

# Pre-Budget Submission 2026-27

## Results International (Australia)

January 2026

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### About Results

Results International (Australia), hereafter Results, is part of a global non-partisan movement of advocates working to improve global health and end poverty. With our national network of volunteers, Results amplifies knowledge and expertise in global health and development. For more than 35 years, Results has been working with federal parliamentarians and everyday Australians to help generate the public and political will to end global poverty. Results is a partner of ACTION, a global partnership of independent organisations working to influence policy and mobilise resources to fight diseases of poverty and achieve equitable access to health.

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### Introduction

Australia stands at a pivotal moment in its role as a regional and global development partner. In a world grappling with unprecedented challenges - climate change, conflict, geopolitical tensions, a reduction in global aid flows and widening inequality - there has never been a more important time for Australia to demonstrate leadership as a responsible international citizen, strengthen regional stability, and economic opportunities and to accelerate progress towards the 2030 Sustainable Development Goals.

The Indo-Pacific region in particular faces overlapping crises including rising inequality, fragile health systems, persistent malnutrition, and the escalating impacts of climate change.

The urgency for action has never been greater. Accelerated efforts and increased investment are critical to maintaining the region's stability and prosperity, as well as achieving progress towards the Sustainable Development Goals (SDGs). This is also a pivotal time for Australia to demonstrate global leadership on aid and development, given its centre-stage role with Women Deliver 2026 and COP31.

In 2023, the Australian Government released the International Development Policy, offering a robust framework for addressing these challenges. However, to fully realise the policy's potential, Australia must significantly increase its aid investment and deepen its engagement in health and human development programs across the Indo-Pacific and beyond, this includes making greater use of multilateral partnerships to deliver scale, value for money and regional stability.

The need for increased ambition is reinforced by the OECD Development Co-operation Peer Review of Australia (2025). The review notes that while Australia's Official Development Assistance (ODA) has stabilised following a sustained period of decline - supported by a rebuilt baseline and 2.5% annual indexation - Australia's aid effort remains low by international standards, at 0.19% of gross national income in 2024, ranking 28th among Development Assistance Committee (DAC) countries. At 0.65% of the federal budget, ODA also falls short of domestic expectations. The review highlights that without additional resources, Australia risks continuing to trade off regional responsiveness against sustained global engagement, including through declining multilateral funding, despite Australia's strong advocacy for global norms and global cooperation, particularly in support of our Pacific neighbours.

### **The role of multilateralism**

Multilateral health organisations are among the most effective channels for delivering Australia's health ODA at scale. Platforms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance, have demonstrated strong returns on investment by strengthening health systems, expanding access to lifesaving services, and supporting sustainable national programs.

These institutions also underpin critical global public goods, including disease eradication and pandemic preparedness. Investments through mechanisms such as the Global Polio Eradication Initiative (GPEI) and the Coalition for Epidemic Preparedness Innovations (CEPI) reduce cross-border health risks, strengthen surveillance and response capacity, and protect Australians as well as communities across the Indo-Pacific.

This submission provides recommendations for the 2026–27 Australian Federal Budget, addressing these urgent issues and positioning Australia as a key leader in the region. By seizing this moment, Australia can help drive progress towards a healthier, more equitable and more sustainable future for all.

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# Recommendations at a Glance

Key Investment Priorities:

## **Pillar 1: Scale Australia's Official Development Assistance (ODA) and Health ODA**

- Increase ODA from 0.65% to 1% of the federal budget to strengthen regional stability and accelerate progress towards the Sustainable Development Goals.
- Double health ODA, allocating an additional AUD\$650 million over five years, recognising health as a foundational investment in human capital, economic development and regional security.

## **Pillar 2: Strengthen health resilience, pandemic preparedness and innovation.**

- An additional investment of AUD\$15 million per year for Tuberculosis research and development, on top of what is already contributed.
- Commitment of AUD\$48 million to the Global Polio Eradication Initiative (GPEI), safeguarding eradication gains and strengthening surveillance and outbreak response capacity in the Indo-Pacific.
- Invest in pandemic preparedness and response by contributing to the Coalition for Epidemic Preparedness Innovations (CEPI) 3.0 replenishment, to deliver strong national and regional impact for Australia and the Indo-Pacific region.

