



Submission to Senate Committee Inquiry into Australia's Overseas Aid and Development Assistance Program

School of Population Health, University of Queensland, 6th February , 2014

Who we are:

The School of Population Health is a global leader in improving the health of populations in a changing and inequitable world. We are one of Australia's leading schools of Public Health and are part of the University of Queensland, one of the world's top 100 Universities.

The SPH has been and remains an active partner in the promotion of health and through that economic development in the region through :

- Developing the middle level and senior managers of health systems in the Asia Pacific region and more globally through formal degree programmes and short courses and continuing professional development;
- Supporting regional Partners and Institutes such as University of Fiji Medical School, Gajah Mada University in Indonesia, Institute of medical research in Papua New Guinea, National Health Research and Training Institute in Solomon islands to develop applied health services research capacity through formal research higher degree programmes;
- Collaborative research on priority regional health topics for example HIV, malaria, non-communicable diseases, dengue, immunisation services, maternal health
- Being a development partner with the Australian Aid Program, World Health Organisation, Public-Private partnerships, and corporate social responsibility resource sectors as well as managing Australian Aid program activities such as PacMISC, HISHub, Investment case for MDGs 4 and 5, APMEN.

Submission summary points:

- **Health is a development priority; without healthy communities economic activity is constrained and wealth creation inhibited**
- There is a **clear evidence based health development agenda for the Asia Pacific region**
- There is a **need to strengthen health systems to ensure universal health coverage and to facilitate equitable access and use**
- There is a role for **essential health research** to develop new knowledge of cost-effective and safe health care, that can be used for improved **policy and practice. Appropriate levels and mechanisms for financing this are required.**

- Development assistance should support the **development of the human capacity** to deliver the results from the investment in health programmes. Australian training institutions have a long tradition in the region, have developed considerable experience and expertise and can continue to play a major strategic role .
- Australia should continue to support, at appropriate levels **the achievement of the MDG targets** that it along with 192 member states signed up to in 2000. The funding to achieve and then sustain these goals should be part of a 3-5 year predictable plan, with clearly defined outcomes and impacts for performance measurement.
- **Health impact assessment of decisions made in foreign affairs, trade or development assistance should become incorporated into policy.**

Introduction

Health has been the centre of the global development agenda, and the Australian government agenda since the adoption of the Millennium development Goals in 2000. This was in recognition of the importance of health as a human right, as a fundamental value, as well as for its role in reduction of poverty, supporting return on investments in education and its link to overall economic development. The Australian government and the people of Australia have been partners in the progress that has been made – through their funding, advocacy and leadership .

In this submission we address the first two objectives of the Inquiry, namely:

- a) Australia's ability to deliver aid against stated policy objectives and international commitments
- b) Australia's ability to maintain its international development priorities including sectoral, regional, bilateral and multilateral international relationships.

1. Health is a development priority

The importance of health, and several of these goals remain relevant in 2014 and for the next 5-10 years . These goals linked to child health, maternal health, sexual and reproductive health including family planning, and endemic infectious diseases.

Additionally **emerging health challenges** such as non-communicable diseases, aging populations, increasing threats from disasters, new infectious diseases and increasing threats of drug resistance infections **add extra burden on the low and middle income countries** of the region, and also could **reverse the gains achieved in health indicators**, if different health programmes compete for limited or lowered financial resources both domestically and through development assistance.

Health and “wealth” of individuals , families and the nation are linked, and the responses to ensuring health need to focus both on **providing universal access to health services**

(through multiple channels of public, private, non-governmental and community routes) as well as **stimulating economic development** that can increasingly provide opportunities for the country and its people to support healthy lives and access appropriate quality services. It is not economic development versus development assistance, it needs to be a combination of both to ensure equitable and sustainable access to appropriate services for all in the country.

2. A clear evidence based health development agenda for the Asia Pacific region exists

The Asian Development Bank in its recent working paper (No. 28) "Health in the post-2015 Development Agenda for Asia and the Pacific" noted "Given the large populations and the unfinished MDG agenda, it is not surprising that the region still accounts for the majority of the global disease burden, measured in disability-adjusted life years (DALYs). For that reason alone, the perspective of Asia and the Pacific on how health should continue to be addressed post-2015 is relevant for the global agenda" (page 3).

