



**Burnet Institute**

Medical Research. Practical Action.

**Submission to the Senate Inquiry into the United Nations  
Sustainable Development Goals (SDG)**

March 2018

## Submission to the Senate Inquiry into the United Nations Sustainable Development Goals (SDG)



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### Summary of Submission from the Burnet Institute

Progress toward the SDGs will go a long way to ensuring that the world continues along a path toward a more equitable and sustainable existence. As a health-oriented institute our submission focuses on SDG3 -- *Good Health and Well-Being* – while also recognising the importance of other SDGs that contribute to better health, such as *No Poverty, No Hunger, Quality Education, Gender Equality, Reduced Inequality, and Water and Sanitation*.

The Australian aid program does currently address most of the SDGs, including health. However, the 25% reduction in the aid program's budget since FY2013-14 has drastically limited the ability of the Department of Foreign Affairs and Trade (DFAT) to adapt and scale up its aid programs to help our neighbours in the Asia-Pacific region to achieve the SDGs. Moreover, we point out that the aid budget cuts have disproportionately affected health and education; both sectors in which Australia had a reputation for excellence in development assistance. For example, the bilateral aid program in Myanmar no longer supports any health initiatives, despite the country's poor health indicators relative to its neighbours, such as Thailand. We recommend that Australia recommit to the goal of the aid budget reaching 0.5% of GNI by a set date, at least before 2025. We also propose that DFAT restore the proportion of the aid budget allocated to the education and health sectors to pre-2014/15 levels.

Within the health sector of the aid program, DFAT should continue to focus on health system strengthening and maternal and child health. However, the resources allocated to improve the nutritional status of women and their children should be strengthened given that 45% of child deaths are attributed to under nutrition.

Current population-specific aid funding mechanisms targeting key affected, vulnerable and marginalised populations still exclude adolescent populations as a demographic priority. Australian Official Development Assistance (ODA) should be consolidated to enable an inter-sectoral and multi-component engagement of key SDGs that will harness the opportunities of the triple dividend that benefits during adolescence, across the life course, and into the next generation.

Perhaps more than is widely appreciated, the success of the SDGs will depend a great deal on robust data, the embedding of research, and reliance on evidence in all decision-making. Innovation, the development and application of appropriate technology, and knowledge generation will be critical components of the approaches adopted to meet SDG targets. In a resource constrained international development world, making intervention choices based on robust evidence and effective tools will be crucial.

Therefore, we recommend that DFAT should more broadly invest in health and medical research within the aid program than is currently the case. We provide the example of the Grand Challenges initiatives, especially Grand Challenges Canada, as a potential platform to support research relevant to achieving the SDGs.

### About the Burnet Institute

Burnet Institute is unique in Australia in being both a medical research institute accredited by the National Health and Medical Research Council and a development NGO fully accredited by DFAT. The Institute's vision is to achieve *equity through better health*.

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The Institute's recently developed mission for the next five years is *to achieve better health for vulnerable communities in Australia and internationally by accelerating the translation of research, discovery and evidence into sustainable health solutions.*

While our headquarters are in Melbourne, the Institute has offices in PNG and Myanmar, as well as public health and research programs in Cambodia, China, Fiji, India, Indonesia, Kenya, Laos, Solomon Islands, South Africa, Sri Lanka, Timor-Leste, and Zimbabwe.

Underpinning our research and development focus are five multi-disciplinary programs which bring together our diverse staff skills to share their research and technical expertise across: (i) Disease Elimination (including malaria, tuberculosis, HIV and viral hepatitis); (ii) Maternal and Child Health, including Nutrition; (iii) Behaviour Change and Health Risk Reduction; (iv) Health Security; and (v) Healthy Ageing.

The Institute has an annual turnover of approximately \$45 million, of which more than one-half supports our overseas research and development programs.

### Response to selected terms of reference

The SDGs are, in many respects, a blueprint for the next phase of human development. While SDG 3 specifically aims for *Good Health and Well-Being*, the focus of the Burnet Institute's work, it will not be reached unless other SDGs are also achieved, in particular *No Poverty*, *No Hunger*, *Quality Education*, *Gender Equality*, *Reduced Inequality*, and *Water and Sanitation (WASH)*.