## **Pillar 3: Invest in foundations of nutrition and women, children and adolescent health**

- Increase investment in nutrition-focused initiatives and integration within the international development program, as part of a doubling of health ODA over the next 5 years.
- Champion the importance of investing in nutrition at regional and global forums.
- Make a first-time, foundational contribution to the Global Financing Facility (GFF), supporting sustainable, country-led financing for women's, children's and adolescents' health and strengthening primary health care systems.

## **Pillar 4: Climate change and health**

- Commit to reducing Australia's emissions to net zero by 2035, and enable the achievement of this target by:
  - Investing additional resources in ramping up renewable energy production whilst phasing out fossil fuels as quickly as possible in both our export and domestic markets
  - Putting an immediate end to approvals for new coal, oil, and gas projects, or their extensions
- Triple Australia's climate finance spending in line with the tripling of the global climate finance goal. This equates to AUD\$11 billion over 2025–2030. It should be new and additional to the existing aid budget, and should not increase debt burdens.

- Champion global efforts to achieve greater investment and integration in climate and health goals, including through its role as President of Negotiations for COP31.
  - Scale up investment in initiatives that support the climate and health resilience priorities of our development partners, as part of raising Australia's ODA to 1% of the Federal Budget.
  - Promote inclusive and equitable leadership and representation in all climate and health decision-making processes and initiatives.
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## Pillar 1: Scale Australia's Official Development Assistance (ODA) and Health ODA

### Why It Matters

Official Development Assistance (ODA), more commonly known as international aid, saves countless lives every year. It has the power to save lives and transform systems, create jobs and help people break the cycle of poverty.

As a signatory to the SDGs, Australia has committed to providing 0.7% of our Gross National Income (GNI) to ODA. Australia is one of the safest, healthiest and stable countries in the world. Yet our contribution to international aid efforts is only 0.18% of GNI (2024-25), equivalent to 0.65% of the 2025-26 Federal Budget<sup>1</sup>. This makes Australia one of the least generous OECD countries based on our ODA/GNI spend - in 2024, we ranked 28th out of 33 OECD countries, yet we are the 13th largest economy in the world.

In a period of intersecting global crises - including climate change, conflict, economic shocks and rising inequality - the case for strengthening Australia's aid effort is compelling. Through the Australian international development sector's *Safer World for All* campaign, there is a growing call for increased investment in Australia's ODA as a core pillar of regional stability, global cooperation and Australia's national interest. We call on the Australian Government to commit to increasing Australia's ODA from 0.65% to 1% of the Federal Budget.

Health is one of the core building blocks of development, and investment in health underpins progress in every other development sector. However, the government's investment in health within ODA has declined in recent years. It has decreased even after DFAT's *Partnerships for Recovery* pandemic response strategy ended in 2022-23.

Across the Indo-Pacific, health systems are under increasing strain as they respond to HIV epidemics, drug-resistant tuberculosis, malaria resurgence, declining routine immunisation coverage, and heightened risks of measles and other vaccine-preventable disease outbreaks.

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<sup>1</sup> [Australian Aid Tracker](#)

Rebuilding and scaling health ODA is therefore essential to delivering on Australia's International Development Policy and to ensuring that aid delivers long-term, value-for-money outcomes.

Results Australia echoes the position reflected in ACFID's budget submission, which calls for allocating an additional AUD\$650 million to health over the next five years - effectively doubling Australia's current health ODA.

This pillar provides the overarching frame for the subsequent recommendations in this submission, which focus on health resilience, innovation, nutrition, women's, children's and adolescents' health, and climate and health.

### **Recommendations:**

- We call on the Australian Government to commit to increasing Australia's Official Development Assistance (ODA) from 0.65% to 1% of the Federal Budget.
- Within that increase in overall ODA, we urge the government to reinvest in health by allocating an additional AUD\$650 million over the next 5 years (doubling current health ODA).

