is welcome and presents a chance to work with the global health community. The Alliance has committed in its new strategy to work towards shifting power imbalances in global health. One area unique to the Australian community are our efforts to bring together global health decolonisation scholars and First Nations global health institutions.

Recommendation:

- Australia can enhance the impact of its development program by aligning with First Nations global health approaches and hopes as well as engaging in decolonisation of global health dialogues occurring globally. Aboriginal and Torres Strait Islander Australians have shown consistent leadership, at home and abroad. For example, Lowitja Institute, which is one of a kind globally, is Australia's National Institute for Aboriginal and Torres Strait Islander Health Research. This will need to be grounded in co-designed mechanisms to listen to communities and experts aligned with the intention to shift power and localise action.

Draw on Australia's world-class global health leadership, institutions, and networks

Australia has world-leading expertise and strengths in global health at-the-ready to support the government's global health and development agenda. Our global health institutions are world class and regarded in particular, for its strength across a broad range of technical fields. We have for example, 53 WHO Collaborating Centres of research excellence - the highest number per capita in any country. Our institutions also lead in the global evidence practices in child and adolescent health, biomedical technologies, vector borne disease approaches, tobacco control and HIV/AIDS to name only a few. A number of global health partners have developed game-changing products, such as inhaled oxytocin by Monash University or Moxidectin by Medicines Development for Global Health (to date both products have not received significant Australian investment).

Likewise, Australia's university sector and Medical Research Institutes have many world-renowned researchers and educators contributing to global health evidence-based best practice, who are shaping the next generation of global health leaders. Additional, and sustained investment in improving Australia's global health capacity, in particular, in improving future workforce capacity (including also the NGOs and medical colleges working in global health), expanding research and development and education, will be vital to maintain confidence and trust as an important development and diplomatic partner.

Recommendations:

- Utilise Australia's global health experts with deep partnerships in communities across the world, to co-design implementation of international development health programmes. Concerns have been raised by the Australian global health community that increasing numbers of for-profit Australian managing contractors are currently being utilised by the Australian government. DFAT needs to be cognizant of the risks of their overuse without due diligence of their role in potentially harmful to global health activities (such as extractive industries) and also whether they are subject to the same accreditation standards as global health implementers such as NGOs and research institutions.

- Invest in the future of skilled global health workforce expertise in Australia and the region via an increased investment in global health institutions and academic departments to maintain a high standard of education and future research capacity that is globally recognised. Funding provision for Masters and PhD research within Australian institutions or mentoring programs for regional public health specialists to train within Australia should be specifically considered.

Engage in partnerships for success

How should the new policy reflect the Government's commitments to build stronger and more meaningful partnerships in our region, founded on mutual trust and respect and shared values of fairness and equality?

Partnerships are crucial to help Australia and the world meet its sustainable development goals, global health ambition, and to ensure coordination of global efforts. Strong partnerships for global health are always rooted in evidence, a collective drive for health equity, are inclusive of affected community voice, transparent and accountable. In recent years shifting power, inclusion and diversity have become more prominent and at the forefront of good global health policy. Although there is still more to achieve in scale up there are some great examples. For example, publishing and authorship recommendations by global peer review medical research journals have now specific criteria of local authorship expertise and voice if they are claiming a title in global health. International health congresses are criticised for harmful to health commercial sponsorship and lack of sustainable practices.

Australia's partnerships with multilateral global health organisations (such as the Global Fund and Gavi, the Vaccine Alliance) expand our impact and reach into the Asia Pacific and beyond. They are uniquely positioned, with their extensive networks and access to communities and health systems in-country, to mobilise and quickly respond to health crises, such as was evident in the COVID19 response. They too represent good models for partnership – particularly in the engagement of civil society, private sector donors, mobilising domestic resources and ensuring countries themselves design, direct and monitor programming. Australia's ongoing representation on the boards of these global mechanisms, such as it currently holds at the Global Fund, Gavi, and the new Financial Intermediary Fund for Pandemic Preparedness and Response is crucial to continue to guide global health and development principles for the future that are relevant and suitable for the region. Australia's international partnerships are, and should always remain, complementary to the bilateral aid program avoiding duplication of what already exists on the multilateral scale.

