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Senate Foreign Affairs, Defence and Trade Committee
Department of the Senate
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Inquiry into Australia's Overseas Aid and Development Assistance Program

Dear Committee Members,

I am writing to you in my capacity as Director of the Kirby Institute, UNSW Australia, in response to your call for stakeholder contribution to the Inquiry into Australia's Overseas Aid and Development Assistance Program.

The Kirby Institute has been conducting research into the public health and clinical aspects of HIV, viral hepatitis and other communicable diseases in Australia and the Asia Pacific region for 28 years. We have developed collaborative programs over the past two decades in several countries that have involved the training of health workers and health researchers in countries of our region, advising governments on public health and clinical policy, and working to increase access to essential medicines. We have had particularly strong partnerships in Thailand since 1996 in collaboration with the Thai Red Cross (www.hivnat.org), in Cambodia since 2002, and in Papua New Guinea and Indonesia.

Our submission outlines three main recommendations for the committee to consider:

Recommendation # 1: A stronger role for the academic sector in the health arm of foreign policy

The re-integration of AusAID into DFAT presents a tremendous opportunity to examine existing processes and efficiencies and make changes to models that are not yielding their full potential. It is our position that the academic sector has been underutilised as an arm of foreign policy in Australia, and that international aid initiatives would both be more focused and more efficient if the Department were to adopt a new approach to aid programming that allowed for more direct involvement of the academic sector.

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As with development programs in general, the process for funding health projects in partner countries has primarily involved private sector contractors bidding for tenders associated with country specific or regional aid programs. These contractors inevitably seek to recruit academic experts to play key advisory and leadership roles. We suggest that this model is inefficient and effectively excludes universities from an important part of the process.

Reasons for engaging universities in the bidding process:

- University-led projects are likely to be more cost effective in certain areas of health development, particularly those with a substantial component of high level training, operational research and policy analysis. A number of academic centres have high levels of expertise and ongoing engagement in the areas of importance for health development, as well as a standing infrastructure that allows them to contribute cost-effectively to development projects.
- The academic sector has strong on-the-ground relationships and networks through their existing collaborations in developing countries, which greatly facilitate the establishment and maintenance of partnerships necessary to achieve development goals.
- Universities have a strong social, moral and academic commitment to health, education and social responsibility.
- Universities serve as strong ambassadors to Australia and, if given the opportunity, are ideally placed to promote bilateral interests.

For these reasons, we recommend that the existing model be reviewed, with the goal of identifying ways for the university and academic sector more broadly to be more actively and directly engaged in the achievement of foreign policy health goals.

Recommendation # 2: Focus on research training

Historically there has been a lack of connection between Australia's health research endeavours and our foreign policy. Specifically, research training has not been seen as an important part of development assistance. We recommend that training of researchers be seen as a legitimate objective of development assistance, for a number of reasons.

Projecting our ability to undertake research training in the context of our development programs would generate benefits both for Australia and for the developing country partners where our aid work is focused. From the partner perspective, research training programs serve to create a strengthened workforce, better able to provide high level technical support to health programs and reduce the 'brain drain' associated with the exodus of those who seek higher education and have to move to developed countries to undertake training and long-term work.

Support for research training in developing countries is also highly beneficial for Australia. When we build internal capacity for health research, we create counterparts for doing research into areas where we are world leaders, such as HIV control, malaria, nutrition and



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diabetes. Such in-country counterparts are vital to research efforts because they provide a local workforce made up of people who understand and can operate optimally in the socio-cultural context. Further, they are more likely to have networks which can increase the likelihood of successful research outcomes.

A useful model to consider here is the United States Fogarty program (<http://www.fic.nih.gov/programs/Pages/default.aspx>), which has funded American universities to support health research capacity building in many developing countries over several decades.

Recommendation # 3: Focus on implementation research

We understand the view that much of health and medical research sits more properly within the framework of the National Health and Medical Research Council. However, there is place in all health development programs for operational and implementation research, to ensure that new findings are rapidly translated into practice, and that as programs are implemented, there is an opportunity to learn about how to optimally deliver them. We therefore encourage DFAT to explicitly support these types of research, both because of their direct outputs and their potential for capacity building in research.

Apart from implementation and operational research, there are examples where more conventional medical studies can directly tie in with development goals. For example, in our area of expertise, the ENCORE study was conducted over two years in 13 countries across Africa, Asia, Australia, Europe and Latin America. We found that a lower daily dose of an important HIV drug is just as effective, and likely to be cheaper, than the current recommended dose. This finding will permit more effective and efficient use of health care resources. The ENCORE study was funded by the Bill and Melinda Gates Foundation, recognising its importance to low-income countries.

In fact, much of the international work related to developing countries conducted by the Australian academic sector is funded by sources outside Australia including the US government, and the Bill and Melinda Gates foundation. It is our feeling that the importance of this work should be at least equally recognised by the Australian government. Health research funding for projects of this kind is a clear priority for USAID, DFID and French Cooperation.

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In conclusion, we strongly recommend the strengthening of ties between the academic sector and the health arm of foreign policy in order to improve the efficiency, transparency and efficacy of Australian regional aid and development initiatives, and to support and expand research training and implementation research.

Yours sincerely,

David A Cooper