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## **Pillar 2: Strengthen health resilience, pandemic preparedness and innovation.**

### **1. Strengthening Investments in Tuberculosis research and development**

#### **Why It Matters**

Tuberculosis (TB) remains the leading cause of death from a single infectious agent globally. In 2024, an estimated 10.7 million people developed TB and 1.23 million people died<sup>2</sup>, despite the disease being preventable and curable. While progress has been made, global efforts remain significantly off track to meet the End TB Strategy targets.<sup>3</sup> A key constraint is the continued reliance on outdated tools, combined with underinvestment in TB research and development (R&D).<sup>4</sup>

Global financing for TB has stagnated since 2020. In 2024, only US\$5.9 billion was available for TB prevention, diagnosis and treatment - just over one quarter of the US\$22 billion annual

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<sup>2</sup> [World Health Organisation - Tuberculosis fact sheet](#)

<sup>3</sup> [World Health Organisation - Global gains in tuberculosis response endangered by funding challenges](#)

<sup>4</sup> [Asian development blog: Taking down TB new tools end an old disease](#)

target set for 2027. This funding gap has already slowed progress and threatens to reverse hard-won gains.<sup>5</sup>

Looking ahead, reductions in international donor funding from 2025 onward pose a serious risk to global TB control efforts. Modelling indicates that sustained cuts to donor financing could result in up to two million additional TB-related deaths and ten million additional TB cases between 2025 and 2035.<sup>6</sup>

Diagnosis remains a critical weakness in the global tuberculosis response. In 2023, an estimated 2.7 million people who developed TB were not reported as newly diagnosed, reflecting persistent gaps in case detection and access to care. Despite global commitments to scale up rapid diagnostics, only 48% of people diagnosed with TB in 2023 were initially tested using a WHO-recommended rapid diagnostic, well below the target of 100% by 2027.<sup>7</sup> While financial, political and logistical barriers continue to constrain universal access to diagnosis, technical challenges also remain. Prevention is similarly constrained. Coverage of TB preventive treatment in 2023 remained insufficient to meet global targets, and the only licensed TB vaccine is more than a century old and provides limited protection against pulmonary TB in adolescents and adults.<sup>8</sup>

Additionally, drug resistant tuberculosis is a major concern, In 2023, there were an estimated 74,000 incident cases of multidrug-resistant TB or rifampicin-resistant TB (MDR/RR-TB) in the region. This constitutes 19% of the global burden of MDR/RR-TB.<sup>9</sup> Globally detection of MDR-TB is an issue, with only half of cases detected and commenced on treatment.<sup>10</sup>

Recognising these gaps, the UN General Assembly (UNGA) High-level Meeting on the Fight Against Tuberculosis was held on 22nd September 2023 on the theme 'Advancing science, finance and innovation, and their benefits, to urgently end the global tuberculosis epidemic, in particular by ensuring equitable access to prevention, testing, treatment and care'.

The 2023 United Nations Political Declaration on TB sets out the most ambitious global targets to date. If fully implemented, these commitments would put the world on track to end TB by 2030 and deliver life-saving prevention and treatment services to 45 million people between 2023 and 2027.<sup>11</sup>

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<sup>5</sup> [Global gains in tuberculosis response endangered by funding challenges – WHO, 2025](#)

<sup>6</sup> [Global gains in tuberculosis response endangered by funding challenges – WHO, 2025](#)

<sup>7</sup> [Despite available tools tuberculosis is the top killer again, Lancet, 2024](#)

<sup>8</sup> [A century after the first TB vaccine, a new vaccine is reigniting hope - Gavi, 2024](#)

<sup>9</sup> [Addressing drug-resistant TB - World Health Organisation](#)

<sup>10</sup> [Despite available tools tuberculosis is the top killer again - Lancet, 2024](#)

<sup>11</sup> [2023 United Nations High-level Meeting on TB - Stop TB partnership](#)

