



**AUSTRALIAN
GLOBAL HEALTH
ALLIANCE**

Australian Global Health Alliance 2022-23 Federal Pre-Budget Submission

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CONTACT

For further information about this submission, please contact:

Abbie Minter
Deputy Director, Global Health Alliance
deputydirector@glham.org
0476 774 351

ACKNOWLEDGEMENTS

The Australian Global Health Alliance acknowledges Aboriginal and Torres Strait Islander peoples as the traditional owners and custodians of the land on which we work. We pay our respect to elders past, present and emerging.

AUSTRALIAN GLOBAL HEALTH ALLIANCE

The Australian Global Health Alliance is Australia's peak body for organisations working in global health.

We are a trusted membership alliance committed to advancing health security, health equity, gender equality, knowledge and innovation, partnership and sustainable development.

The Alliance brings together regional and global health experts and organisations to curate knowledge and create new connections in order to strengthen the Australian global health ecosystem as a whole. We are a unique Australian Alliance understanding that Indigenous health is global health, contributing to the future generations of diverse global health leaders from this region, while building global health partnerships with traditional and non-traditional partners.

The Alliance hosts the Network of the 58 Australian WHO Collaborating Centres, and the Pacific Friends of Global Health.



INTRODUCTION

The Australian Global Health Alliance welcomes the opportunity to be able to provide a submission for the 2022-23 Federal Budget.

COVID-19 has starkly demonstrated, in the devastation it has wrought across the globe, that a healthy population is an essential foundation for a country's economic strength, political stability and successful development. All are inextricably linked, and without sufficient investment in global health infrastructure, including systems and workforce, remain susceptible to shocks such as natural disasters, social crises and such threats as COVID-19.

Yet prior to the pandemic, Australia Government commitments to domestic and regional funding for global health were in decline. In the period of 2013-2014 to 2019-20, the health spend in the Official Development Assistance (ODA) budget decreased from over AU\$ 800 million to AU\$ 562.5 million per year. The overall ODA declined from AU\$ 5.5 billion to AU\$ 4.1 billion in that same period. Similarly, in the 2021-22 Federal Budget, overall funding to the tertiary education sector was reduced by nearly 10 percent over the next three years.

The underlying determinants of health - social, political, economic, legal and commercial - have been laid bare by the pandemic. In May 2021, the Independent Panel for Pandemic Preparedness and Response found that underfunding, gaps in social protection and lack of leadership and coordination in global health contributed to the failure to prepare for, and respond to, COVID-19¹; a pandemic that has now killed more than 5.6 million people around the world, infected more than 363 million people² and overwhelmed many health care systems to the brink of collapse.

Beyond the direct impacts, the pandemic has set back years of hard-fought progress, with devastating impacts on childhood immunization coverage, incidence of gender-based violence, and regional prevention, treatment and surveillance programs for other endemic diseases including tuberculosis (TB), malaria and HIV. It continues to widen existing inequalities, with a disproportionate impact on women and vulnerable and marginalized populations, and has compounded challenges for those already dealing with the health and social impacts of other issues, such as climate change.

At the same time, global health has never been more successful in activating networks to produce vaccines and commodities in rapid time. There is now a valuable opportunity to activate health progress, strengthen health security and regional stability, and build upon Australia's standing, leadership and influence as a responsible neighbour and globally-engaged player leading the region into the next phase of development and workforce capacity.

But Australia cannot contribute meaningfully to the health and prosperity of the Indo-Pacific region without first strengthening our own domestic global health ecosystem; the networks of health providers, researchers, educators and organisations which have underpinned our pre-eminence in health and medical care and innovation for decades. The Australian Government must re-invest in global health through education pathways and research and development opportunities, to improve the capacity and robustness of the Australian global health workforce.

This following pages outline a series of national and regional and global health recommendations, on behalf of the Australian Global Health Alliance, for the upcoming 2022-23 Federal Budget.

¹ https://theindependentpanel.org/wp-content/uploads/2021/05/Summary_COVID-19-Make-it-the-Last-Pandemic_final.pdf

² <https://www.worldometers.info/coronavirus/>

KEY RECOMMENDATIONS

1. Strengthen the Australian global health ecosystem to enable Australia to lead regionally and globally.

Australia contributes to regional and global health through its leadership on a range of priority health issues, collaborating with international partners, and exchanging expertise to promote best practices. In particular, Australia is a key development partner for the Indo-Pacific region, working in partnership with countries and organisations to help make the region, and beyond, healthier and safer. The Indo-Pacific Centre for Health Security is a key example of this, contributing to the avoidance and containment of infectious disease threats, and more recently, mobilising and coordinating to be at the forefront of the regional COVID-19 response.

