



RESULTS International Australia Submission for the Australian 2021-22 Budget

Introduction

RESULTS International (Australia) (hereafter RESULTS Australia) is a non-partisan and non-profit organisation that has been working in Australia for more than 30 years through a combination of staff-led and grassroots-driven advocacy. We work with federal parliamentarians and through the media to generate public and political will to end poverty. We are part of an international network called the ACTION Global Health Partnership which works towards ending diseases of poverty around the world.

We focus our advocacy on global health issues such as tuberculosis (TB), HIV, malaria, polio, child health, vaccines and nutrition, as well as education.

Our advocacy strategies and policy recommendations are grounded in the following values:

- strong evidence;
- equity and fairness as priorities for policies and initiatives;
- non-partisan; working with Parliamentarians from across the spectrum.

Consistent with these values, RESULTS Australia acknowledges that global poverty affects women and girls disproportionately and that gender inequality is a key driver of poverty. Gender inequality in accessing health services, receiving quality education, and participation in the economy means that women are more likely to be poor than men.¹ We applaud the Government's ongoing effort to highlight gender equality in its development policies such as *Partnerships for Recovery*,² and reiterate the importance of embedding gender equality in its development assistance measures and mainstreaming gender-responsive policy development and implementation. This would support women and girls both as beneficiaries of these programs and change-agents who can address the issues of poverty subsequently transforming the norms, behaviours, and attitudes that underpin gender inequality.

We appreciate the opportunity to make proposals for the 2021-22 Federal Budget on how Australia can contribute significantly to achieving the Sustainable Development Goals (SDGs) which Australia and other members of the United Nations endorsed in September 2015.

RESULTS Australia also welcomes the additional support Australia has provided to the Pacific and South-East Asia to address the impacts of the COVID-19 pandemic. We acknowledge and commend the Government that most of this assistance has been an addition to, rather than a reallocation of limited development assistance funding.

¹ Gender justice and women's rights, Oxfam. Access at: <https://www.oxfam.org/en/what-we-do/issues/gender-justice-and-womens-rights>

² DFAT, Partnerships for Recovery; Australia's COVID-19 Development Response, [Partnerships for Recovery: Australia's COVID-19 Development Response | DFAT](#)

However, the Government's commitment of additional development assistance funding over the next few years is still only temporary, and Australia lacks a strategy to guide the longer-term focus and growth of the development assistance program. Therefore, we call on the Australian Government to reinstate the process for developing a new international development policy, which started in late 2019, once the crisis period for COVID-19 has ended.

Further, RESULTS Australia urges the Government to increase development assistance to 0.7% of Gross National Income (GNI) as per international commitments. As an important step towards this goal, we request a return to strong real growth in Australia's aid over the forward estimates period which will result in Australia's official development assistance reaching at least 0.35% of gross national income (GNI) by 2024-25. Such an increase in aid spending will have significant impacts on poverty in the Asia-Pacific region and will enable Australia to demonstrate leadership in the implementation of the SDGs.

To ensure this additional funding contributes to goals to reduce poverty and inequality and improve health and education standards beyond restoration of services following the pandemic, the proposals in this submission focus on multilateral, bilateral and regional initiatives which address high-priority health and education needs.

Recommendations

Recommendation 1: That Australia's aid increases to \$5.16 billion in 2021-22, with a further increase to at least \$8.3 billion by 2024-25, equal to at least 0.35% of GNI in 2024-25.

Recommendation 2: That Australia commits \$25 million to the Global Fund to fight COVID-19 and maintain progress against HIV, TB and malaria.

Recommendation 3: That Australia commits \$500 million to the Access to COVID-19 Tools Accelerator, including a further \$175 million to the COVAX Advance Market Commitment.

Recommendation 4: That Australia provide additional funding for tuberculosis through special projects and programs in high TB-burden countries in the Indo-Pacific region focusing on locally available solutions to mitigate the impact of COVID-19.

Recommendation 5: That Australia contributes the fair share target of \$30 million per year to support TB research and development.

Recommendation 6: That Australia commits \$50 million over four years to the Global Financing Facility for Women, Children and Adolescents.

Recommendation 7: That Australia contribute a further \$10 million to the Global Polio Eradication initiative (GPEI) in 2021, to allow polio vaccination to return to full capacity.

