
Burnet Institute welcomes the opportunity to contribute to DFAT’s consultation process for the new International Development Policy. Burnet Institute is an Australian, unaligned, not-for-profit, independent medical research institute that links medical research with practical action to help solve devastating health problems. Burnet’s purpose is to create and translate knowledge into better health, so no-one is left behind. The Institute is based in Melbourne, Australia, with offices in Papua New Guinea and Myanmar and active projects in over 20 countries internationally.

Our submission responds to the Terms of Reference Key Questions 1, 2, 3, 4, and 6.

Key Question 1: 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?

There is no doubt that the **impact of COVID-19 on public health systems** in the region will continue into the foreseeable future. A recent article authored by Burnet Institute experts notes that while the pandemic has impacted on the social, political and economic landscape of the Pacific, COVID-19 “also provides an opportunity for PICTs to benefit from the capacity that has been built and lessons learnt during pandemic for the long-term management and control of other priority diseases, such as hepatitis B, hepatitis C, HIV, tuberculosis, diarrhoeal diseases, and vector-borne diseases”. **Our team recommends 3 areas of focus to ensure lessons learned progress in health systems are not lost. These are:**

- **capitalise on and strengthen existing public health networks, such as PPHSN, and systems and programs, such as the Pacific Syndromic Surveillance System (PSSS), Strengthening Health Interventions in the Pacific – Data for Decision Making (SHIP-DDM), laboratory-networks and Emergency Medical Teams**
- **newly implemented and improved systems and capacities in surveillance, laboratory, immunisation, and health systems should be further strengthened to ensure these improvements in public health are sustained across the region**
- **siloed systems, such as disease specific surveillance systems, can also become better integrated for more efficient use of scarce human resources and financing to ensure the investments made during the pandemic lead to sustained system strengthening**

We recognize the key challenge of **climate change** in relation to impacts on health in the region. As the WHO statesⁱ “Climate change is already impacting health in a myriad of ways, including by leading to death and illness from increasingly frequent extreme weather events, such as heatwaves, storms and floods, the disruption of food systems, increases in zoonoses and food-, water- and vector-borne diseases, and mental health issues.... Climate change also negates many of the social determinants of health including livelihoods, equality and access to health care”.

Burnet Institute’s submission to the Inquiry into the human rights of women and girls in the Pacificⁱⁱ also noted that “National and regional efforts to improve sexual and reproductive health and rights will be

jeopardized by the **adverse effects of climate change**. It is critical that any efforts geared towards improving the attainment of human rights for women and girls in the Pacific also recognise and address the real and growing challenges related to climate change”.

We have the opportunity through the international development program to help build the capacity of countries in our region to address climate change as a priority health issue as **there are significant benefits in looking at public health and medical research through the aid paradigm**.

Health is the absolute foundation for the stability of countries in our region if we accept the link between health and economic growth. Further, poverty and health are stuck in a perpetual cycle of provocation with core issues affecting Australia and our region, including but not limited to Antimicrobial Resistance (AMR) and climate change. Contributing factors to infectious disease, pandemics and AMR include poor sanitation, malnutrition and inadequate regulation of the pharmaceutical sector. Likewise, climate change is closely linked, in that it will reverse and slow gains in poverty alleviation, while adding significant financial burden and displacement for the poorest, leading to climate-related refugees and migration, potential spread of infectious disease, and less ability to detect, treat and track to recovery.

A climate change response can be strengthened by responding with a ‘One Health’ approach. We endorse the recent joint statement on a shared definition of One Health from the UNEP and Tripartite collaboration of agenciesⁱⁱⁱ and the integrated recognition of the interdependence of human, animal and environmental health. As the authors of a commentary in Nature state^{iv} “Under the new definition, it is no longer acceptable to practice ‘one half’ of One Health — that is, to omit environmental considerations when balancing and optimizing human, animal and plant health”. The joint statement also suggests that the new approach can be best achieved by mobilizing “multiple sectors, disciplines and communities at varying levels of society to work together”. DFAT is in a strong position to utilize this approach across their new International Development policy.

Key Question 2: What development capabilities will Australia need to respond to these challenges?

Recommendation: Strengthen the connection between overseas aid and the Australian health and medical research sector, embedding research as a policy imperative and key element of all health programs.

Research makes aid expenditure more effective and efficient. It provides the evidence for, and the basis and modelling on where funds should be directed to achieve maximum impact. The ability to maximise impact will depend a great deal on robust data, the embedding of research, and reliance on evidence in all decision-making. Innovation, the development and application of appropriate technology, and knowledge generation will be critical components that ensure successful outcomes. **In a resource constrained international development world, making intervention choices based on robust evidence and effective tools will be crucial.**

Research informs policy and practice, and builds local capacity to identify, understand, analyse and address local issues and contributes to resilient and more responsive health systems. It can also leverage

other research funds from national and international partners, and through philanthropy. Where appropriate, **embedding operational and implementation research in development** often means that scale up can readily occur, providing the agility and speed currently being sought through the private sector, while engaging and building capacity of local government and existing health structures. Embedded operational research also informs the policy, practice, tools, and technology that supports health systems strengthening by overcoming barriers such as access to populations, service demand, human resources, supply chain issues, financing, behaviour change communication etc. The more readily people can access diagnostic and laboratory services, contraception, maternal and child health services and care where they are, the less likely they are to need to move or cross borders creating further health risks such as sparking an epidemic or seeking abortions that put their lives at risk.

We welcome the recently announced extension and increase in funding for the Indo-Pacific Centre for Health Security. Using a One Health approach, we believe this will support a greater connection between Australia's medical research community and the development sector bringing together expertise across many domains and strengthening our capacity to combat communicable diseases but also to help address the issues of increasing non-communicable disease challenges in the region.

