



Pacific Friends of Global Health

Submission into DFAT's International Development Policy

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Global health in Australia's new international development policy

Pacific Friends of Global Health welcomes the opportunity to put forward a submission to inform Australia's new International Development Policy.

Pacific Friends of Global Health is an Australian-based advocacy partner for three of the world's most significant global health multilateral institutions: Gavi, the Vaccine Alliance, The Global Fund to Fight AIDS, Tuberculosis and Malaria; and Unitaid. The secretariat is hosted by the Australian Global Health Alliance, who also hosts the secretariat of the Australian Network of 53 World Health Organization Collaborating Centres.

Australia has a long and proud history of support to multilateral global health institutions, which play a vital role in helping Australia meet its international development objectives, and improving better health outcomes for communities in the Indo-Pacific and beyond.

The COVID-19 pandemic laid bare that global health is a foundation to a secure, stable and prosperous region. What happens in another country in our region, or the other side of the world, has a direct impact on the global economy, and the health of Australians. All global health challenges will impact the fabric of society wellbeing, prosperity and ultimately - cohesion. It is in all countries' interest to invest in global health as part of the foundational investment in societal wellbeing and inter-generational equity.

Key Recommendation:

- Global health to be a priority focus in the new International Development Policy and Australia's commitment to meet the Sustainable Development Goals explicitly stated.

PART 1: Key global health trends and challenges for the next 10 years

The world is facing compounding crises.

The COVID-19 pandemic exposed the fragility of the health systems in the region to withstand additional pressures, and has set back years of hard-fought progress and investments in global health, including from Australia's own aid program.

In 2020 alone, the Global Fund reported that people reached with HIV prevention programs and services declined by 11% compared to the previous year and the number of people treated for drug-resistant TB dropped by a staggering 19%. Papua New Guinea is one of the world's 30 highest-burden TB and multidrug-resistant TB countries, and according to the latest available data from 2020, nearly 1 in 4 of the country's notified TB patients (approximately 6,200 people) were children. There were 14 million more cases of malaria reported in 2020 compared to 2019, and 69,000 more deaths- approximately two-thirds of which were linked to disruptions in the provision of malaria prevention, diagnosis and treatment during the pandemic.

2021 saw an ongoing disruption of routine immunisation (RI), largely related to the COVID-19 pandemic. The number of children who never received a single dose of vaccine in Gavi-supported countries has increased to 12.5 million (which represents an 34% increase vs. 2019), and routine immunisation coverage (diphtheria, tetanus, and pertussis third dose - DTP3) decreased by 5% in 2021 compared with 2019. Notably in PNG alone,

the number of zero-dose children is estimated at 150,000 children, representing approximately a 10% increase compared to pre-COVID-19.

The pandemic is also exacerbating existing gender inequalities and disrupting women's access to vital health services, with new cases of cervical cancer 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, we continue to see new waves and variants emerge, continuing to place pressure in health systems and communities.

Climate change and its impacts will increasingly threaten human health, well-being, livelihoods and development progress and will bring new challenges to fighting existing pandemics. Hotter weather and wetter climates increase the risks of vector-borne diseases, and extreme weather events such as droughts and floods disrupt routine health services which builds drug resistance and reintroduces disease where it was previously under control and increases risk of infections and malnutrition. A new study suggests that risk of extreme pandemics like COVID-19 could increase threefold in coming decades¹. Climate change is increasing this risk.

In its new development policy, it will be critically important for Australia to prioritise resources and efforts that respond to stalled progress in the key disease areas in the region - in particular HIV, TB and malaria - and to strengthen health systems to help prevent, prepare for and build resilience against current and future global health threats, including climate change and rising drug-resistance to the first-line arsenal of drugs, particularly in TB² and malaria.

Moreover, in an increasingly challenging global economic environment, it will be important for the Australian Government to invest in global health and development mechanisms that leverage resources to maximize impact.

PART 2: Responding to these challenges

International partnership and coordination

To tackle new and exacerbating global crises, partnership and coordination will be vital to achieve positive global health and development outcomes. Multilateral partnerships are well placed to meet many of the challenges facing the Indo-Pacific region over the next 10 years.

They have a proven track record mobilising global funding and efforts to achieve significant progress against the world's big public health challenges, such as HIV, TB, polio, malaria and immunisation. They too reflect 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. They are valued for their ability to mobilise expertise, resources and community networks to respond to existing and emerging crises and threats at a speed and scale not possible via bilateral mechanisms.