Recommendation 8: That Australia announces a renewed commitment to the Indo-Pacific Health Security Initiative by the end of 2021.

Recommendation 9: That Australia’s aid program provides an additional \$130 million over the 2021-22 to 2024-25 period for nutrition-specific programs, as a new commitment for the 2021 Nutrition Summit.

Recommendation 10: Australia’s overall aid for education should increase to \$1.25 billion by 2024-25.

Recommendation 11: Australia commit to contributing \$350 million to the Global Partnership for Education for the period 2021 to 2025.

Issue: Overall Aid Volume

Recommendation 1: That Australia’s aid increases to \$5.16 billion in 2021-22, with a further increase to at least \$8.3 billion by 2024-25, equal to a minimum of 0.35% of GNI in 2024-25.

The Need

Since the onset of the COVID-19 pandemic, an additional 88 to 150 million people are projected to have been pushed into extreme poverty.³ The Asia-Pacific region which is the primary focus of Australia’s development program is home to 58% of the world’s hungry and undernourished people. Although significant progress has been made in reducing extreme poverty, further action is critical in the coming years given the devastating impact of COVID-19.

Examples of global progress in reducing poverty prior to 2020 are:

- The number of people living in extreme poverty has declined by nearly two thirds since 1990.
- Each day, 20,000 fewer children under the age of 5 are dying than in 1990.
- Over the last 20 years, 2.1 billion people have gained access to improved sanitation.

The [Sustainable Development Goals](#) (SDGs) build on these achievements, and call for the eradication of extreme poverty, including the following targets:

- eradicate extreme poverty for all people everywhere, (SDG 1)
- free, equitable and quality primary and secondary education for all children (SDG 4)
- ending preventable deaths of newborns and children under 5 years of age, with all countries achieving an under-5 mortality rate of no more than 25 per 1,000 live births (SDG 3).

The further action to achieve these goals will require a partnership between international development agencies, national governments in low and middle-income countries and the private sector. Therefore, the changes in policy and funding will not only involve development assistance, but increased and improved aid will play a significant role in international action on poverty.

³Poverty Overview, *World Bank*, 07 October 2020. Access at: <https://www.worldbank.org/en/topic/poverty/overview>

Successive reductions in the level of Australia’s development assistance between 2015-16 and 2019-20 had led to a narrowing of the focus of country aid programs and reduced capacity to complement Australia’s bilateral assistance with multilateral programs.

The Solution

Increasing and improving the focus and effectiveness of Australian aid will assist in making progress towards the SDGs and Australia’s own international development objectives. The expected level of Australia’s aid in the period 2021-21 to 2024-25, based on the 2020-21 Budget and subsequent announcements, is approximately \$4.4 billion to \$4.5 billion per year. This amount includes welcome commitments to offset the impacts of COVID-19 in South-East Asia and the Pacific but is insufficient for Australia to adequately contribute towards achieving the SDGs and falls short of the funding required to implement the Government’s broader priorities for the aid program.

RESULTS Australia calls for an interim goal of increasing Australia’s aid to \$8.3 billion - or at least 0.35% of gross national income (GNI) – by 2024-25. This would allow for both the delivery of current important bilateral and multilateral commitments and scope for new initiatives in the next four years. Achieving this interim goal would place Australian aid in a position to eventually reach the long-agreed OECD target of 0.7% of GNI, a goal which the SDGs restate.

The table below indicates how Australia’s aid would increase as a dollar amount and a percentage of the national economy over the forward estimates period with RESULTS’ proposal.

RESULTS Australia’s proposed aid compared with current projections

	2020-21	2021-22	2022-23	2023-24	2024-25
RESULTS Proposed aid spending \$m	4,400	5,160	6,050	7,080	8,300
Proposed aid spending % of GNI	0.23	0.25	0.28	0.31	0.35
Assumed aid from 2020-21 Budget and subsequent announcements	4,400	4,450	4,500	4,500	4,700

Notes: The annual amounts proposed for ODA in 2021-22 and the forward estimates years are based on consistent annual growth of 17.2% in current prices. Assumed aid is based on the current forward estimates to 2023-24 and additional assistance the Government has announced since the Budget.