Member States committed to substantially increasing overall TB financing, from current global levels of approximately US\$5.4 billion per year, towards the agreed target of US\$22 billion annually by 2027, rising further to US\$35 billion by 2030.<sup>12</sup>

### **The TB R&D Financing Gap**

Despite renewed political commitments, global TB R&D investment remains far below agreed targets. According to the 2024 TB Research Funding Trends Report published by the Treatment Action Group, total global spending on TB R&D reached US\$1.2 billion in 2023, only 24% of the US\$5 billion annual target. Funding is heavily concentrated among a small number of donors, creating risks to sustainability, predictability and long-term progress.<sup>13</sup>

To address this imbalance, updated fair-share benchmarks introduced in 2023 suggest that countries should allocate more than 0.15% of gross domestic expenditure on R&D to TB research. Against this benchmark, Australia is currently contributing approximately 40% of its indicative fair share, indicating scope for increased engagement that would be consistent with international expectations and Australia's research capacity.<sup>14</sup>

### **Australia's Regional and Strategic Interest**

Australia has a clear interest in accelerating TB innovation due to the concentration of TB burden in the Indo-Pacific. The WHO South-East Asia (34%)<sup>15</sup> and Western Pacific regions (27%)<sup>16</sup> together account for more than 60% of global TB cases, including several high-burden and drug-resistant TB countries in close geographic proximity to Australia.<sup>17</sup>

Investment in TB R&D complements Australia's existing TB and health system investments by improving the effectiveness, efficiency and sustainability of TB programs. Innovation in diagnostics, vaccines and treatment regimens reduces long-term treatment costs, strengthens health security, and supports broader efforts to address antimicrobial resistance and pandemic preparedness.

### **Pathways for investment:**

To maximise impact and value for money, increased Australian investment in TB research and development should be channelled through established mechanisms across the TB pipeline, supporting the development of improved diagnostics, shorter and safer treatment regimens, accelerated vaccine research, equitable access and regionally led research in the Indo-Pacific.

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<sup>12</sup> [2023 United Nations High-level Meeting on TB, Stop TB partnership](#)

<sup>13</sup> [Tuberculosis Research Funding trends report, Treatment Action Group, 2024](#)

<sup>14</sup> [Tuberculosis Research Funding trends report, Treatment Action Group, 2024](#)

<sup>15</sup> [Global tuberculosis report, 2025, World Health Organisation](#)

<sup>16</sup> [Global tuberculosis report, 2025, World Health Organisation](#)

<sup>17</sup> [Global tuberculosis report, 2025, World Health Organisation](#)

## Recommendation:

Results recommends that the Australian Government:

- A targeted investment of an additional AUD\$15 million per year, on top of what is already contributed for TB research and development.

An investment of an additional AUD\$15 million per year would lift Australia’s contribution to TB R&D to roughly 60% of its indicative fair-share benchmark, representing a meaningful but measured increase.

This approach represents a measured and fiscally responsible investment that improves the value of Australia’s existing TB portfolio, contributes to closing the global TB R&D financing gap, and advances Australia’s regional health security and biosecurity interests in the Indo-Pacific.

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## 2. Polio Eradication

### Why It Matters

Global efforts to eradicate polio have been among the most successful in public health. Since 1988, polio incidence has fallen by more than 99%, preventing paralysis in millions of children and averting an estimated 1.5 million childhood deaths.<sup>18</sup> Since its inception Global Polio Eradication initiative (GPEI) has successfully eliminated wild polio from five of the six WHO regions, the most recent being the WHO African region which was certified wild polio-free in 2020.<sup>19</sup>

Despite progress, polio remains a significant global health and health-security risk. Polio is a highly infectious viral disease with no cure; prevention relies entirely on vaccination, disease surveillance and rapid outbreak response. While wild poliovirus now persists in only two countries, circulating vaccine-derived poliovirus outbreaks continue in under-immunised settings. In November 2025, the international community reaffirmed poliovirus as a Public Health Emergency of International Concern, underscoring the ongoing risk of international spread if eradication efforts falter.<sup>20</sup>

