



DFAT CONSULTATION ON NEW INTERNATIONAL DEVELOPMENT POLICY

Submission by Clinton Health Access Initiative, Inc.

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The Clinton Health Access Initiative, Inc. (CHAI) is a global health organization committed to saving lives and reducing the burden of disease in low-and middle-income countries, while strengthening the capabilities of governments and the private sector in those countries to create and sustain high-quality health systems that can succeed without our assistance. For more information, please visit: <http://www.clintonhealthaccess.org>.

CHAI currently operates in over 35 countries, including Cambodia, India, Indonesia, Lao PDR, Myanmar, Papua New Guinea and Vietnam in the Asia-Pacific region. We welcome the opportunity to provide input into Australia's new international development policy based on highly valued and effective past and present collaborations with DFAT and Australian institutions, and the expertise and experience we have through working with partner governments in the region to improve health outcomes.

Given our focus, the comments below relate mainly to the health sector and recommendations for achieving SDG3: Good Health and Well Being in our region, whilst recognizing the interdependence of all SDGs to "[end poverty, protect the planet and improve the lives and prospects of everyone, everywhere](#)".

(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?

Key trends and challenges include:

- Many large donors decreasing funding to country governments or transitioning entirely from Southeast Asian countries, despite significant gaps in the ability of these governments to fund, deliver and sustain essential services.
- Ongoing health, social and economic impacts of the COVID-19 pandemic including slowing economic growth and disruption of health and other essential services. This places countries in the region and worldwide in a position of trying to "make up time" for lost progress fighting other disease threats (e.g., malaria, TB, vaccine preventable diseases) while facing declining government budgets and simultaneously preparing for the next pandemic threat, which could occur in the next ten years.
- Related to above, while economic growth is projected to rebound in many Asia-Pacific countries in the region from 2022 onwards, factors such as increasing debt levels pose risks to sustainable and inclusive growth and ability of governments to publicly fund services such as health care ([World Bank 2022](#)). This in turn will affect access, quality and equity of health care, particularly for countries (e.g., Cambodia, Indonesia, Lao PDR, Myanmar, Vietnam) where one-third or more of total health spending is out of pocket ([WHO 2019](#)).
- Climate change will continue to have significant health effects, which can be direct (e.g., deaths from extreme weather events such as heatwaves or floods) and indirect (e.g., increased vector-borne disease risk, damaged



food production, sanitation and other essential systems and infrastructure, including health facilities) ([Watt et al. 2021](#))

- While continuing to tackle communicable diseases, many countries in the region are seeing a rapidly growing burden of non-communicable diseases (e.g., heart disease, diabetes) ([IHME 2019](#)), with few prevention or care interventions in place.

Australian development assistance has a critical role to play in addressing these challenges, including through:

- Continuing support to strengthen country and regional preparedness and response to pandemic threats, including in areas such as laboratory strengthening, disease surveillance, emergency response and immunization policy and planning, as envisioned under DFAT's Health Security Initiative 2.0.
- Most critically, refocusing on longer-term health systems strengthening and integrated primary health care systems in bilateral and regional health programs. From our experience, while vertical investments are important and essential in some instances, systems approaches are required for sustainable reach and impact of health programs, and also aligned with the stated goals of many partner governments in achieving Universal Health Coverage by 2030. Furthermore, there is renewed understanding that strong health systems and health system resilience are a precursor to effective pandemic preparedness and response, and must receive more attention now to ensure improved country and regional responses to the next pandemic ([Haldane et al 2021](#)).

This should include:

- Working closely with partner governments to develop, fund and implement health system strengthening plans and policies focused on cost-effectiveness, impact and sustainability.
 - Inclusive of the all fundamental building blocks including financing, access to medicines and supply chain, information systems and data for decision making, health workforce development and optimization (e.g., through exploring task shifting models) and strengthening systems and structures at the community level ([WHO and UNICEF 2020](#), [WHO 2010](#)).
 - Strengthening linkages to the private sector and testing new public-private approaches where feasible and appropriate.
- Ensuring all health funding is designed and implemented together with partner governments, building on bilateral relationships for both country ownership and equitable service delivery aligned with the greatest areas of need.

(2) What development capabilities will Australia need to respond to these challenges?

The development capabilities which Australia has successfully deployed and should continue to enhance include:

- Health expertise within DFAT at country and HQ levels, including to engage in policy dialogue with partner governments, development partners and other donors to ensure existing resources are optimized for health and development outcomes within specific country contexts;
- Technical health expertise within other Australian government departments and agencies (e.g., Therapeutic Goods Administration for improving medical regulatory environments) and public health institutions.
- Collaboration across public and private sectors to develop new technological solutions (e.g., vaccines and therapeutics) to respond to existing and emerging disease threats and ensure equitable access in low and



middle-income countries once technologies (e.g., genomics) through funding, technology transfer and other mechanisms; and

- Willingness and ability working with in-country partners to effectively tailor and deploy Australian funding and expertise to in-country contexts and needs.