The Benefits

By adopting this proposed scale-up of Australia’s aid, the Australian Government will demonstrate increased support for reducing poverty and improving quality of life in all countries where Australian aid is invested.

The proposed increase in aid by more than \$750 million in 2020-21 will allow for the Government to make initial new commitments or expansions of existing programs in the next financial year and deliver the funding committed to the COVID-19 response in our region.

The following sections set out some initiatives to start in 2021-22 which will reduce poverty, improve health and education, and contribute to sustained economic growth.

Issue: Investment in the ACT Accelerator for equitable access to COVID-19 vaccination, diagnostics and treatment

Recommendation 2: That Australia commits at least \$25 million to the Global Fund to fight COVID-19 and maintain progress against HIV, TB and malaria.

The Global Fund to Fight AIDS, TB and Malaria is the leading source of international funding to prevent and treat HIV, tuberculosis (TB) and Malaria. Since 2002, the Global Fund has supported programs which have saved an estimated 38 million lives.⁴ We appreciate Australian governments continuous funding to the Global Fund. During the COVID-19 pandemic the Global Fund made available US\$1 billion to support countries in need.

The Global Fund co-leads the ACT-Accelerator Diagnostics Pillar, along with FIND, and co-lead the WHO Diagnostics Consortium along with UNICEF to negotiate pricing and procure molecular diagnostic tests for COVID-19.

The Global Fund urgently needs US\$5 billion⁵ to continue to fight COVID-19; protect health workers and systems for health; and defend progress against HIV, TB, and malaria in the countries where we invest. If the ACT Accelerator (see below) is fully funded, the remaining gap in the Global Fund's resource needs would decline to approximately \$US 1 billion.

We urge the Australian Government to invest at least \$25 million in 2021-22 to support the Global Fund in assisting countries prevent and treat COVID-19, and protect the progress achieved against HIV, AIDS and TB programs.

Recommendation 3: That Australia commits \$500 million to the Access to COVID-19 Tools Accelerator, including a further \$175 million to the COVAX Advance Market Commitment.

The Need

The direct health impact of the COVID-19 pandemic on low- and middle-income countries has been mixed. Some countries experienced large numbers of people infected with and dying from COVID-19 while others (such as most of the Pacific Island countries) have had few cases of COVID-19 but have felt severe economic and social impacts from measures to control the pandemic.

⁴ The Global fund Results Report 2020, [corporate_2020resultsreport_report_en.pdf \(theglobalfund.org\)](https://www.theglobalfund.org/publications/corporate-2020-results-report-report_en.pdf)

⁵ [The Global Fund](https://www.theglobalfund.org/) accessed on 28 January 2021.

Having equitable access to vaccines to protect against COVID-19 is crucial to reducing the restrictions on the movement of people and on economic activity. While work on development of COVID-19 vaccines has progressed at an unprecedented rate, the benefits of this accelerated research and development will only be realised if the vaccines are available to all people in all countries.

The Solution

Last year, multilateral health agencies, governments, and philanthropic groups launched the Access to COVID-19 Tools Accelerator (ACT-A) to raise and allocate funding to accelerate the development and availability of diagnostic, vaccination and treatment tools to ensure the pandemic is controlled as soon as possible.

The ACT-A is a global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines. The four pillars of work of the ACT-A are: diagnostics (led by the Global Fund and FIND), treatment (led by Unitaaid and Wellcome), vaccines (led by Gavi, WHO, and CEPI) and health system strengthening (led by the World Bank and the Global Fund).

Australia has existing commitments to multiple ACT Accelerator partners including Gavi, the Global Fund, CEPI and FIND, as well as additional commitment to specific COVID-19 response mechanisms (COVAX).

COVAX is a coordinated purchasing mechanism which enables all contributing countries to access COVID-19 vaccines and seeks to ensure low- and middle-income countries obtain sufficient vaccine doses to cover at least 20% of their population. The COVAX Advance Market Commitment (which guarantees a certain volume of demand for new vaccines, ensuring that production begins ahead of their formal approval and introduction) has received pledges of \$US 2.1 billion so far including a pledge of \$80 million from Australia.