Failure to complete eradication would risk resurgence, reverse decades of progress and impose substantially higher long-term costs on the global community.<sup>21</sup>

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<sup>18</sup> [Poliomyelitis fact sheet, World Health Organisation](#)

<sup>19</sup> [GPEI fact sheet](#)

<sup>20</sup> [Poliomyelitis fact sheet, World Health Organisation](#)

<sup>21</sup> [The World Is On the Verge of Wiping Out Polio — So Why Did Germany Cut Funding Now? Global citizen- 2025](#)

## Australia's Role

Australia has a strong national interest in completing polio eradication. The Western Pacific and South-East Asia regions are certified free of wild poliovirus, reflecting sustained investment in immunisation systems, surveillance networks and laboratory capacity—systems that also underpin broader outbreak detection and pandemic preparedness.

Recent outbreaks in Papua New Guinea<sup>22</sup> demonstrate why sustained Australian engagement remains critical. Although wild poliovirus has been eliminated from most countries, gaps in routine immunisation and health system capacity have enabled the re-emergence of poliovirus risk in neighbouring countries. Given Australia's geographic proximity, population movement and shared public health vulnerabilities, outbreaks in the region have direct implications for Australia's own health security.

## Financing Gap and Risk to Progress

Despite substantial progress, global polio eradication efforts face a significant financing shortfall with the Global Polio Eradication Initiative (GPEI) Polio Oversight Board (POB) announcing in 2024 decision to extend the timelines needed to achieve polio eradication to the end of 2027 for wild poliovirus and the end of 2029 for type 2 variant poliovirus.<sup>23</sup>

GPEI has indicated that a funding gap of US\$440 million exists to fund the extended strategy. Under-investment at this stage would undermine decades of progress and increase long-term costs. By contrast, completing eradication would permanently eliminate future polio-related expenditure and preserve the global surveillance and response infrastructure critical to global health security

## Recommendation:

- To safeguard progress and support regional health security, Results urges the Australian Government to commit AUD\$48 million to the Global Polio Eradication Initiative through the upcoming replenishment.

This investment would help complete global polio eradication, protect decades of prior Australian and international investment, and strengthen immunisation, surveillance and outbreak response systems across the Indo-Pacific, including Papua New Guinea.

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<sup>22</sup> [The re-emergence of polio in Papua New Guinea shows global eradication remains elusive. Burnet, 2025](#)

<sup>23</sup> [Donors and financing - GPEI](#)

### **3. Pandemic preparedness and response**

#### **Why It Matters**

As the recent COVID-19 pandemic showed, investing in pandemic preparedness and response is vital for building capacity to accelerate vaccine development for emerging infectious diseases and enable equitable access to vaccines for people during outbreaks.

CEPI, the Coalition for Epidemic Preparedness Innovations, is an innovative global partnership between public, private, philanthropic, and civil society organizations. It combines scientific innovation, global partnership and equitable access commitments to accelerate pandemic preparedness for all nations. CEPI delivers high-impact returns by reducing the likelihood, cost and impact of future pandemics, and strengthening domestic and global R&D, manufacturing capacity and preparedness.

When COVID-19 devastated the world, CEPI helped the global science community to do something incredible - developing COVID-19 vaccines in less than a year. With the right support, CEPI will continue to accelerate innovation, achieve breakthroughs and help ensure equitable access.

CEPI delivers strong national and regional impact for Australia and the Indo-Pacific. For example, CEPI has made significant investments in the Australian biotech and life-science sector (AUD\$166 million thus far) and invested almost US\$1 billion in partners across the Indo-Pacific. These investments strengthen R&D, clinical trial capacity, advanced manufacturing readiness, and regional scientific networks - ultimately helping to protect our region against infectious disease outbreaks and saving lives.

