



**AUSTRALIAN  
GLOBAL HEALTH  
ALLIANCE**

---

# **Australian Global Health Alliance 2023-24 Federal Pre-Budget Submission**

---

**January 2023**



## CONTACT

For further information about this submission, please contact:

**Selina Lo**

Executive Director, Australian Global Health Alliance

[selinanamchee.lo@unimelb.edu.au](mailto:selinanamchee.lo@unimelb.edu.au)

## 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 and present.

## AUSTRALIAN GLOBAL HEALTH ALLIANCE

The Australian Global Health 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 53 WHO Collaborating Centres, and Pacific Friends of Global Health, an advocacy partnership with Gavi the Vaccine Alliance, The Global Fund to Fight AIDS, Tuberculosis and Malaria and Unitaid.

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.

Australia has world class leaders and institutions in global health that are also at the forefront of thinking through their own partnerships and engagement regionally and locally.

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 as regional and global partners.

## INTRODUCTION

Global health is about achieving equity in health for all. 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.

At the same time, long standing inequities remain, and are 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 in the Indo-Pacific region without full address.

All global health challenges will impact the fabric of societal wellbeing, prosperity and ultimately – stability and social cohesion. It is therefore in Australia's interest to ensure robust and sustained investments in global health, to not only strengthen our domestic capabilities and leadership, but also the health systems in our region. In doing so, Australia and the Indo-Pacific will be better placed to make progress against current challenges and build resilience against future health threats - of which are increasing in number and severity.

## KEY RECOMMENDATIONS

### **1. Strengthen Australia's global health ecosystem to deliver impact by scaling up existing funding pools and unlocking new sources**

Australia has world-leading expertise and strengths in global health at-the-ready to support the government's global health and development agenda. We have, for example, 53 World Health Organization (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's Institute of Pharmaceutical Sciences, or moxidectin for onchocerciasis (river blindness) 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, particularly by improving future workforce capacity (including 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.

Yet currently, funding pools for global health in Australia are few, and already fall short - compared to other OECD country resources and strategic investments - to meet current global health gaps and future demands, such as rising climate-related health impacts or new pandemics in the Asia Pacific region. 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 (i.e. The Bill and Melinda Gates Foundation, Wellcome Trust, etc). 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) both within government and externally, 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.

Whilst the \$42.9 million allocated in the Department of Health, Aged Care and Sport's \$20 billion Medical Research Future Fund's Global Health Initiative since 2016<sup>1</sup> was seen as a small but positive step forward, to date only \$16.2 million of that has been awarded<sup>2</sup>, of which \$14.2 million has gone to projects related to anti-microbial resistance (AMR) – an important issue, but just one of many global health challenges facing the region.

Without untapping new funding sources, DFAT's Official Development Assistance (ODA) therefore remains a key source of Australia's global health funding, particularly via the Indo-Pacific Centre for Health Security (\$375m over five years focused on infectious diseases). The Alliance has welcomed the new government's actions to re-think Australia's approach to aid and development, and the pledge in Labor's National Platform to increase ODA contributions year on year from its first term, with a view to reaching a 0.5% ODA/GNI ratio over time<sup>3</sup>. In the October 2022 budget, the Alliance was pleased to see this reflected via an increase in health spend to \$917.1m in 2022-23, and an additional \$1 billion announced in overall ODA over the next four years. However, with an ODA/GNI ratio of 0.2% in 2021<sup>4</sup>, Australia ranks 21 out of 29 OECD countries in terms of aid generosity, and based on forward estimates, this is still set to fall further if no additional commitments are made<sup>5</sup>.

Scaling up funding for Australia's contribution to global health is well overdue, and more must be done to leverage and expand existing funding pools and unlock new funding sources to meet the challenges ahead.

### **Recommendations:**

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

- Committing to delivering a year-on-year real increase in the ODA budget, with a clear pathway outlined to achieving 0.5% of GNI.
- 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.
- Investing in the future of skilled global health workforce expertise in Australia and the region via an increased commitment to 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.
- Committing at least \$5 million to reinvigorate a transdisciplinary DFAT award for Fellows in Climate and Health Security.