#### E. What SDGs are currently being addressed by Australia's Official Development Assistance (ODA) program?

All of the SDGs mentioned above are supported to varying levels by Australia's overseas aid program. However, the diminished funds available for aid have severely constrained DFAT's ability to effectively respond to the challenges of achieving the SDGs. New initiatives are fewer in number, with little opportunity to build upon notable successes in health and education from the previous decade.

Since FY2013-14, the aid budget has been cut by nearly 25% in total and the forward estimates that once outlined the growth trajectory to reaching 0.5% GNI in 2020 have been repeatedly reversed. The aid budget increased slightly in FY2017-18 and FY2018-19 to \$3.9 billion and \$4.0 billion, respectively; however, the steep decline in the previous four years has disproportionately affected health and education. For example, between the 2014/15 and 2015/16 budgets, the largest cut in absolute terms was to education, which fell by \$286 million or 27%<sup>1</sup>. The health sector budget fell by \$221 million or 28%. Between them, education and health made up 37% of the aid program before 2015/16, but contributed 52% of the cuts from that year. Both sectors are crucial for long-term development, economic growth and regional security.

#### Recommendations

1. The Australian Government should reinstate – and seek bipartisan support for – the goal of the Australian aid budget reaching 0.5% of GNI by a set date, at least before 2025.

<sup>1</sup> Stephen Howes. Health and education bear the brunt of the last budget's aid cuts; governance spared. DevPolicy Blog. 3 May 2016.

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2. The aid program should focus on reducing inequities in the Asia-Pacific region, including low income countries AND the poor in middle-income countries, such as Indonesia.
3. DFAT should restore the proportion of the aid budget allocated to the education and health sectors to pre-2014/15 levels. At least 50% of the aid budget should be allocated to human development (including health, education, women's empowerment, and livelihoods).

### **F. Which of the SDGs is Australia best suited to achieving through our ODA program, and should Australia's ODA be consolidated to focus on achieving core SDGs?**

One of the major constraints to poverty alleviation is poor health; thus, health development efforts need to explicitly target the very poor. The landmark 2001 Report by the **Commission on Macroeconomics and Health**<sup>2</sup> summarised the importance of health and education to economic growth as follows: *"Health is the basis for job productivity, the capacity to learn in school, and the capability to grow intellectually, physically, and emotionally. In economic terms, health and education are the two cornerstones of human capital."*

The expert panel of leading economists convened by the Copenhagen Consensus Center ranked health interventions high among cost-effective solutions to global development challenges<sup>3</sup>. The top five value-for-money health investments are: fighting malnutrition; malaria medicines; expanded childhood immunisation; deworming treatments for children; and expanded TB treatment. These are all domains in which Australia has world-class expertise and DFAT a strong earlier track record. A focus by the Australian aid program on efficiently delivering some if not all of these highly ranked health interventions would have a major impact on the health and well-being of populations in partner countries, and contribute to poverty and hunger reduction.

Globally, approximately 45% of deaths in children less than five years of age are attributable to undernutrition<sup>4</sup>. We welcome the recent attention given by the Australian aid program to reducing maternal and child undernutrition as evidenced by Australia's recent membership of the global [Scaling Up Nutrition Movement](#). However, this commitment has not translated into a significant portfolio of new nutrition activities in the aid program in countries with high rates of chronic undernutrition, such as PNG and Timor-Leste.

Australian ODA could make further and more strategic impacts through policies that ensure these cost effective interventions in human capital development are contextualised within population dynamics. Targeted policies that direct development and research planning and prioritisation towards cost effective interventions with the right population group at the right time will capitalise on the opportunity still possible in low and middle-income countries (LMIC), that of a demographic dividend.

The second Lancet Series on adolescent health concluded that a "...failure to invest in the health of the largest generation of adolescents in the world's history, jeopardises earlier investments in maternal

<sup>2</sup> Macroeconomics and Health: Investing in Health for Economic Development. Report of the Commission on Macroeconomics and Health, Chaired by Jeffrey D. Sachs. Presented to the Director-General of the World Health Organization, on 20 December 2001.

<sup>3</sup> Copenhagen Consensus Center. Submission to the Committee on Foreign Affairs, Defence and Trade. Re: Inquiry into Australia's overseas aid and development assistance program. 13 January 2014.