To reach its goal of making 2 billion doses of approved COVID-19 vaccines available to low- and middle-income countries by the end of 2021, COVAX is seeking to raise an additional \$US 5 billion in 2021. To build on its initial investment of \$80 million and support its commitment to making COVID-19 vaccines available throughout the Asia-pacific region, Australia should provide \$175 million towards the 2021 target for COVAX.

We need to invest in more than just COVID-19 vaccines if we are to beat this disease and the world must start preparing for the next pandemic.

- Tools for the treatment of COVID-19 are already available which can significantly lessen symptoms and infectiousness of COVID-19. These tools need the same support as prevention through vaccines.
- Australia can strengthen this position even further with further financial support of these COVID-19 treatments and diagnostics which provide health workers with invaluable tools alongside the vaccine to fight COVID-19.

The estimated funding required for the ACT-A beyond existing commitments is \$US 23.2 billion (\$AU 30 billion),⁶ of which we are proposing Australia contributes \$500 million, including \$175 million for COVAX and \$325 million for diagnostics, therapeutics and improved health systems.

The Benefits

The ACT Accelerator centralises the world's response to COVID-19 and ensures maximum efficiency between government agencies and delivery partners without risking duplication or blind spots. This would ensure that effective prevention and treatment measures can be adopted quickly and equitably.

Making a further contribution to COVAX would be consistent with the funding Australia has committed to addressing the health and economic impacts of COVID-19 in the Pacific and South-East Asia regions. The equitable distribution of COVID-19 vaccines will support the economic recovery in our region by enabling the resumption of international trade and travel links and supporting the safe return to educational facilities and workplaces.

These benefits would mean that countries in the region can use other assistance by Australia for development more effectively, and resume progress towards health, education, and economic goals.

Issue: Funding for tuberculosis to maintain progress against TB and for TB research and development

Recommendation 4: That Australia provide additional funding for tuberculosis through special projects and programs in high TB-burden countries in the Indo-Pacific region focusing on locally available solutions to mitigate the impact of COVID-19.

The Need

Tuberculosis (TB) remains the leading infectious disease killer. It killed **1.4 million people in 2019**, roughly 4000 people every day (including 700 children), despite being both preventable and treatable. A total of 10 million people became ill with TB in 2019, of which 6.8 million are in the Asia Pacific region, and **800,000 people in the Asia-Pacific region died.**

In addition, with close to half a million people developing drug-resistant TB annually, TB is a major contributor to antimicrobial resistance. A quarter of the world's population is infected with *Mycobacterium tuberculosis*. This is an enormous human and societal toll for a curable and preventable disease.⁷

⁶ World Health Organisation, ACT Accelerator, Urgent Priorities and Financing Requirements, November 2020 <https://www.who.int/publications/m/item/urgent-priorities-financing-requirements-at-10-november-2020>

⁷ [\(United Nations General Assembly report 2020\)](#) accessed on 27 January 2021.

COVID-19 has risked global progress made so far with an additional 6.3 million cases of TB and an additional 1.4 million TB deaths globally in the next five years.⁸ Urgent action is needed by countries to mitigate the damage and bring the progress back on track.

TB has been long neglected with limited funding and investments. At the United Nations High-Level meeting for TB in 2018, Australia along with other countries committed to the political declaration to mobilise sufficient and sustainable funding for TB and TB R&D.

Like many other diseases, TB places a heavy burden on women. Statistically, women are less likely to seek medical help than men, often due to issues such as lower levels of literacy or being worried about the impact on their family. Socially, the stigma of having TB falls more heavily on women than men. Women of reproductive age are also more susceptible to contracting TB.⁹

The Solution

We call on the Australian government to provide additional funding for tuberculosis through special projects in high TB-burden countries in the Indo-Pacific region focusing on locally available solutions to mitigate the impact of COVID-19.

The world allocated US\$900 million for TB research and development in 2019¹⁰. Funding increases over the past several years have generated promising scientific advances in TB drug development. There are modern tests that can diagnose TB accurately and rapidly, new medicines for preventing TB, and the latest TB drugs can vastly improve treatment, especially for drug-resistant forms of TB. However, access to such products have limitations and is not enough to end TB.

