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# **Pacific Friends of Global Health 2022-23 Federal Pre-Budget Submission**

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## ACKNOWLEDGEMENTS

Pacific Friends of Global Health 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.

## PACIFIC FRIENDS OF GLOBAL HEALTH

Pacific Friends of Global Health raises political and public awareness of key global health issues facing the Indo-Pacific Region, and advocates to improve regional health outcomes through Australian Government investment in Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and TB, Unitaid and other health programs.

## BACKGROUND

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 a COVID19 vaccine, treatments and tests<sup>1</sup>. At the 2021 Summit in Rome, leaders again committed to “pave the way for a global recovery, with particular regard to the needs of the most vulnerable”. Despite this, inequities related to the direct response, and the pandemic’s knock-on effects, are widening.

Australia has achieved one of the highest double-dose vaccination coverage rates in the world and as at 27 January 2022, almost 30% of Australia’s population aged over 18 years have received a third dose. Yet only 9.6 per cent of people in low-income countries have so far received at least one vaccine dose and it’s estimated that some African countries won’t reach 70 per cent vaccination until after 2030.

In many countries in our region, and globally, rising infection rate 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.

At the same time, the impact of the COVID-19 pandemic 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 to Fight AIDS, TB and Malaria reported that the number of people treated for drug-resistant TB dropped by a staggering 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<sup>2</sup>. In 2020, the routine immunization rate fell by 4% mostly concentrated in Indonesia, Pakistan and India. 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.

High income governments like Australia must urgently come together, and accelerate action and investment to speed up an end to the pandemic, halt the global health progress that has been lost, get the Australian and global economies back on track, and build back a better and more resilient Indo-Pacific Region for current and future generations.

**The investment will be large, but the cost of inaction – to health, to the economy, and to regional stability – will be far greater.**

Allowing low rates of global vaccination coverage and surveillance to continue unaddressed leaves all of us, in every country, vulnerable to new variants and increases the risk of our current portfolio of vaccines and treatments rendered ineffective, similar to what has been seen with multi-drug resistant tuberculosis.

Moreover, as a result of the impact of the Omicron outbreak, the IMF recently cut its forecasted growth for 2022 from 4.4% to 3.9% and estimated that as a result of the ongoing pandemic, the global economy will

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<sup>1</sup> <http://www.g20.utoronto.ca/2020/2020-g20-leaders-declaration-1121.html>

<sup>2</sup> <https://www.theglobalfund.org/en/results/>

be \$13.8 trillion smaller by 2024 than it would have been had its pre-pandemic trend continued<sup>3</sup>. Australia also experienced its first recession in nearly 30 years in 2021. The pandemic also continues to expose and exacerbate inequalities in developing countries in Southeast Asia and the Pacific. This has undermined social contracts, political trust and future resilience to other existing and emerging threats such as intensified geopolitical competition and the growing impacts of climate change. The longer the pandemic rages, the worse these regional impacts will be.

**Australia’s multilateral partners are best placed to meet the challenge.**

The Australian Government has a long history of support to multilateral global health organisations, whose expertise is critical to helping Australia achieve not only our own international development objectives, but also through coordination and innovation expand our impact and reach in the Indo-Pacific and beyond. They are uniquely positioned, with their extensive networks and access to communities and health systems in country, to mobilise and quickly response to health crisis. It has never been more important that Australia continues to contribute our fair share to these organisations, to ensure that they are adequately resourced and can bolster their efforts to respond to the COVID-19 pandemic and build resilience towards future threats, protect hard-fought health gains, and advance Australia’s global health priorities.

This following pages outline a series of recommendations, on behalf of Pacific Friends of Global Health, for the upcoming 2022-23 Federal Budget.