¹<https://www.gavi.org/vaccineswork/new-study-suggests-risk-extreme-pandemics-covid-19-could-increase-threefold-coming>

² Globally 450,000 people developed MDR/RR-TB in 2021, an increase of 3% over previous years. The Indo-Pacific region accounted for more than 50% (~54%) of these cases. Global TB Report, October 2022. <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022>

This was clearly demonstrated when, at the outset of the pandemic, these institutions were brought together in collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines. The ACT-Accelerator partnership is the fastest, most coordinated, and successful global effort in history to develop tools to fight a disease. To date, the ACT-A has delivered 1.65 billion doses of vaccines, tools and treatments in LMICs and expanded access to medical oxygen for LMICs.

In the current environment of increasing fiscal constraints, they also represent terrific value for money, being able to leverage the value and reach of the Australian Dollar via pooled funding models. For example, for every US \$1 that Australia has contributed to the Global Fund, \$13 was disbursed to the Indo-Pacific region³.

For every US \$1 spent on immunisation in the 2021–2030 period, US \$21 is saved in health care costs, lost wages and lost productivity due to illness and death. When considering the value people place on lives saved by vaccines – which is likely to include the value of costs averted plus the broader societal value of lives saved and people living longer and healthier lives – the return on investment is estimated to be US \$54 per US \$1 spent.⁴

Unitaid has brought new pediatric medicines for MDR and latent TB to the region as well as new tools for vector control. A modeling exercise was carried out by Unitaid and the Global Fund to estimate that health innovations introduced by Unitaid and scaled by the Global Fund enable a 16% more favorable Return On Investment, translating into an additional US \$70 billion in health and economic gains over the 2024-2026 period.

Multilateral support, via its pooled resourcing, also allows Australia's development funding to make real and valuable impact in regions not able to be reached effectively via bilateral partnerships, such as across Africa.

Looking ahead, as the global health architecture evolves to ensure that the world is better prepared to respond to future pandemics and health threats, it is important that the existing mechanisms in place - already set up and with the models in place to fight current infectious diseases and strengthen resilient and sustainable systems for health - are enabled to do so, via appropriate resourcing and remit. It is the same key components - laboratory networks, disease surveillance systems, supply chains, primary healthcare facilities and community health workers - that are already helping countries fight current infectious diseases such as HIV, TB and malaria and COVID-19 that will be needed to foster health system resilience to provide not only essential health services universally in normal times but to respond during health crisis.

Australia's international partnerships are, and should always remain, complementary to the bilateral aid program. The Government should not duplicate on a bilateral scale what already exists on the multilateral scale.

Recommendation:

- Ensure that the multilateral partnerships remain a key mechanism for delivering global health impact and outcomes in Australia's new development policy, to fight existing health challenges and to prepare for, prevent and respond to future health threats.
- Support innovations in infectious disease control and prioritize early access in the region.

³ Based on disbursements as of 18 January 2022.

⁴ Sim S.Y., Watts E., Constenla D., Brenzel L., Patenaude B.N. Return On Investment From Immunization Against 10 Pathogens In 94 Low- And Middle-Income Countries, 2011–30. *Health Affairs*, 2020

Utilising national strengths

Australia is uniquely positioned as one of the very few donor countries geographically located in the South-East Asia and Pacific region. Many of the challenges and threats facing neighboring countries are also faced in the domestic context and as such are well understood and in the national interest. Australia therefore has a responsibility to champion the needs and priorities of the region in global fora, and to champion and facilitate the inclusion of Indigenous voices and perspectives, experiences and interests in all aspects of decision-making and implementation. Australia's ongoing representation on the boards of global mechanisms, such as it currently holds at the Global Fund, Gavi, and the new Financial Intermediary Fund for Pandemic Preparedness and Response is therefore crucial to continue to guide global health and development principles for the future that are relevant and suitable for the region.

Moreover, Australia should draw more on its significant national expertise and experience tackling public health challenges to take a leadership role in addressing specific health challenges and in the region.

For example, Australia is one of the first countries on track to eliminate cervical cancer domestically, which is possible thanks to tools that were discovered and championed by Australian scientists and organisations. Australia also co-sponsored the World Health Assembly resolution on the elimination of cervical cancer in 2018, and so is well placed to build on global efforts to strengthen cervical cancer prevention in the region. This aligns also with Australia's ongoing commitment to improve gender equity and improve development outcomes for women and girls in the region.