The world needs a more effective TB vaccine to tackle this silent pandemic, given the current vaccine will be 100 years old in 2021 and is primarily effective in children and young people. A key obstacle to making faster progress in developing effectiveness of diagnostics, vaccine and medication for TB is due to the limited investment in research and development.

Therefore, both public and private sectors need to increase action on TB research and development (R&D). The Declaration from the United Nations High Level Meeting on TB in September 2018 called for investment in TB R&D to increase to \$US 2 billion per year by 2022.

As current annual funding is less than half of this target, funding will need to increase substantially if the world is going to make more than incremental scientific progress towards ending TB.

The Benefits

Investments in new or expanded diagnostics and treatments would prevent the reversal of progress in reducing the number of people becoming ill or dying from TB, reducing treatments costs on health systems, and the loss of income for people who now experience extended periods of treatment.

⁸ The potential impact of the COVID-19 response on tuberculosis in high-burden countries: a modelling analysis. ([STOP TB partnership](#)) accessed on 27 January 2021.

⁹ Long, N., Johansson, E. et al. (2001). "Fear and Social Isolation as Consequences of Tuberculosis in Vietnam: A Gender Analysis." *Health Policy* 58(1): 69–81.

¹⁰ [Tuberculosis research Funding Trends, 2005-2019, Treatment Action Group](#) accessed on 27 January 2021.

Recommendation 5: That Australia contributes the fair share target of \$30 million per year to support TB research and development.

To meet the global TB R&D investment target, countries should devote their fair share target of at least 0.1% of total R&D spending to TB research.

If Australia is to achieve this target, it would need to increase its TB research spending from \$US 12.1 million (\$A 16 million) in 2019 to \$US 21.2 million (\$A 28 million) per year. The sources for this additional funding include any unallocated funding from the Indo-Pacific Health Security Initiative and the Medical Research Future Fund. In August 2019, the Minister for Health announced \$13 million for TB funding for the Pacific, including \$8 million for research into antimicrobial resistance (AMR) and drug-resistant TB in South East Asia and the Pacific.

The Australian Government should build on these commitments with support for R&D on TB in collaboration with other governments and researchers to achieve global impact.

The Benefits

Investing more in R&D on TB will contribute to avoiding the significant economic costs of antimicrobial resistance, of which TB is the largest component. The Independent Review of Antimicrobial Resistance for the UK Government in 2016 estimated that the total economic costs of an unchecked increase in antimicrobial resistance would reach a total of \$US 100 trillion over the period 2015 to 2050. Therefore, the benefits of the development of more effective vaccines and treatments for TB and other diseases could avoid economic costs that outweigh significantly the investment required.

Issue: Funding for women's, newborn and child health

Recommendation 6: That Australia commits \$50 million over four years to the Global Financing Facility for Women, Children and Adolescents.

The Need

Both the Millennium Development Goals and Sustainable Development Goals include objectives to reduce maternal and child mortality, and to improve access to health and nutrition services for children and adolescents. Progress against these goals has been uneven, with significant reductions in child mortality since 2000, but more limited progress in reducing maternal mortality and achieving equitable access to reproductive health.

The Solution

The Global Financing Facility (GFF) is an initiative of the World Bank, which was launched in 2015 to support countries both to get more results from existing resources and to increase the total volume of financing for maternal, newborn and child health.

Focusing on women, children and adolescents, countries invest in high-impact areas such as sexual and reproductive health and rights, newborn survival, adolescent health, nutrition, and in the health systems needed to deliver programs at scale and sustain impact.

The GFF Trust Fund acts as a catalyst for financing, with countries using modest GFF Trust Fund grants to significantly increase their domestic resources alongside the World Bank's IDA and IBRD financing, aligned external financing, and private sector resources.

The World Bank has indicated that it will be seeking commitments during 2021 of \$US 2.5 billion in additional funding for the GFF.

The Benefits

Contributions to the GFF Trust Fund can unlock significant additional funding from other sources. The 2020 Annual report for the GFF indicates that \$US 602 million in grants to participating countries from the GFF Trust Fund have led to \$US 4.7 billion in additional funding from the World Bank Group, and an increase in other domestic and external resources for health programs.