Key Question 3: How can Australia best utilise its national strengths to enhance the impact of our development program and address multidimensional vulnerabilities?

Recommendation: Recognise the Australian health and medical research sector contribution as one that helps transition poor health systems to resilient health systems through:

- **embedding research that identifies and contributes to more effective and sustainable interventions,**
- **knowledge generation that contributes to policy development,**
- **health systems strengthening innovations,**
- **health workforce development, including increasing long-term training/scholarship (PhD) opportunities across the region and,**
- **acceleration of discoveries, technology, and tools to achieve the speed and agility needed to respond and/or eliminate disease and to overcome protracted public health issues.**

Australia is recognised globally as a hub of health and medical research excellence. It is one of our greatest competitive advantages, export markets and economic strengths. In the changing landscape of shifts in global power, and a global development health assistance budget over reliant on US funding, medical and public health, research is one of the most effective assets that can support our neighbouring countries to be more independent. It can help meet the basic health needs of their populations and manage public health threats.

There is untapped potential in investing in the improved efficiency, speed and agility of innovative and sustainable health solutions including: a) medical research to advance vaccinations, tools and technology, b) implementation research offers agility and speed by enabling us to research, do and adapt simultaneously, producing ready solutions for scale up and c) public health research embedded into development projects

and programs can more effectively drive policy and practice change simultaneously whilst contributing to health systems strengthening through workforce development and capacity building. Research embedded into development is an avenue for working closely with local and national governments and other partners to design and implement effective and sustainable health programs, pilots and innovations, as well as to co-design policies together with policy drivers.

We identify three areas for strengthened DFAT support:

- health workforce development including in-country training and capacity building (i.e. midwifery and nursing) and increasing long term training/scholarship (PhD) opportunities across the region. Potential vehicles to do this would include the Australia Awards programs and re-badged Colombo plan.
- support investment in health infrastructure (such as laboratories), and in the transfer and scale up of new programs and technologies that support prevention, diagnosis and treatment of both communicable and non-communicable diseases as well as sexual and reproductive health and family planning.
- To adequately invest in the training and upskilling of local staff in different settings, especially in research practices, is another powerful contribution to building independence of our partner countries to understand the health issue of their populations, identify health solutions, adopt adequate technologies, and organise and plan their health services accordingly.

Key Question 4: 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?

Recommendation:

- **Build and strengthen long-term strategic partnerships and collaborations with international governments and private sector agencies to leverage funding opportunities, maximise expertise and fast track capacity building.**
- **Recognise that aid comes in stages and that we are in a time where many of our neighbours are seeking partnerships that support them to overcome structural challenges in being drivers of their own change.**
- **Prioritise investments in women’s sexual and reproductive health and rights, leadership and economic development as fundamental to the achievement of gender equality, economic growth and resilience, and sustainable development. This includes the development of the health workforce where the majority of health workers are women, which directly contributes to gender equity and economic empowerment.**
- **Broaden the health focus across communicable and non-communicable diseases (including mental health), and reducing the health impacts of climate change.**

DFAT’s “Localisation” policy approach and its stronger focus on resilience to shock, rights, healthy security, and greater recognition of the crucial role of civil society in progressing the SDGs is a positive step. In PNG, Burnet Institute works under the auspice of National and Provincial Health Authorities and directly with communities. We have learned that local partners are better positioned to engage civil society leadership,

bodies and communities in defining need and sustainable solutions. However, we understand that to incorporate partnership principles such as mutual trust, respect and shared values, we need to fund experimentation of new partnership approaches. This requires DFAT to support a strengthened approach on program financing – including more funding availability for core operational costs of local partners; multi-year funding of activities; higher risk appetite to support greater local decision/budget making control; and time/flexibility/funding allowed for relationship building and local inclusion in accordance with cultural values. Implied with this approach is the capacity to evaluate and measure the qualitative aspects of partnerships and localisation – not simply efficiencies of expenditure.

Key Question 6: How should the performance and delivery systems be designed to promote transparency and accountability, as well as effectiveness and learning in Australia’s development assistance?

We see opportunity gains for DFAT to review internal mechanisms for the delivery of the aid program – particularly the loss of the Office of Development Effectiveness and the Independent Evaluation Committee. As ACFID notes in their 2023 DFAT budget analysis, this has meant that independent scrutiny of the development program has decreased in recent years. We would urge the reinstatement of effective (independent) review mechanisms of the development program to support transparency and accountability. We would support the government to invest in DFAT’s bureaucratic capacity to implement a more effective aid program. As said by the Minister for International Development and the Pacific at an International Development Election Forum on 9 May 2022^v “An Albanese Labor Government will rebuild Australia’s international development program by boosting funding, improving capabilities in the Department of Foreign Affairs and Trade..... We want to rebuild and reward aid and development skills within the Department.” As noted by Cameron Hill^{vi} this also means “linking long-term country strategies and partnerships with results and multi-year budget allocations. It means working across government and with partners to reduce fragmentation, advance localisation, and drive impact. And it means rebuilding the aid management capability in the Department of Foreign Affairs and Trade”.

ⁱ <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health#:~:text=Climate%20change%20affects%20the%20social,malaria%2C%20diarrhoea%20and%20heat%20stress.>

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https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Foreign_Affairs_Defence_and_Trade/womenandgirlsPacific/Report/section?id=committees%2Freportjnt%2F024631%2F75846

ⁱⁱⁱ go.nature.com/3dnpb5

^{iv} <https://www.nature.com/articles/d41586-021-03780-0>

^v <https://devpolicy.org/labor-will-rebuild-australias-international-development-program-20220516/>

^{vi} <https://devpolicy.org/a-new-aid-strategy-purpose-priorities-and-plumbing-20221012/>