Australia is a current member of the World Health Organization's Executive Board, holds board membership of leading multilateral organisations Gavi, the Vaccine Alliance and The Global Fund to Fight AIDS, TB and Malaria, and is able to build upon its strong diplomatic relationships and alliances, such as the reinvigorated Quad partnership, to advance health equity globally and secure a more prosperous world.

Australia also hosts 58 World Health Organization Collaborating Centres, the highest number of centres per capita in the world, and is home to world-leading global health institutes and experts such as those from the Doherty Institute, Burnet Institute, George Institute, Murdoch Children's Research Institute, the University of Melbourne, Monash University and more.

Yet Australia's ongoing development influence and leadership, particularly in our region, is not guaranteed. The growth, for example, of many South East Asian economies signal possible shifts in regional dynamics and new competition for global health jobs, funding and leadership opportunities. In addition, the defunding of the tertiary sector, in particular the transdisciplinary fields critical to address the underlying determinants of global health, puts our growth as a global health lead at risk.

A healthy region is in Australia's national best interest in terms of health security. In order to best contribute to a future healthy Indo-Pacific region, Australia must continue to invest in its already excellent and globally-recognised global health community with the type of support that other more established global health ecosystems such as Europe and the United States benefit from, and that Asia is moving towards.

Additional and sustained investment in improving Australia's global health capacity, in particular, in improving workforce capacity, expanding research and development and education, will be vital to maintain confidence and trust as an important development and diplomatic partner.

It will also aim to mitigate against the occurrence of global health "brain drain" from Australia's expert workforce to opportunities abroad, and encourage innovation and collaboration against global health challenges to remain in Australia, from which we can all benefit from.

Recommendations:

1. Invest in the future of global health expertise in Australia 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. This can be achieved by reinstating - at minimum - the 10% of funding that was cut from the tertiary sector in the 2021-22 Federal Budget, and making additional increases in annual funding by at least double to collaborative evidence building to inform policy, and global health research and education partnerships to reflect their enhanced responsibilities to contribute to the pandemic and other health challenges.
2. Co-design, with global health partners, an Australian global health Innovation Fund, with a mandate to contribute to global health by building on already globally-recognised hubs or institutions in Australia. This has the dual opportunity to vitalise Australian industry to be self-sustainable in the face of future threats, but also offers considerable economic and technical transfer opportunities regionally not only for communicable diseases but other challenges of global health focused on health equity. Initial investment of at least AU \$15 million per year to design, convene and set up an Innovation Fund for global health with view to attracting more multi-sector funding in years ahead.
3. Extend funding for the Health Security Initiative for the Indo-Pacific Region beyond its expiry in June 2022 to ensure the continued leadership and impact of the Indo-Pacific Centre for Health Security in our region. A contribution of at least AU \$350 million over five years should be allocated.

2. An equity-led pandemic response

In 2020, at the G20 Summit in Riyadh, Australia committed alongside other world leaders to “spare no effort” to ensure equitable access for all people to COVID-19 vaccine, treatments and tests³.

Australia has indeed made considerable and welcome commitments to support the pandemic response in our region, including bilateral vaccine sharing commitments, emergency aid packages and the Vaccine Access and Health Security Initiative (VAHSI).

Yet to date, COVID-19 vaccination rates in low- and middle-income countries (LMICS) remain dangerously behind wealthy countries. Only 9.6 per cent of people in low-income countries have so far received at least one vaccine dose. The situation is worse for some of Australia’s closest neighbours: in Papua New Guinea just 2.48 per cent of the population are fully vaccinated; in the Solomon Islands, the double dose vaccination rate is just 8.61 per cent.

Moreover, in many countries in our region, and globally, rising infection rates are resulting in increased hospitalisations, overwhelming health systems, and leaving many patients gasping for access to life-saving oxygen, and frontline health workers in urgent need of PPE. Testing rates in much of the world also remain too low, leaving unvaccinated and unprotected communities vulnerable to increased spread, and the world blind to how the virus is evolving.

The emergence of new variants such as Delta and Omicron is a testimony that the virus does not stop at the region and nobody is safe until everyone is safe. Australia, and other high income countries need to work together to track overall gaps and barriers in access to COVID-19 tools, help to close global gaps in access, and do so in a way that is integrated with country-led COVID-19 response mechanisms.

The world’s best chance at achieving this is to fully fund the [Access to COVID Tools \(ACT\) Accelerator](#) - the World Health Organization-led global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines.