Assistance from the GFF also supports a combined approach to health, nutrition, water and education services, and in Indonesia has contributed to a reduction in the rate of child stunting (much lower than normal growth rates for children, indicating chronic malnutrition) from 30.8% to 27.7%.¹¹

Issue: Further support for polio eradication

Recommendation 7: That Australia contribute a further \$10 million to the Global Polio Eradication initiative (GPEI) in 2021, to allow polio vaccination to return to full capacity.

The Need

Over the last 30 years, the GPEI has supported action which has dramatically reduced the impacts of polio, so that only two countries are now experiencing wild polio, and the number of people contracting polio has fallen by more than 99%.

However, during 2020 resources usually applied to polio eradication have been used as part of the COVID-19 response, including enhanced surveillance to support detection of COVID-19. This has interrupted polio vaccination campaigns, leading to an increase in the number of people contracting vaccine-derived polio, and increasing the estimated time and cost of finalising polio eradication.

The Solution

Polio vaccination campaigns are now resuming, and UNICEF and the World Health Organisation have launched an appeal for \$US 400 million in 2021 to support countries in responding to polio outbreaks in a COVID environment. To assist the GPEI to return polio vaccination to full capacity, Australia should contribute \$10 million towards this appeal.

By May 2021, GPEI will develop a new strategy for completing eradication of polio and produce new estimates of funding required over the next three years. Australia would need to consider additional medium-term funding to GPEI at that time, but the interim \$10 million investment is essential to rebuild momentum for polio eradication.

¹¹ Global Financing Facility Annual Report 2019-20, p. 10.

The Benefits

By contributing \$10 million towards this goal, Australia will be supporting a more rapid resumption in progress towards polio eradication and the provision of other health services by workers delivering polio vaccines.

Through the extensive outreach of polio eradication campaigns, the GPEI has made available polio and other health services to women and girls, which they would not otherwise receive. Therefore, maintaining support for the work of GPEI will sustain the role of women health workers and access to health services by women and girls.

Issue: Renewal of the Indo-Pacific Health Security Initiative

Recommendation 8: That Australia announces a renewed commitment to the Indo-Pacific Health Security Initiative by the end of 2021.

The Need

The countries of the Indo-Pacific region are vulnerable to significant health security risks, with diseases which can cross national borders, such as TB and malaria, being prevalent in the region. The COVID-19 pandemic has underlined the damage from health security risks. Despite many countries in the region having had few people infected with COVID-19, they still have experienced significant economic and other secondary health impacts from the pandemic.

This indicates that Australia and other development partners have a significant role in supporting countries in the region to improve health security. The Australian Government has recognised this role with the implementation of the Initiative for Indo-Pacific Health Security.

The Solution

In 2017, the Australian Government launched the Initiative for Indo-Pacific Health Security providing funding of \$300 million from 2017-18 to 2021-22. This initiative was a welcome reversal of what had been a decline in Australian bilateral assistance for health to countries in the region.

Country and multi-country investments under the Initiative are concentrated in Southeast Asia, Papua New Guinea (PNG) and Pacific island countries, and have three overarching objectives:

- To help countries assess their infectious disease threats and capacity to respond, and upgrade policy and regulatory arrangements, particularly for access to medicines and vector control technologies.
- To mitigate infectious disease threats through support for improved infection prevention and control; vector control; and surveillance of infectious diseases, immunisation coverage and treatment-resistance.
- To build capacity to detect and respond to infectious disease outbreaks through laboratory strengthening; targeted public health workforce development; and support for improved outbreak detection and management.

The current funding for the Initiative expires in the next financial year, and the Government will need to make a renewed commitment by the end of 2021.

The Benefits

The measures in the first four years of the initiative have had positive impacts on the region. PDP products and innovations have improved health and saved lives. For instance, TB Alliance developed new, 6-month, all-oral therapy for drug resistant tuberculosis which reduced the previous treatment regimen of 18 months of 14,000 pills and injections.

Investing in PDPs is a cost-effective platform for newer diagnostics which was also verified by DFAT's independent review of progress with the Product Development Partnerships.¹²

Research initiatives including PDPs need sustained and long-term funding and investments across every stage of the research and development to achieve their full impact. Additional funding and a commitment to a renewal of the Indo-pacific Health Security Initiative by the end of 2021 will drive global health innovations and access to improve global health security.