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<sup>3</sup> <https://www.irishtimes.com/business/economy/imf-warns-elevated-inflation-will-persist-longer-than-expected-1.4785344>

## RECOMMENDATIONS

### 1. Legislate 0.5 per cent ODA/GNI by 2025-26, increasing to 0.7 per cent ODA/GNI by 2029-30

Despite growing global health and development needs, Australia's ODA budget has been in a steady decline. Over the past eight years, the Federal Government's Official Development Assistance (ODA) spending has reduced from \$5.5b in 2012-13 to \$4.0bn 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%.

### 2. Commit at least an additional \$AU 250 million to the COVAX AMC Facility

The [COVAX AMC Facility](#), co-led by Gavi, the Vaccine Alliance, CEPI and the World Health Organization leverages global expertise in distributing and administering vaccines to lower transaction costs, mitigate the risk of supply shortages, get a better price and allocate vaccines equitably.

Thanks to Covax, the Pacific region was one of the first to reach a vaccination rate well above the initial target of 20% and it has been benefiting from dose donation channelled through Covax. As of 27 January 2022, Covax delivered 136 million doses to Western Pacific and 269 million doses to South East Asia alone. While COVAX has been effectively supporting our region it is also the only global mechanism for vaccine procurement and distribution: within less than one year after its first vaccine delivery, Covax provided one billion doses to low and lower-mid income countries.

Despite this remarkable achievement, the global vaccine inequity still persists. While high-income countries have vaccination rate of 67%, low income countries still have a vaccination rate of 12% (both at least 1<sup>st</sup> doses as of 27 January 2022).

On 20 January 2022, the COVAX Facility announced 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<sup>4</sup>. 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 funding request also includes US\$ 1 billion to strengthen in-country health systems to get doses into arms rapidly and safely without undermining routine immunization and other basic health services. Papua New Guinea has just 2.48 per cent of the population fully vaccinated and nevertheless, donated doses had to be redeployment from PNG to Vietnam in September 2021 due to PNG's weak absorption capacity. This is a vivid reminder that vaccine delivery needs to go hand in hand with health systems support to ensure that vaccines get to people's arm efficiently. A further US\$ 545 million is reserved to cover ancillary costs such as syringes, transport and insurance for donations.

Australia has already made commitments to COVAX totalling AU\$130 million. We applaud Australia's swift response but the amount is well below other comparable countries. We urge Australia to commit at least another AUD 250 million to contribute our fair share to global efforts.

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

The emergence of variants is a testimony that the virus does not stop at the region and nobody is safe until everyone is safe. Australia must be at the forefront of orchestrating the global response to the pandemic. While Australia has a long-standing commitment to the Indo-Pacific region, and particularly to the Pacific and Timor-Leste, global mechanisms such as COVAX are the key mechanism by which Australia can commit to supporting LICs, almost all of which are outside of the Indo-Pacific. It is also critical to Australia to keep a seat at the table in the setting of global standards and responding to future global challenges. Investment in COVAX will be essential to any role Australia has in the future of global health governance.

### **3. Commit AU\$200 million to support access to vital non-vaccine COVID-19 tools for low- and middle-income countries such as tests, treatments, life-saving oxygen and PPE**

Vaccines are our best line of defence, but the rapid spread of the Omicron variant has reinforced the crucial role of testing and sequencing, to track new variants and help control community transmission, of treating those who are sick, and of protecting healthcare workers. While rapid tests are being deployed to great effect and have become a key part of controlling the spread of the virus in high income countries (HICs), testing rates are lagging behind in LMICs. 80 x more tests are currently been carried out in HICs. Inequitable access is a moral outrage, a global health security disaster and is having a devastating impact on the global economy.

Since the global coalition, Access to COVID-19 Tools Accelerator (ACT-Accelerator), was created in spring 2020, it has [halved the cost of COVID-19 rapid tests for LICs and LMICs](#) and procured over 148 million COVID-19 tests for LICs and LMICs through the Diagnostic Pillar<sup>[5]</sup>; and increased the supply of oxygen, personal protective equipment (PPE) and treatments.