(3) How can Australia best utilize its national strengths to enhance the impact of our development program and address multidimensional vulnerabilities?

Australia has world class and often world-leading public health expertise in numerous areas including in infectious disease surveillance, prevention and control. This expertise has been well utilized prior to and during the regional and global response to the COVID-19 pandemic and should continue. Additionally, there are many other health issues (e.g., non-communicable disease prevention, cancer screening, viral hepatitis prevention and treatment, antimicrobial resistance) which pose a large burden in the region, but which remain underfunded.

There is potential for Australian aid to fill this critical gap both with funding and with Australian and international technical expertise. For greatest effectiveness, sustainability and country ownership, Australia should seek to define needs and strategies together with partner governments, ensure bilateral and regional health investments are aligned with country contexts and other donor investments, and support longer-term systems approaches (rather than one off interventions) wherever possible. These are the principles which [guide CHAI](#) in our work and also underpin the [Paris Declaration and Accra Agenda on Aid Effectiveness](#) and [Busan Partnership](#) to which Australia is signatory.

The [IndoPacLab](#) collaboration between 3 Australian public health institutions, CHAI and FIND is one example of an approach where Australian diagnostic expertise is combined with on the ground experience and partnership with the governments which CHAI has to drive systemic improvements, taking an integrated approach to increasing quality of diagnosis across multiple diseases. This is just one example of an approach which could be replicated under the new development policy.

(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?

Refer response to question 3. Additionally, from working closely with governments and communities in our region, we highly appreciate the role which DFAT plays in global fora and with multilateral organizations (e.g., The Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI) in advocating for (a) global level policies which account for the specific country contexts in which we work; and (b) mutual accountability for results between donors and recipient countries. We urge DFAT to continue to resource and enhance this function.

(5) What lessons from Australia's past development efforts should inform the policy? What is Australia seen to be doing comparatively well?

Many informative independent evaluations for Australian aid have been conducted in recent years. Given our health focus and the current pandemic context, we particularly would like to reference the [2017 evaluation](#) of Australia's efforts to combat pandemics and emerging infectious diseases in Asia and the Pacific. Key findings which remain pertinent to new aid and health security initiatives include addressing "upstream" health system



factors (e.g., sub-national capacity within decentralized health systems, availability of basic water and sanitation at health facilities) in their own right, but also to maximize the impact of individual disease interventions. Related to this we urge DFAT and the Australian government:

- To increase its bilateral health funding in Southeast Asia and the Pacific, recognizing that while regional investments can be important, ultimately strong country ownership and systems are what is required to improve and sustain health outcomes.
- Continue to support regional health programs particularly where there is need for a regional approach (e.g., cross-border collaboration to combat emerging infectious diseases threats) but ensure these are well aligned and complementary to country needs and bilateral funding.
- Continue to adapt investments to different country and regional contexts, including differences between the Southeast Asia and the Pacific regions which necessitate different levels and types of development support. For example in PNG, low [COVID-19 vaccination rates](#) are attributed to widespread vaccine hesitancy while in Lao PDR there are higher acceptance levels and COVID-19 vaccination rates, but with pockets of people in hard to reach areas who remain un- or under immunized. This illustrates the need for all development partners to understand specific factors hindering access and jointly design strategies to address these.

(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 recognize and appreciate the strong systems the Australian government has in place to promote effective performance, transparency and accountability of Australian aid, and particularly the commitment to gender, equity and social inclusion (GESI). At CHAI, we routinely assess whether and how our support is benefiting the most vulnerable, and not just improving impact and availability of services for the country's population as a whole. We are conscious of the need to not just look at process level quantitative indicators (e.g., number of men and women trained) but to consider more thoroughly who is accessing and benefiting from specific interventions and reforms, who is missing out, and how to ensure service access for the most disadvantaged can be increased and sustained even in the context of declining donor funding, which is an imminent issue for many countries in our region.

We look forward to ongoing collaboration and exchange of ideas with DFAT and other Australian institutions to strengthen collective efforts in this area.

(7) How should the new policy address the role of ODA and non-ODA in supporting the development of our regional partners?

We welcome consideration of all forms of financing with the potential to support effective, equitable and sustainable health systems in the Asia Pacific region. We urge that both ODA and non-ODA be subject to the same levels of transparency and accountability, and with consideration of short- and long-term risks and benefits. These include the ability of governments to self-sustain financing, and if and how increasing public debt levels can affect government fiscal space to fund health and other essential services now and in the future.