CEPI also delivers a strong return on investment for Australia's public funding. CEPI's cumulative investments into Australia's own research and innovation ecosystem exceed the total financial contributions Australia has made to CEPI (AUD\$114 million thus far). This includes support for Australian universities, biotech partners, and clinical research capabilities, including the University of Queensland, University of Sydney, MCRI, CSIRO and Vaxxas.

An investment in CEPI is an investment towards national and global health resilience, and ensuring that everyone, everywhere has equitable access to resources during outbreaks.

#### **Recommendation:**

Results recommends that the Australian Government:

- Invest in pandemic preparedness and response by contributing to the Coalition for Epidemic Preparedness Innovations (CEPI) 3.0 replenishment, to deliver strong national and regional impact for Australia and the Indo-Pacific region.

## Pillar 3: Invest in foundations of nutrition and women, children and adolescent health

### 1. Prioritising Nutrition

#### Why It Matters

Adequate food and nutrition are the basic building blocks of health, and the driver of good childhood development, healthy immune systems, education, livelihoods and social and economic development and stability.

However, in recent years, food insecurity and malnutrition globally have deteriorated sharply, reversing decades of progress. This decline is due to extreme weather events, the COVID-19 pandemic, conflicts such as the war in Ukraine, rising food price inflation which has significantly outpaced headline inflation, and huge cuts to global ODA which has led to an unprecedented 44% cut in global nutrition funding since 2022.<sup>24 25</sup>

The impact of these cuts is dire. For example, there has been a cut of US\$290 million since 2022 for severe acute malnutrition (the deadliest form of undernutrition), which could lead to an additional 369,000 child deaths globally each year.<sup>25</sup> More broadly, malnutrition remains the underlying cause in 45% of all deaths in children under 5 years of age.<sup>26</sup>

In the Asia-Pacific region, the ‘triple burden’ of malnutrition - undernutrition (stunting/wasting), overnutrition (overweight/obesity) and micronutrient deficiencies - remains an ongoing challenge. For example, research across six Pacific Island nations found that 1 in 6 children under 5 years of age are experiencing severe child food poverty.<sup>27</sup> In Papua New Guinea and Timor-Leste, close to half of children under 5 years of age (49.5% and 46.7% respectively) are affected by stunting.<sup>28 29</sup> At the same time, obesity in the Asia-Pacific region continues to rise, and anaemia affects almost a third of women aged 15-49 years.<sup>30</sup>

Evidence shows that the impact of investing in nutrition is strongly positive. Every \$1 invested in preventing malnutrition is estimated to deliver \$16 in net benefits.<sup>31</sup> We urge the Australia Government to enhance its investment in nutrition within Australia’s international development program, as outlined below.

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<sup>24</sup> [State of Food Security and Nutrition 2025 - FAO](#)

<sup>25</sup> [The full lethal impact of massive cuts to international food aid – Osendarp, S. et al, 2025](#)

<sup>26</sup> [When it matters most: Improving nutrition and survival for the youngest and most vulnerable children – UNICEF - 2024](#)

<sup>27</sup> [1 in 6 children in the Pacific region live in severe child food poverty due to hardship, inequity, and climate crises – UNICEF](#)

<sup>28</sup> [Global Nutrition Report: Papua New Guinea](#)

<sup>29</sup> [Global Nutrition Report: Timor Leste](#)

<sup>30</sup> [Asia and the Pacific Regional Overview of Food Security and Nutrition 2025 - FAO, IFAD, WHO and WFP](#)

<sup>31</sup> [Leveraging nutrition financing to save lives and accelerate the SDGs – SUN Movement - 2024](#)

## Recommendations:

We urge the Australia Government to:

- Increase investment in nutrition-focused initiatives and integration within the international development program, as part of a doubling of health ODA over the next 5 years.
  - Champion the importance of investing in nutrition at relevant regional and global forums.
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## 2. Supporting Women and Child health

### Why It Matters

The world is off track to meet the 2030 Sustainable Development Goals (SDGs) for women's, children's and adolescents' health. UN Women and the UN Department of Economic and Social Affairs warn that, if current trends continue, more than 351 million women and girls will still be living in extreme poverty by 2030, with female poverty rates stalled at around 10% since 2020.<sup>32</sup> Climate change, conflict and economic instability are compounding these challenges, placing hard-won gains in gender equality, maternal health, child survival and nutrition at risk.