The Global Fund to Fight against HIV, Tuberculosis and Malaria and Unitaid are playing key roles in the access and deployment of these non-vaccine COVID-19 tools for LMICs.

The ACT-Accelerator's non-vaccine strategic priorities for October 2021 to September 2022 are to:

- Advance testing rates to a minimum of 100 / 100,000 people / day, to track evolving epi & virus; optimise use of tools
- Ensure access to new antiviral therapeutics recently approved by WHO and new drugs emerging from trials
- 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

But these tools remain severely underfunded, facing the following funding gaps:

- \$US 7 billion for diagnostics
- \$US 3.5 billion for therapeutics.
- \$US 5.9 billion for health systems and response connector

The Global Fund to Fight against HIV, Tuberculosis and Malaria and Unitaid are playing key roles in the access and deployment of these non-vaccine COVID-19 tools for LMICs and face funding shortfalls to sustain their responses. Of the AU\$200 million, we recommend that at least AU\$ 10 million is contributed to Unitaid to address the US\$1.4 billion gap for adequate oxygen supply during the pandemic. Australia is a leader and important partner in the oxygen response, being

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<sup>[5]</sup> As of 10 January 2022

home to some of the world's leading global experts on oxygen and oxygen innovation and has stepped up already to provide critical oxygen support to neighbouring countries including India, Indonesia, Fiji, the Philippines, and Papua New Guinea throughout the pandemic. Investments in better oxygen systems now, for example, will greatly impact the number of deaths caused by other diseases in the Asia Pacific region such as pneumonia, the world's biggest infectious killer of adults and children under five.

**4. Commit at least AU\$ 450 million to the Global Fund to Fight AIDS, TB and Malaria at the 7<sup>th</sup> Replenishment in 2022.**

With a strong commitment to fighting the three diseases, the Australian Government has a long and proud history of support to the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) and its life saving work since 2004. To date, the Global Fund has invested a total of US\$ 10 billion in 30 countries and 7 multi-country grants in the Indo-Pacific region<sup>5</sup> and has increased the funding allocation in the region by 14 percent in the 2021-2023 grant implementation period compared to 2018-2020 period. Australia's investment in the Global Fund represents an exceptional leverage. For every US dollar contributed by the Australian Government, the Global Fund partnership has invested approximately US\$13 in the region.

Whilst remarkable progress against HIV, tuberculosis (TB) and malaria has been achieved since the Global Fund was created in 2002, the disruption and impact of the COVID19 pandemic on vital services and programs resulted in a decline in key programmatic indicators in 2020 for the first time in the Global Fund's history, with devastating consequences for the poorest and most vulnerable communities (as outlined on page 2). The Global Fund moved swiftly and awarded an additional \$US 4.1 billion to support more than 100 countries to fight COVID-19, protect frontline workers, adapt the delivery of life-saving HIV, TB and malaria services and shore up fragile systems for health. Out of the total additional funding, approximately US\$ 700 million has been awarded to the countries in the Indo-Pacific region.

The Global Fund will release its Investment Case for the 7<sup>th</sup> Replenishment with a funding needs for the grant period of 2024-2026 at the 7<sup>th</sup> Replenishment Preparatory Meeting on 23 February 2022. It is already clear that significant additional resources – well beyond the total US \$14 billion committed at the last replenishment cycle - will be needed to get back on track to ending AIDS, tuberculosis and malaria as public health threats by 2030, strengthen resilient and inclusive health systems, and reinforce health security by better ability to prevent, detect and respond to future infectious disease threats. In response to the dramatic changes in the global health context and building on this expertise and inclusive model, the Global Fund's new strategy for 2023-28 has an evolving objective that will enable the partnership to adapt and contribute to pandemic preparedness and response (PPR) on top of its HIV, TB, malaria and health systems investments.