Issue: Funding for Nutrition

Recommendation 9: That Australia's aid program provides an additional \$130 million over the 2021-22 to 2024-25 period for nutrition-specific programs, as a new commitment for the 2020 Nutrition Summit.

The Need

Malnutrition in all forms is **directly or indirectly responsible for approximately half of the 5.3 million deaths of children under the age of 5 each year**, making it one of the largest causes of child mortality.

In 2018, an **estimated 149 million children were stunted**, or too short for their age. Most countries are making progress in reducing the number of children who are stunted, but overall progress remains slow. Since 2000, the number of children who are stunted has fallen by 25%. It is estimated that 49.5 million children (8% of children under the age of 5) **have severe acute malnutrition (SAM)**, which leads to wasting (the child is severely underweight for their height).¹³ While a child may recover, with sufficient help, from wasting, the impacts of stunting are irreversible.

Countries in the Asia-Pacific have among the highest rates of malnutrition in the world. For example, **49% of children in Papua New Guinea and 58% of children in Timor Leste have had their growth stunted**. The stunting rates in the Solomon Islands and Vanuatu are also worrying at 32.8% and 28.5% respectively.

¹² [Final evaluation of Australia's investment in Product Development Partnerships \(2013-2018\): Evaluation findings and options for future DFAT investment November 2017](#)

¹³ WHO, UNICEF and World Bank, Joint Child Malnutrition Estimates, March 2019.

This has devastating consequences for children’s survival, health, cognitive and physical development and earning capacity into the future. It also takes an enormous toll on national economies like those of PNG. The 2017 report by Save the Children, *Short Changed: The Human and Economic Cost of Child Undernutrition in PNG* estimates that child undernutrition in PNG cost the economy \$US 1.5 billion (8.45% of GDP) in a single year (2016-17).¹⁴

The impacts of malnutrition are particularly large for women and girls. More than one billion women and girls globally suffer from malnutrition.¹⁵ Malnutrition is one of the most pervasive barriers to women’s and girl’s empowerment. There are many factors that make women and girls more susceptible to malnutrition — from physiological factors to gender inequality, cultural practices, education, finance, and lesser access to quality food.¹⁶

Nutrition accounts for a small proportion of aid spending by most donors, with Australia spending approximately **\$30 million per year (0.7% of ODA) on nutrition-specific measures** (measures which address the immediate factors in child nutrition and development—adequate food and nutrient intake, feeding, caregiving and parenting practices, and minimising infectious diseases), and **\$101.5 million per year on overall nutrition measures**, including nutrition-sensitive measures which address the underlying determinants of child nutrition and development - food security; adequate caregiving resources at the maternal, household and community levels; access to health services and a safe environment.

The Solution

In 2012 the World Health Assembly endorsed a Comprehensive Implementation Plan on maternal, infant and young child nutrition, which specified a set of six global nutrition targets that by 2025 aim to:

1. achieve a 40% reduction in the number of children under 5 who are stunted;
2. achieve a 50% reduction of anaemia in women of reproductive age;
3. achieve a 30% reduction in low birth weight;
4. ensure that there is no increase in childhood overweight;
5. increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%;
6. reduce and maintain childhood wasting to less than 5%.

In 2015, the Department of Foreign Affairs and Trade released the *Health for Development Strategy* for the Australian aid program which includes nutrition as a priority for future health investment. This inclusion recognises that nutrition, along with water, sanitation and hygiene, has a strong influence on health outcomes.

In 2021, the Australian Government is due to renew its *Health for Development Strategy*, and it would be timely to embed nutrition with other health measures in the new Strategy. In line with the estimates of increased funding required to achieve global nutrition goals, Australia should also increase its funding for

¹⁴ Save the Children: “Short changed: the human and economic cost of child undernutrition in PNG,” June 2017.

¹⁵ Spicer, Joel (7 Mar 2016). “Unlocking the potential of one billion women and girls”. Nutrition International Blog. <https://www.nutritionintl.org/2016/03/unlocking-the-potential-of-one-billion-women-and-girls/>

¹⁶ Nutrition International. *Women and girls’ nutrition*. <https://www.nutritionintl.org/what-we-do/by-programs/women-girls-nutrition/>

nutrition-specific programs by \$130 million over the 2020-21 to 2023-24 period (a doubling of average annual spending).