<sup>4</sup> Executive Summary of The Lancet Maternal and Child Nutrition Series, 2013.  
<http://www.thelancet.com/pb/assets/raw/Lancet/stories/series/nutrition-eng.pdf>

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and child health, erodes future quality and length of life, and escalates suffering, inequality, and social instability”.<sup>5</sup>

Adolescent demographics provide a compelling justification to invest in their health and wellbeing. Comprising almost one fifth of the world’s population overall, young people are an even larger and growing proportion of populations in LMICs; e.g., Southeast Asia (29%), Western Pacific (19%), and Africa (17%). Consequently, in 2012, the greatest impact of the adolescent disease burden occurred in African LMICs (43%) and Southeast Asian LMICs (27%) with over two-thirds of global adolescent deaths occurring in these geographical regions.<sup>6</sup>

Just over half of adolescents grow up in multi-burden countries characterised by high levels of all types of adolescent health problems, including diseases of poverty (HIV and other infectious diseases, undernutrition, and poor sexual and reproductive health), injury and violence, and non-communicable diseases. Coupled with limited access to quality education and employment opportunities, the impact on future social and economic growth for LMICs is significant.

The 2016 Lancet Commission report, *Our Future*, recommended that the most effective actions for adolescent health and wellbeing are inter-sectoral and multi-component approaches that recognise the significant differences in health between different geo-social groups with poverty, gender and social marginalisation important determinants. Therefore, development policies informed by high quality research and evidence-based development initiatives can provide strategic investments in health, education and job creation that cater for the growing needs and aspirations of youth. This approach will have the greatest impact on achieving the SDGs. A 15 year old today will be an adult in 2030, the target year for the UN’s 2030 Agenda.

Current population specific funding mechanisms targeting key affected, vulnerable and marginalised populations still exclude adolescent populations as a demographic priority. Australian ODA should be consolidated to enable an inter-sectoral and multi-component engagement of key SDGs that will harness the opportunities of the triple dividend that benefits during adolescence, across the life course, and into the next generation.

### **The role of research in achieving universal health coverage**

The *Good Health and Well-Being* SDG targets the achievement of Universal Health Coverage (UHC)<sup>7</sup>, ensuring access to essential health care at affordable costs. Progress in generating research evidence to support UHC has been uneven, and investment in low-income countries’ research production neglected. Currently, only ten percent of health policy and systems research globally is conducted on low- and middle-income countries<sup>8</sup>. Building the capacity of poorer communities to research and learn is key to their sustainable development.

<sup>5</sup> 2016 Lancet Commission on Adolescent Health and Wellbeing  
[http://dx.doi.org/10.1016/S0140-6736\(16\)00579-1](http://dx.doi.org/10.1016/S0140-6736(16)00579-1)

<sup>6</sup> WHO. Global Accelerated Action for the Health of Adolescents (AA-HA!) Implementation Guidance, 15 Dec 2016

<sup>7</sup> The World Health Report. Health systems financing: the path to universal coverage. Geneva: World Health Organization; 2010 (<http://www.who.int/whr/2010/en/>, accessed 6 March 2018).

<sup>8</sup> Adam T, Ahmad S, Bigdeli M, Ghaffar A, Rottingen JA. Trends in health policy and systems research over the past decade: still too little capacity in low-income countries. *PLoS One*. 2011;6(11):e27263

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There has also been inadequate investment in the development and production of drugs, vaccines, and diagnostic agents for those communicable diseases that burden the poorest people in the world. For example, the standard prevention and first-line treatment of tuberculosis in LMICs employs a diagnostic procedure developed in 1895, a not very effective vaccine developed in 1921, and drugs that were developed in the 1950s and 1960s.

Burnet Institute's vision for the health component of the Australian aid program is that all activities are informed by relevant and ethical research, and that this also builds the capacity of local research institutions. Indeed, research should be embedded in certain development initiatives, such as malaria elimination and the control of Multi-Drug Resistant TB (highly prevalent in neighbouring PNG), where it is critical to identify local contextual factors. Embedding research in development programs is often far more cost-effective than stand-alone research; conducting development without research misses a major opportunity for positive change.

In 2025, as we assess the impact of the Australian aid program on progress towards achieving the SDGs in the Asia-Pacific region, we will need to have access to rigorous, research-generated data on health service coverage, equity and quality; access to effective and affordable drugs, vaccines and diagnostics; cost-effectiveness of interventions; acceptability of services to communities and healthy behaviour change; and health workforce capabilities (including research).