The vaccines pillars of the ACT-Accelerator, the [COVAX Facility](#), leverages global expertise in distributing and administering vaccines to lower transaction costs, mitigate the risk of supply shortages and allocate vaccines equitably. With a target of 70% vaccination coverage, in less than one year from its first vaccine delivery, COVAX provided one billion doses to low and lower-mid income countries, including 136 million doses to the Western Pacific region and 269 million doses to South East Asia.

The tests and treatment pillars are working to advance testing rates to a minimum of 100 tests per 100,000 people per day, to track evolving epi & virus, and treat 120 million people and protect 2.7 million healthcare workers with scaled delivery of existing and new treatments, including oxygen and access to PPE.

This multilateral support will be most impactful in our region if it is complemented with Australia’s own bilateral initiatives, which also must be extended and sustained until global coverage is achieved and the world is protected. This two-pronged approach will ensure an equitable pandemic response at a global scale, whilst also ensuring that Australia can respond swiftly to regional emergencies and continue to build strong partnerships in the Indo-Pacific.

³ <http://www.g20.utoronto.ca/2020/2020-g20-leaders-declaration-1121.html>

Recommendations:

4. For the Australian Government to commit an additional AU\$ 250 million to the COVAX Facility in the 2022-23 Federal Budget. On 20 January 2022, the COVAX Facility announced⁴ that it would require at least an additional US \$5.2 billion in Q1 2022 in order to meet national targets and to progress toward the global goal of 70% coverage. The US\$5.2 billion will fund a 600 million dose Pandemic Vaccine Pool to ensure there is a reliable supply of vaccines for healthcare workers and the most vulnerable people in the poorest countries. The contribution is in addition to the previous contributions totalling AU\$ 130 million made to the Facility by Australia across 2020 and 2021.
5. The Australian Government commits AU\$ 200 million to the ACT-Accelerator to support access to vital non-vaccine COVID-19 tools for LMICS, such as tests, treatments, life-saving oxygen and PPE.
6. Extend the Vaccine Access and Health Security Initiative (VAHSI) to 2025-26. Commit at least 10% of this extended initiative to addressing vaccine hesitancy in our region through strengthened partnerships with trusted, community-led organisations.

⁴ <https://www.gavi.org/news/media-room/world-leaders-launch-call-renewed-support-vaccination-2022-part-global-fight>

3. Maintain progress towards SDG3

We need to protect the hard won gains in global health. There is less than a decade left to achieve Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages by meeting targets such as ending the epidemics of AIDS, tuberculosis (TB) and malaria, and ensuring universal access to sexual and reproductive health-care services.

Yet in just over 18 months, the impact of the COVID-19 pandemic has set back years of hard-fought progress and investments (including from Australia's own aid program) made towards helping the global community to meet these goals. In 2020, the number of people treated for drug-resistant TB dropped by 19% and people reached with HIV prevention programs and services declined by 11% compared to the previous year. 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.

At the same time, the pandemic is exacerbating existing gender inequalities and disrupting women's access to vital health services. For instance, new cases of cervical cancer are expected to rise from 570,000 in 2018, to 700,000 by 2030, without urgent action, and some of Australia's closest neighbours bear a heavy burden of the preventable, treatable disease. Cervical cancer is the second most frequent cancer in women in the Solomon Islands, and Vanuatu's cervical cancer mortality is six times the rate in Australia. Papua New Guinea has one of the highest burdens of cervical cancer globally with an incidence rate of 35 per 100,000, making it the leading cause of death among women in the country.

A key pathway to get progress back on track and achieve SDG3 is to build resilient and sustainable systems for health. Robust health systems are not only essential to fighting communicable diseases, they yield broader health outcomes, delivering health services in a sustainable, equitable and effective way. Resilient and sustainable systems for health are necessary for accelerating progress toward universal health coverage, and help countries prepare for emerging threats to global health security.

In addition, the advancement of new technologies is promising. In October of this year, the World Health Organization endorsed the first-ever malaria vaccine, the protein-based RTS,S/AS01 for use in low-income countries. And new portable thermal ablation devices that destroy precancerous cells on the cervix are being rolled out in remote clinics in low income countries, making it ten times cheaper to treat a woman than using cryotherapy, the previously-used treatment. Continued innovation remains critical to global health success.

Yet despite this, funding for health programming in the Official Development Assistance (ODA) budget had been in steady decline prior to the pandemic. In the period of 2013-2014 to 2019-20, the health spend decreased from over AU\$ 800 million to AU\$ 562.5 million per year, whilst the overall budget decreased from AU\$ 5.5 billion in 2012-13 to AU\$ 4 billion in 2020-21 (excluding the temporary and targeted COVID-19 measures). That equates to an aid-to-GNI percentage of 0.19% in 2020, well below the agreed international benchmark of 0.7%. The impact of a sustained decrease means that vital programs aimed to mitigate the impact of burden of poor health in the region, such as the Australian Government's Gender Equality Programs in PNG and the Solomon Islands, may cease to exist from 2022.