---

<sup>1</sup> <https://www.health.gov.au/sites/default/files/documents/2022/09/medical-research-future-fund-2nd-10-year-investment-plan-2022-23-to-2031-32.pdf>

<sup>2</sup> <https://www.health.gov.au/sites/default/files/2023-01/medical-research-future-fund-mrff-grant-recipients.pdf>

<sup>3</sup> <https://alp.org.au/media/2594/2021-alp-national-platform-final-endorsed-platform.pdf>

<sup>4</sup> <https://devpolicy.org/aidtracker/comparisons/>

<sup>5</sup> <https://devpolicy.org/labor-aid-budget-20221026/>

## 2. Commit to building strong and resilient health systems in the Indo-Pacific

The COVID-19 pandemic will have severe and long-term ramifications for health systems and population health outcomes in the Indo-Pacific region, while exposing structural gaps and inequities in health which threaten the basic functioning of, and equitable access to, essential health services. Ensuring long-term regional prosperity, regional health security, and the health and wellbeing of people across the Indo-Pacific can only be achieved by investing in health systems.

The direct and indirect impacts of the COVID-19 pandemic also continue to exacerbate existing inequalities and places a disproportionate burden on women, including in health care settings. Women health workers are faced with increased workloads, a gender pay gap, shortages of personal protective equipment that fits them, and harassment and violence as they respond to the pandemic on the frontlines. Although women make up 70% of the health workforce, they hold only 25% of leadership roles. Nurses and midwives make up more than two thirds of the regions regulated healthcare workforce. Developing and retaining them to support health care delivery is a critical component of gender transformational change and health systems strengthening. Under-representation of women in decision making positions limits the acceptability of services for women, further exacerbating the gap in access and uptake of services.

The Australian Government must keep health front and centre in its development strategy. This is in line with the Labor Government's 2022 election commitments in the Pacific and South East Asia, including the nearly \$1 billion package of announcements by the now Foreign Minister who at the time highlighted how the Australian Government 'will work with our Pacific family to support specific projects that help deliver real changes in areas of health, economic growth... and resilience.' The Department of Foreign Affairs and Trade recognises that "health investments save lives, underpin economic growth and prosperity, and protect Australia and the region against the risk of cross-border disease threats".

### **Recommendation:**

- Building on the Federal Government's existing health and development investments in the Indo-Pacific, international commitments to health-related sustainable development goals (SDGs) and Australia's international response to the COVID-19 pandemic, commit to a new, multi-year, fully funded Indo-Pacific Health Strategy that focuses on strengthening integration across health systems in collaboration with local partners, national governments and regional institutions.

To deliver this, the Government should commit to a doubling of Australia's annual aid budget for health over the next 10 years, with an initial commitment of an additional one billion (AUD) over the five year forward estimates (See table on next page for breakdown)

**New Indo-Pacific Health Strategy: One billion (AUD) investment over five years:**

Component	2023-24 (\$m)	2024-25 (\$m)	2025-26 (\$m)	2026-27 (\$m)	2027-28 (\$m)	Total over Forward Estimates
A. Health Care workforce	90	90	90	90	90	450 (45%)
B. Integrated models of care focusing on primary care and public health functions	30	30	30	30	30	150 (15%)
C. Research, M&E, and ICT	30	30	30	30	30	150 (15%)
D. Community empowerment and participation	20	20	20	20	20	100 (10%)
E. Funding and Resource Allocation	20	20	20	20	20	100 (10%)
F. Partnerships, local coordination and multisectoral action	10	10	10	10	10	50 (5%)
<b>Total</b>	<b>200</b>	<b>200</b>	<b>200</b>	<b>200</b>	<b>200</b>	<b>1,000 (100%)</b>
<i>Note: initial estimates do not include inflation or increased costs to deliver programs over the forward estimates</i>						

This above recommendation has been endorsed by the Nossal Institute for Global Health, University of NSW, The University of Sydney, Burnet Institute, The George Institute for Global Health, Murdoch Children's Research Institute, Interplast, Micah, Fred Hollows Foundation, ACFID, End Covid For All, and the Royal Australasian College of Surgeons.

**END DOCUMENT**