Likewise, with the region facing the triple threats of COVID-19, climate change, and conflict, health systems are under enormous pressure to provide the oxygen required to treat all of these conditions, and prepare for the risk of further respiratory pandemics where surge capacity will be needed. Australia is well-positioned to become a regional leader in access to medical oxygen and to prepare for future pandemics, as we are home to some of the leading global experts on oxygen access (such as Professor Trevor Duke and his team at the University of Melbourne, to Dr Hamish Graham and colleagues at MCRI and oxygen innovators like FReO2) and with more Commissioners and Advisory Group members on the new Lancet Global Health Commission on Medical Oxygen Security than any other country.⁵

Recommendation:

- Australia to take a leadership role on the global stage to support the development, scale up, access, implementation and knowledge-sharing of Australian global health expertise and Australian-led innovations (such as HPV test and treat tools and vaccines, oxygen access and expertise, or use of PrEP) for national, regional and global common good.
- Ensure Australia's ongoing representation in multilateral global health decision-making arenas - such as at the World Health Organization and on the boards of the Global Fund, Gavi, Unitaaid and the Financial Intermediary Fund - to ensure that Pacific experiences and voices are represented, included and promoted.

⁵ See more in the submission put forward by Every Breath Counts.

Resourcing Australia's global health and development agenda

Despite recent increases, Australia's development cooperation budget, measured both as a share of national wealth over time and compared with other OECD donors, remains low. In 2021-22 Australia's ODA is estimated to reach just 0.21 per cent of GNI and, on current projections, will fall to an estimated 0.18 per cent in 2024-25. This puts us as 21 of 29 OECD economies on the ODA/GNI ratio – even below that of smaller, non-G20 economies such as Hungary (0.27 per cent) and Spain (0.24 per cent).

Similarly, Australia's contributions to multilateral partners should better reflect our fair share. Up until recently, Australia was the lead donor to Gavi, the Vaccine Alliance in Asia, but has now been overtaken by Japan. As a result, Australia has fallen from its position in the top 10 donor list of Gavi for its total contribution in 2021-25, now ranking 13th. Similarly, Australia's contributions to the Global Fund are well behind that of other donors, with a pledge of USD 6.81 per capita (\$US 177.55 million in total), compared USD 8.66 per capita from Japan (US \$1.08 billion in total), USD 23.23 per capita from Canada and USD 18.01 from the US. Note that to date, Australia has not made any commitments to Unitaid, which has received contributions from Japan and South Korea, as well as France and the UK.

Lastly, Pandemic Preparedness and Response, with its far reaching impacts across all aspects of society and budget portfolios should be financed by additional, largely non-ODA resources. Otherwise, funding mechanisms (such as the new Financial Intermediary Fund and expanded PPR remits of existing institutions) for pandemic preparedness efforts will be at the expense of funding the fight against immediate health threats, such as HIV, TB and malaria, inadvertently exacerbating global health inequities. The Japanese Government, for example, increased its contribution to the Global Fund's Seventh Replenishment by 30% by combining funds from the health ODA budget and also a non-ODA budget for healthy security and pandemic preparedness⁶. There is precedent already in Australia for this model, with the government's 2022 pledge to the Coalition for Epidemic Preparedness (CEPI) and the Financial Intermediary Fund being jointly contributed from the Department of Foreign Affairs and Trade and Department of Health budgets.

Recommendations:

- The new development policy includes legislated, stepped targets for achieving the 0.7 per cent ODA of GNI by 2030 target that Australia has agreed to as a signatory to the Sustainable Development Goals. This includes a legislated commitment to reaching 0.5 per cent ODA/GNI by 2025-26 as an interim target and 0.7 per cent by 2029-30.
- Reflect the importance of resilient health systems in regional recovery from COVID-19 to avoid backsliding on health outcomes and protect and prepare against future threats by doubling Australia's health ODA over the next five years. This should be made from new, additional allocations to the ODA budget.
- Finance Pandemic Preparedness and Response by largely non-ODA sources. This could be from existing government budgets (such as Health or Defence) or from new innovative financing mechanisms.
- Make new and increased contributions to global health mechanisms including to Gavi, the Vaccine Alliance, The Global Fund to Fight AIDS, Tuberculosis and Malaria and Unitaid that reflect our global burden share and their roles in addressing future pandemics and health challenges.

END DOCUMENT

⁶<https://www.japantimes.co.jp/opinion/2022/08/29/commentary/japan-commentary/japan-ticad-pledge/>