In detailing this perspective the ADB identified the following as priorities (not in rank order):

1. Under nutrition of children which has child survival, health growth and intellectual developmental concerns and negative effects upon national development,
2. Communicable diseases, which remain the leading causes of deaths of children in South and South east Asia and include diarrhoea, acute respiratory infections, malaria, dengue, tuberculosis, HIV and other tropical diseases
3. Non communicable diseases and injuries, which create heavy tolls on the individuals, families and on economic development of countries, as well as the heavy financial burden on health budgets, from whatever source. Often the rapid growth of industry and infrastructure to support this has increased the risks of injuries and fatalities due to injuries.
4. Increasing threats to health security as the region is a hot spot for the emerging communicable diseases like new influenza viruses (outbreaks of these have both public health and economic development concerns) and antimicrobial resistance
5. Intraregional migration requiring different approaches for universal health coverage and regional approaches
6. Aging – supporting healthy aging will decrease the burden on health budgets, government social services or insurance schemes, and upon the economic well being of their families
7. Urbanisation causing for many low and low middle income families to live in crowded impoverished living condition, exposed to environmental pollution and the consequent health effects and burden upon them and their families)
8. health impacts from climate change and degraded environments which may include increases in many vector borne infections such as dengue and malaria.

3. The need for strong health systems to ensure equitable universal health coverage

Weak, fragmented, inefficient, health systems cannot provide well designed, responsive, safe, quality and cost effective health services for prevention , health promotion and treatment. **Investments in health are wasted if the health systems are not strong.** In the region both a large number of public and private health care services are underperforming against these requirements.

A strong health system needs:

- Leadership and good governance including attention to regulation, safety and standards, consumer rights, accountability and transparency
- Effective health information systems to support evidence based decision making and measure performance of the systems and monitor and evaluate outcomes and impact as well as support quality service delivery and surveillance and response for communicable diseases
- Effective safe quality appropriate health services for individual and for public good where and when needed and to who needs them in an efficient manner
- Competent well performing health workforce in the right numbers and in the right places and managed well
- Well maintained, appropriate, operational infrastructure for health service delivery and a Logistics system that supports the right product at the right price in the right condition at the right place and right time.
- Health financing systems that ensure universal coverage and equity and protect people from being impoverished by the costs of health services

4. *Essential health research to support the delivery of appropriate cost effective and safe health care, equitably where and when required*

This research is of four major types:

- a. Development of appropriate low cost technological solutions that can be used in the various settings of the region to meet priority health needs, emerging health needs and gaps
- b. Research to measure the distribution and extent of the burden of disease and risk factors
- c. Applied health services research to address ways of increasing efficiency, effectiveness, coverage, acceptability, equity, accessibility and affordability of health programmes provided
- d. Evaluative research of the interventions, services, policies and programmes as well as of the financing and modes of delivery eg. public, community based, private sector)

Research in all of these four categories required appropriate financing methods to support it, and is severely limited for low and middle income countries and their health problems

5. Development assistance supports the development of the human capacity to deliver the results from the investment in health programmes.

Community based, pre-service, in-service, continuing professional development, higher degree, and specialised training are important to support this health agenda. Funding through scholarship, fellowships, formal training programmes, peer-to-peer networks, mentoring and supporting continual professional development is required. The evidence base of what is successful human capacity development for different competency outcomes is available and should guide these investments. Realistic human development plans linked to the strategic health plans must guide these investments and be monitoring and evaluated. Strengthening national and regional capacity to provide this capacity development assists in building sustainability of the investments in health and health services in the region. Australian training institutions have and can play a major supportive role .

CONCLUSION

The Australian Government has played a significant leadership and support role in the Asia Pacific region and its development of healthy populations and health services. Australian training institutions, research, private industry, Non-governmental organisations and government departments have provided invaluable and well appreciated inputs into these achievements.

There are still needs, and needs that must be addressed by a pluralistic approach – both development assistance and economic development,
Both public sector and private sector engagement and partnerships,
National government and regional financing and technical support as well as Australian

The recent changes in the size of the development assistance budget and level of certainty of the objectives of the assistance are creating concerns in the region that could undermine the gains made. Gains made in the MDG indicator progress and gains made in favourable views of Australia and a regional neighbour, a trading partner and a strategically. There are short and long term consequences of these actions that need to be recognised. The Inquiry is a good chance to carefully consider the evidence and develop a clear transparent approach to the development of the Asia Pacific region and its peoples , and Australia's role in the region.

RECOMMENDATIONS

- Australian government investments in health development assistance should be guided by the clear evidence base for a targeted agenda in the Asia Pacific region
- These investments must include support to strengthening health systems to ensure universal health coverage and equity
- The important role of **essential health research** in supporting the delivery of appropriate cost effective and safe health care must be recognised through financing support by the Australian government.
- Development assistance should support the **development of the human capacity** to deliver the results from the investment in health programmes. Australian training institutions have and can play a major supportive role .
- Australia should continue to support, at appropriate levels these goals and strategies,. This funding should be part of a 3-5 year predictable plan, with clearly defined outcomes and impacts for performance measurement.
- Health impact assessment of decisions made in foreign affairs, trade or development assistance should become incorporated into policy to ensure synergy of actions which will improve sustainability and cost effectiveness of the assistance. .