The Benefits

Taking effective action to improve nutrition will assist in reducing the significant economic and health costs of undernutrition. As the Government's *Health for Development Strategy* noted, "good nutrition in early life lays the foundation for good health and productivity in later life—investments in good nutrition today are investments in the economic markets of tomorrow."

Undernutrition is widespread in countries in Asia and the Pacific, despite their economic progress. Taking further action on nutrition would be consistent with Australia's aid objectives of promoting sustained economic growth, improving health and education, and empowering women and girls.

Issue: Access to Education

Recommendation 10: Australia's overall aid for education should increase to \$1.25 billion by 2024-25.

Recommendation 11: Australia commit to contributing \$350 million to the Global Partnership for Education for the period 2021 to 2025.

The Need

The global number of children and young adolescents out of school is increasing. **Today, there are 64 million children *not* in primary school and 61 million adolescents *not* in lower secondary school.** A further 250 million children who are in school are graduating without having learnt even basic numeracy and literacy skills.¹⁷

Groups most likely to have disadvantages in access to basic education are girls, children with disabilities and those living in rural areas. Fifty-three percent of out of school children are girls and estimates suggest that one-third of out of school children have a disability.

In Asia and the Pacific, roughly 19 million children do not have access to school. In Papua New Guinea, 43% of girls do not complete lower secondary school.

The previous Minister for Foreign Affairs, Julie Bishop, had described education as a 'central pillar' of Australia's aid program. Nevertheless, overall Australian aid for education has declined from over \$1 billion per year in 2014-15 to an estimated \$620 million in 2019-20.

¹⁷ UNESCO, *Global Education Monitoring Report*, 2019, page 287.

The Solution

Over the four years to 2024-25, the share of Australia's aid program allocated to education should increase from 15% towards 20%. As a dollar value, this would increase support for education to about \$1,250 million in 2024-25.

The Global Partnership for Education (GPE) has a significant role in supporting developing countries to ensure that every child receives a quality basic education, with a priority for the poorest, most vulnerable and those living in fragile and conflict-affected countries.

Educated girls can bring about unprecedented social and economic changes to their families and communities. The World Bank has noted the following benefits of girls' education: "Better educated women tend to be healthier, participate more in the formal labour market, earn higher incomes, have fewer children, marry at a later age, and enable better health care and education for their children, should they choose to become mothers. All these factors combined can help lift households, communities, and nations out of poverty."¹⁸

While promoting education for girls has multiple benefits to societies, women face obstacles to participating in and completing education, including familial poverty, cultural norms and practices, poor education or transport infrastructure, violence, and economic and social fragility.

In mid-2021, GPE will be seeking renewed funding of \$US 5 billion over five years from its supporters. This funding will enable GPE to support improved learning for 175 million children, have 140 million children learn with professionally trained teachers and allow an additional 88 million children, including 46 million girls, to attend school.¹⁹ Contributing to gender equality in education is also a priority for the GPE strategy. In line with the suggested increase of the value of Australian aid for education by 2024-25, the Government should increase its pledge to GPE for the 2021 to 2025 period to \$350 million.

The Benefits

The potential development benefits of education range from expanding employment and livelihoods, improving health outcomes, reducing inequality, and building stronger and more stable democracies.

Examples of the economic benefits of education are:

- One extra year of schooling increases an individual's earnings by up to 10%.
- Each additional year of schooling raises average annual gross domestic product (GDP) growth by 0.37%.²⁰

¹⁸ World Bank Group, Girls' Education, 2017 <https://www.worldbank.org/en/topic/girlseducation>

¹⁹ Global partnership for Education, A Case for Investment, 2020, <https://www.globalpartnership.org/sites/default/files/document/file/2020-10-GPE-summary-case-for-investment-2.pdf>

²⁰ World Bank Group, *Comparable Estimates of Returns to Schooling Around the World*, 2014.

- A dollar invested in an additional year of schooling, particularly for girls, generates earnings and health benefits of US\$10 in low-income countries and nearly US\$4 in lower-middle income countries.²¹

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²¹ Global Partnership for Education, Education Data, accessed 16 December 2019.
<https://www.globalpartnership.org/results/education-data-highlights>