

## **SUBMISSION TO THE SENATE INQUIRY INTO AUSTRALIA'S OVERSEAS AID AND DEVELOPMENT ASSISTANCE PROGRAM**

This submission outlines a brief proposal for the establishment of a global health research agency along the lines of the Australian Centre for International Agricultural Research (ACIAR). This is not presented merely as a proposal worthy of consideration in its own right, given the longstanding importance of the health sector in international development policy and programming, but also as a new way of delivering aid. It may well be that the age of bilateral aid agencies as they have come to be regarded is coming to an end and that the future of aid programming may be in the integration of existing Australian institutions into regional development. In the future it may well be that a wide range of Australian institutions will come to see regional integration as part of their core business. However, this will mean a reduction in the role of government officials in Australian aid and a corresponding increase over time in the role of technical specialists in many sectors of the Australian society and economy. Government would continue to play a critical role in setting overall policy frameworks and funding priorities as well as in monitoring and evaluation of program delivery. Yet the details of much of program management could be delegated to a series of institutions working closely with Australian industry and government as well as partner agencies in the Asia-Pacific region and beyond. The present proposal focuses on the health and medical sector, but there are countless potential proposals for similar cooperative and productive development initiatives in other sectors, building on Australian expertise. Some examples include:

- nature conservation and management of national parks and environmental reserves
- planning and management with partners of a sustainable development strategy for the island of Borneo
- capacity building of agricultural extension facilities in the Asia-Pacific region
- management of megacities
- remote area service delivery.

Any such initiatives would need to be developed and implemented in close cooperation with partner agencies in Australia and the region. The example of ACIAR indicates that this is a model that can work well and could be applied to a significant proportion of the Australian aid program. However, this would imply a reduced role for the government bureaucracies which have traditionally played a dominant role in international development. The impetus for such a change is unlikely to come from the bureaucracies themselves.

## **AUSTRALIAN GLOBAL HEALTH RESEARCH AGENCY: A PROPOSAL FOR A NEW DIRECTION IN THE INTEGRATION OF THE AUSTRALIAN HEALTH AND MEDICAL SECTOR AND THE ASIA-PACIFIC REGION**

The Australian Centre for International Agricultural Research (ACIAR) was established more than thirty years ago in 1982. Within a few years it had created a reputation in Australia and globally as a highly regarded and effective agency. This is due to a number of factors, including:

- ACIAR has a clear and focused mandate, despite encompassing a wide range of agricultural sectors
- It was based from the outset on partnership arrangements with research organisations in the developing world, ensuring a measure of local commitment and practical involvement
- ACIAR is a funding and research planning agency so the potential benefits of programs extend to many Australian and partner organisations
- ACIAR can cooperate with a network of specialist agricultural research agencies through participation in the CGIAR network.

Nevertheless, this proven model has not as yet been applied in other sectors of international development. Health and education represent areas of strong Australian technical capability which could be enhanced still further if a funding stream were available to support extended cooperation programs with the Asia-Pacific region and beyond. This short paper outlines a concept for a research funding agency in the health sector. This agency (the Australian Global Health Research Agency) would fund joint research programs in the health sector to apply both Australian and local expertise to the solution of pressing health issues in the Asia-Pacific region and to some extent beyond. The agency would work in close cooperation with international health organisations such as WHO, the Gates Foundation, the Global Fund, the Wellcome Trust and prominent NGOs, while retaining an Australian identity.

### **Global Health Context**

During the past decade the profile of global health expenditure has been boosted by an inflow of new funding from philanthropic bodies like the Gates

Foundation and new strategic alliances such as the Global Fund and Rotary International. This additional funding has been accompanied by a new strategic focus on the critical issues of global health care, a determination to link health care practice more closely to research results and an open approach towards new ideas about research and programming. This represents a major opportunity for the Australian health sector to enhance its longstanding engagement with the Asia-Pacific region and beyond, building new kinds of programs on the basis of research linking the best of Australian and international expertise. This could be done by means of a global line of funding through the AMHRC, but the experience of ACIAR suggests that effectiveness is likely to be improved by independent agency status which enables a clear focus and autonomy in setting research guidelines and operational procedures.

ACIAR is a development agency with a sound track record and an enviable reputation for professionalism. However, it has a serious weakness not of its own making in that it focuses on the research phase of agricultural and rural development. The results beyond the pilot stage are primarily the responsibility of agricultural extension agencies which are widely regarded as some of the weakest institutions in international development. An agency in the health and medical sector should learn from this experience and from the outset take a holistic view of illness, medical research and health care to ensure that linkages are in place and funding available for the translation of research into programs on the ground.

### **Programming Principles**

- Close cooperation with local partners and global stakeholders
- Strong links between researchers and end-users
- All research programs to be developed and implemented jointly by at least one Australian and at least one Asia-Pacific medical or health institution
- All programs to be subject to rigorous evaluation at critical points and on completion to identify lessons learned and correct any design or management deficiencies

- Research to encompass not just the medical sciences but also translation of research results into health programs on the ground and health sector planning
- Scope for inviting both specific proposals to address priority global health concerns as identified by the funding agency and proposals initiated by the Australian health sector in partnership with counterpart organisations
- Programs would normally extend over a number of years to enable complex problems to be addressed
- Funding should cover all research and programming costs including essential overheads.

### **Programming Structure**

- Several distinct but interrelated lines of funding (medical research, translation and social, economic and policy dimensions of health care)
- Balance between commissioned research on critical issues identified by the agency and proposals brought to it by Australian and partner organisations
- Evaluation budget to ensure continued improvement in performance.

### **Benefits**

- Increase in the global volume of health research with particular focus on the developing economies of the Asia-Pacific region
- Enhanced mobilisation of Australia's significant medical and health research capability to address global and developmental health issues by providing a clear line of funding support
- Strengthening of links between Australia and the Asia-Pacific region in the health sector
- Capacity building of health research institutions in the Asia-Pacific region and beyond
- Reduction in time required to apply development health research results in the field
- Ability to set a research agenda derived from the needs of communities in the developing world as identified and articulated by development agencies and partner organisations

- Raising of Australia's profile in global health, particularly in the Asia-Pacific region.

### **Some Initial Priority Areas**

- Infectious disease control
- Regional telemedicine
- Basic rural healthcare
- Health sector planning
- Hospital design and management
- Remote health care delivery
- Regional responses to emerging epidemics and resistance to pharmaceutical products
- Translational research related to joint commercialisation of research between Australian and Asian companies.

### **Budget**

The ACIAR budget is currently around \$100 m per annum which is an indicator of the possible size of a health sector research budget. A budget of this notional size developed in stages over several years is consistent with likely fiscal forecasts, even in a global environment of stable or even declining aid budgets. Nevertheless, all aid contributions should be scrutinised as a matter of course to see how the available funds can best be spent. The budget of the proposed agency should therefore be linked in some reasonable and transparent way to measures of effectiveness.