Prior to the COVID-19 outbreak, the Global Fund was already the largest multilateral provider of grants to strengthen systems for health, investing over \$1 billion a year across its grants to improve disease surveillance, laboratory and data systems; reinforce supply chains; train health care workers; and build stronger community responses. These health and community systems

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<sup>5</sup> Countries and multicountry grants in the Indo-Pacific region that are an interest to Australia are: Afghanistan, Bangladesh, Bhutan, Cambodia, India, Indonesia, Lao (People Democratic Republic), Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Solomon Islands, Sri Lanka, Thailand, Timor Leste, Viet Nam, Western Pacific multicountry grant (covers Cook Islands, Micronesia, Kiribati, Nauru, Niue, Palau, Marshall Islands, Samoa, Tonga, Tuvalu and Vanuatu) and six other multicountry grants in the Asia region.

have been the backbone of the LMICs' response to COVID-19. The community organizations and networks supported test, trace and isolate strategies and developed innovative local solutions to reach the most vulnerable.

The G20 High Level Independent Panel (HLIP) argued for additional financing for pandemic preparedness to help build robust surveillance and detection networks and more resilient health and community systems in LMICs. In addition, the Independent Panel for Pandemic Preparedness and Response (IPPPR) called for a new paradigm in pandemic preparedness that includes "respect for human rights and promotion of equality".<sup>6</sup> The Global Fund's proven model and distinctive attributes will not only not just to accelerate the fight against HIV, TB and malaria but also to defeat COVID-19 and make the world better prepared to respond to future pathogens.

We urge Australia to commit to at least AU \$450 million to the Global Fund's 7<sup>th</sup> Replenishment and contribute our fair share. Pandemics and endemics do not occur in isolation, nor should they be addressed in isolation. If we fail to step up, we will fail to achieve the SDG3 to end HIV, TB and malaria as public health threats and to reinforce the LMICs' ability to prevent, detect and respond to the next deadly pathogens. This increased funding should not come at the expense of other highly effective multilateral and bilateral global health programs, such as Gavi the Vaccine Alliance, who work in synergy with the Global Fund to maximise positive global health outcomes in LMICs.

## 5. Step up global leadership in cervical cancer elimination in the Indo-Pacific region

For the first time ever, the world has committed to eliminate cervical cancer, by reaching an incidence of <4 per 100,000 women in every country within the next 100 years. Australia co-led the [Global Strategy to Accelerate the Elimination of Cervical Cancer](#) that was adopted at the World Health Assembly in August 2020.

The vaccine for HPV, the virus that causes nearly all cervical cancers, was developed at the University of Queensland by Professor Ian Frazer and the late Dr Jian Zhou, and in 2007 Australia introduced the world's first nationwide HPV vaccination program. Australia now boasts one of the lowest cervical cancer incidence and mortality rates in the world.

Despite this, some of Australia's closest neighbours face a heavy burden from the treatable, preventable 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 in women in the country.

As a key development partner for the Pacific, Australia is well placed to lead the way for cervical elimination across the region, and should increase investment to build upon public health frameworks, and the relationships built with local governments, local community organisations and health care providers to support our neighbours to reach their elimination goals.

Australia should also provide at least AU\$ 5 million in new funding to Unitaid, to support the research, development and deployment of new innovative technologies to screen for and treat cervical cancer in lower-income countries that are accurate, easy to use and affordable. These tools will be essential to achieving national targets in the WHO Elimination Plan for Cervical Cancer in the region and globally. Unitaid is now the largest funder of cervical cancer tools to

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<sup>6</sup> [https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic\\_final.pdf](https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf)

more accurately diagnose and treat precancerous lesions in women living in low-resource settings and is on to track to reach one million women within three years, with an estimated 100,000 additional lives saved over eight years. Innovations pioneered by Unitaid and scaled by partners, including the Global Fund, have reached over 100 million people and helped expand the medicines and diagnostics available globally to combat infectious diseases, including new medicines for multi-drug resistant TB, malaria prevention, HIV and cervical cancer. Investment and partnership with Unitaid would help advance disease responses in the region.

**END DOCUMENT**