### Recommendations

1. We urge DFAT to develop a high-level strategy to address hunger and malnutrition in the Asia-Pacific Region, which has the highest rates of child undernutrition in the world. This strategy should also address the region's rising rates of adolescent and adult overweight and obesity.
2. We encourage DFAT to consider earmarking a proportion of Australian ODA to enable an inter-sectoral and multi-component engagement across key SDGs that address the needs of young people as a significant contributor to the social and economic growth of LMICs.
3. While welcoming the recent allocation of funds to health security and WASH related research, DFAT should more broadly increase the funding allocated to health and medical research, including:
  - The development of new drugs, vaccines and diagnostic agents for diseases such as tuberculosis, malaria, HIV and viral hepatitis to realise the goals of containment of drug-resistant infections and global elimination targets, and
  - Ensuring adequate resources for operational, implementation and health systems research, relevant to the achievement of UHC, within all health development programs.

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### H. Examples of best practice in how other countries are implementing the SDGs from which Australia could learn.

One example of best practice in research and innovation demonstrates how an increase in Australia's aid investment in health and medical research could be delivered and help achieve the SDGs.

**Grand Challenges** is a family of initiatives fostering innovation to solve key global health and development problems. These initiatives use challenge questions to focus attention and effort on specific problems, and they can be traced back to the mathematician David Hilbert, who over a century ago defined a set of unsolved problems to spark progress in the field of mathematics. In 2003, the Bill & Melinda Gates Foundation launched Grand Challenges in Global Health, which later included multiple funding partners. This started with 14 major scientific challenges to preventing, treating, and curing diseases of the developing world. Examples included vaccines that do not need to be injected or kept refrigerated, new tools to eradicate malaria, operational research into approaches to improve the nutrition of infants and children, and into delivery of birth dose of vaccines to infants born outside health facilities.

After a decade of funding research worth more than USD450 million, Grand Challenges in Global Health continues under a new name – Grand Challenges – to reflect the fact that as new challenges have been added, its scope has expanded to encompass global development as well as global health. Grand Challenges (US) has partnered with public institutions such as the US Agency for International Development (USAID) and the National Institutes of Health. USAID launched Grand Challenges for Development, a signature feature of which was that it extended beyond health and agriculture to topics like energy, water, and even governance. A recent example is the Grand Challenge Post-Ebola Recovery initiative, which funded research in Ebola-affected countries to prevent the loss of development gains and strengthen key institutions and infrastructures whose weaknesses enabled the rapid spread of Ebola, or slowed the response.

There are now Grand Challenge initiatives in Canada, South Africa, Brazil, India, China and Korea. These Grand Challenge programs differ in focus but they all have five key principles in common:

1. *Strategic and well-articulated Grand Challenges serve both to focus research and development efforts and to capture the imagination of and engage the world's best researchers and innovators.*
2. *Projects are selected based on public and transparent calls for proposals seeking the best ideas.*
3. *Funders, innovators and other stakeholders actively collaborate to accelerate progress and promote advances to ensure they serve those most in need.*
4. *Projects are selected not only for scientific excellence, but also for the likelihood that they will achieve the desired scale and impact.*
5. *Researchers and innovators work to ensure that the fruits of their projects are accessible and available to those most in need.*

Perhaps the most pertinent to Australia is Grand Challenges Canada (<http://www.grandchallenges.ca/>), which was founded in 2010. Led by the Government of Canada, the initiative has many public and private partners, the former including USAID's Global Development Lab and the latter including the Bill & Melinda Gates Foundation, UBS and the Aga Khan Foundation. The Canadian Institutes of Health

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Research (CIHR) are responsible for the administration of international peer review of applications in response to Grand Challenges Canada's grant calls. This is similar to DFAT's recent partnership, for assessment of bio-security grants, with Australia's National Health and Medical Research Council. Since 2015, Grand Challenges Canada has explicitly aligned its objectives with the SDGs, which focuses the use of research and innovation on those global targets.

### **Recommendation**

We propose that DFAT undertake a review of the Grand Challenges initiatives to ascertain whether they could be a model for the Australian government to fund research relevant to the achievement of the SDGs in the Asia-Pacific region.