To meet the challenge and protect our region for the future, an unprecedented level of support is needed.

Recommendations:

7. For the Australian Government to reverse the downwards trend in development funding and legislate 0.5 per cent ODA/GNI by 2025-26, increasing to 0.7 per cent ODA/GNI by 2029-30.
8. To contribute at least AU\$ 450 million to the Global Fund to Fight AIDS, TB and Malaria over three years at the 7th Replenishment, to be held in 2022.
9. To commit at least AU \$10 million per year in funding to support the research, development and deployment of new innovative technologies to screen for, prevent and treat communicable diseases in lower-income countries that are accurate, easy to use and affordable.

4. Build resilient communities and systems against threats of climate change to health

Climate change has been described as one of the greatest threats to global health⁵. Australia is not only the OECD country most vulnerable economically and health-wise to climate change, but also has a leadership role in our region, where climate change requires urgent collaboration in order to ameliorate future harms.

In the Indo-Pacific region, we are observing an increase in the frequency and intensity of extreme weather events - such as cyclones, floods and droughts - as well as continued sea level rise. These observed changes in the climate have substantial health impacts, including threatening food and water security, and increasing disease burden from both vector-borne diseases and water-borne illness. The Indo-Pacific context of enormous disease burdens from non-communicable diseases (NCDs) is also important to acknowledge, as these are projected to increase under a changing climate⁶

Climate-resilient and environmentally sustainable health systems should form the foundation of all health investment nationally and regionally. This would be a welcome commitment to regional stability and health security by building healthy sustainable health systems which can effectively respond to the growing documented health burdens of climate change.

Recommendations:

10. Invest AU\$ 10 million in sustainable health care (SHC) to set up initial network platforms and metrics: AU\$ 5 million invested domestically, and AU\$ 5 million regionally with Indo-Pacific based partners.

The domestic investment would follow recommendations aligned with the 2021 report from the Royal Australasian College of Physicians (RACP), [Climate Change and Australia's Healthcare Systems](#)⁷ to: establish appropriate metrics to measure the total carbon footprint of the healthcare sector; establish national, state, and regional Sustainable Development Units (SDU) and develop a framework under which they would operate. The federal SDU would be tasked with the development of a sustainability roadmap for the health sector, with lessons shared regionally. A national framework response would include a roadmap for the health sector to reach net zero emissions by 2035, informed by global experiences such as the NHS in the United Kingdom and World Health Organization to create a unique Australian and regional framing.

⁵ Costello, A., Abbas, M., Allen, A., Ball, S., Bell, S., Bellamy, R., ... & Patterson, C. (2009). Managing the health effects of climate change: lancet and University College London Institute for Global Health Commission. *The lancet*, 373(9676), 1693-1733.

⁶ Whitmee, S., Haines, A., Beyrer, C., Boltz, F., Capon, A. G., de Souza Dias, B. F., ... & Yach, D. (2015). Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation–Lancet Commission on planetary health. *The lancet*, 386(10007), 1973-2028.

⁷ Bragge P, Armstrong F, Bowen K, Burgess M, Cooke S, Lennox A, Liew D, Pattuwage L, Watts C, Capon T. Climate Change and Australia's Health Systems: A Review of Literature, Policy and Practice. Monash Sustainable Development Evidence Review Service, BehaviourWorks Australia, Monash University. Melbourne, October 2021. Available at: <https://www.racp.edu.au/advocacy/policy-and-advocacy-priorities/climate-change-and-health>



11. Commit at least AU\$ 10 million to reinvigorate a transdisciplinary research award for climate and health. The award should support up to thirty research/policy implementation fellows from universities across Australia and the region for a period of three years each, and could, where feasible, be incorporated into existing award platforms, such as the Australia Awards. The positions should be aimed at post-doctoral level, to contribute to both academic and policy platforms within various institutions.
12. 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. This could be through investment in other global health initiatives and extending the investment and coverage for adaptation plans that are currently already partially serviced by consultants through DFAT. A capacity development element of this is fundamental, in order to ensure that these necessary decision support tools can be implemented in-country by local specialists.
13. 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. Designing an Indo-Pacific implementation plan with an AU\$ 5 million investment would support the Framework roll-out and allow the monitoring, evaluation and learning of the ten components. Again, close collaboration with all countries, along with country-level active engagement and capacity development will be key for this activity's success.

END DOCUMENT