Similarly, Product Development Partnerships (such as Medicines for Malaria Venture) that have strong presence in Australia and Asia Pacific region bring capabilities, technology, and knowledge advantages that Australia would not acquire or develop on its own. By pooling resources, we can deliver global health impact at a scale and cost that Australia could not alone.

At home, connected communities, such as global health alliances and networks are critical for coordination and collaboration. Global health challenges are complex and cannot be addressed by one institution or sector alone. Connected communities engaging with other connected ecosystems are therefore critical for effective action. Australia can leverage the excellence of the Australian global health community of institutions and organisations and raise their profile further to continue to attract global funding and partners.

Recommendations:

- Ensure that all global health partnerships are developed on a foundation of equity and remain firmly grounded in country needs and priorities.
- Ensure that all communities impacted by the global health partnership are included in decision-making, that First Nations communities are represented in leadership, and that non-Western forms of knowledge are recognised.
- Maintain support to multilateral global health partnerships and bring Australia's commitments more in line with our burden share.
- Continue to invest in product development partnerships (PDPs) to help develop a range of new tools that can respond quickly to current and emerging threats. Consider expansion of PDP mechanism to include Australian non-profit groups working in the region to develop new health technologies for neglected diseases.

- Invest in connected Australian communities for global health as a common good for coordination and convening and also in regional global health networks. For example, shared data platforms, coordination with donors, regional bodies and national frameworks.

Invest in Australia and the region's global health future

Prioritise health systems strengthening and resilience

Healthy populations require an enabling environment for health and a strong global health sector.

Recommendations:

- Support a doubling of the annual aid budget for health over the next 10 years, with a renewed focus on health systems strengthening and a clear focus on building the critical health workforce and primary health care infrastructure that delivers universal health coverage and promotes regional security.
- Leverage the experience and local connections of partners to ensure the strategy is responsive to local needs and delivers at local level.
- Deepen Australia's partnerships with countries and communities and enhance regional leadership to mitigate further knowledge and workforce shortages by providing more funding for long-term investments and multisectoral networks.
- Specific to Climate Change and Health:
 - In partnership with national developments on sustainable healthcare (SHC), invest to set up initial global network platforms and metrics for Sustainable Health Care by working regionally with Indo-Pacific based partners and existing consortiums.
 - Commit to reinvigorate a transdisciplinary DFAT award for Fellows in Climate and Health Security.
 - Invest in urgently required climate change and health adaptation plans for the Indo-Pacific in all development assistance efforts in health security and at scale.
 - Support the implementation of the [World Health Organization's Operational Framework for Climate Resilient Health Systems](#). This Framework has had country-level endorsement, however the roll-out has only been minimal and sporadic. In particular support of the Vulnerability and Adaptation assessments as a key tool to prepare for changing health risks.
 - Support the establishment and good practice of an Indo-Pacific Climate and Health Hub such as proposed by Melbourne Climate Futures.

Improved global health research funding mechanisms/alliances

Unlike the US and UK, Australia lacks our own strong global health champion philanthropists or investors whose philanthropy has and continues to shape global health worldwide. In order for Australia to continue to be a leader in global health, we need to improve and expand existing funding mechanisms for global health (research and implementation), and design innovative financing models of new alliances for global health, based on an understanding that acting on global health challenges are a shared responsibility of all sectors.

Recommendations:

Build up the Australian resourcing for global health research, and implementation by:

- Increased health funding in ODA.
- Working across government departments to leverage and stimulate more research funding through mechanisms such as the Medical Research Future Fund (MRFF), NHMRC grants, and Australian Research Council grants, with a commitment to thoroughly review existing funding structures to meet emerging global health challenges more rapidly.
 - Consider innovative development financing for example the plans of Alliance and businesses to strategically work together for global health rooted in due diligence to offset potential "green" or "health" washing.

END DOCUMENT