With only four years remaining to deliver the 2030 Agenda, progress on SDG 3 (Good Health and Wellbeing) and SDG 5 (Gender Equality) will not be achieved without accelerated and more effective investment in reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N). Every day, around 700 women die from preventable causes related to pregnancy and childbirth<sup>33</sup>, and millions of children die before their fifth birthday, the vast majority in low- and middle-income countries and fragile settings. In 2024, 4.6 million children died before their fifth birthday. In 2025, that number is projected to rise for the first time this century, by just over 200,000, to an estimated 4.8 million children.<sup>34</sup>

Preventable diseases continue to impose a disproportionate and avoidable burden on women and girls. Cervical cancer—caused primarily by human papillomavirus (HPV)—is the fourth most common cancer among women globally and remains one of the leading causes of cancer death, despite being largely preventable through vaccination and screening. Annual deaths are projected to reach 410,000 by 2030. Today, cervical cancer claims the life of a woman every two minutes, with 94% of deaths occurring in low- and middle-income countries (LMICs). In many LMICs, fewer than 5% of women have access to routine cervical cancer screening, reflecting persistent health system constraints, cost barriers and logistical challenges.

Yet, analysis from the gender snapshot highlights that by accelerating SDG implementation now could cut global female extreme poverty from 9.2% in 2025 to 2.7% by 2050. In Oceania (excluding Australia and New Zealand) rates could fall significantly from 26.1 to 4.6% over the

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<sup>32</sup> [The Gender snapshot - UN Women and DESA, 2025.](#)

<sup>33</sup> [Maternal Mortality - World Health Organisation fact sheet 2025](#)

<sup>34</sup> [Goalkeepers report, 2025 - Gates Foundation.](#)

same period.<sup>35</sup>

## **Why the Global Financing Facility**

The Global Financing Facility for Women, Children and Adolescents (GFF) is a World Bank–hosted partnership that supports progress on RMNCAH-N by aligning donor and domestic financing behind country-led priorities. Unlike traditional grant-based mechanisms, the GFF uses catalytic donor funding to leverage substantially larger volumes of World Bank financing, primarily through the International Development Association (IDA).

Between 2015 and 2025, the GFF mobilised US\$2.5 billion in grant funding and leveraged over US\$11 billion in IDA and IBRD financing, with each US\$1 of donor funding associated with approximately US\$7 in IDA financing.<sup>36</sup> Additionally GFF-supported countries increased the share of IDA financing directed to women’s, children’s and adolescents’ health and nutrition by an average of 24%, while comparable non-GFF countries experienced a decline.<sup>37</sup>

## **Impact and Results**

Since joining the partnership, all 36 GFF-supported countries have reduced maternal and child mortality and adolescent births, expanded access to modern contraception, and accelerated progress in high-burden settings. Three-quarters of partner countries have reduced childhood stunting, and countries that previously lagged global averages in reducing maternal and child mortality are now achieving faster-than-average progress.<sup>38</sup>

The GFF has also played a growing role in addressing cervical cancer, the fourth most common cancer in women, despite being preventable, cervical cancer still claims the life of a woman every two minutes – 94% of them in low- and middle-income countries (LMICs). Less than 5% of women in many LMICs receive cervical cancer screening due to health system limitations, cost barriers and logistical challenges. In 2024, the GFF and World Bank committed US\$400 million to support HPV vaccination<sup>39</sup>, screening and treatment, working alongside Gavi, the Global Fund, UNFPA, Unitaid and WHO to advance the global goal of cervical cancer elimination by 2030.

## **Relevance to Australia and the Indo-Pacific**

Investment in the GFF directly advances Australia’s International Gender Equality Strategy, including priorities on sexual and reproductive health and rights, maternal and child health, nutrition, gender-responsive climate action, and locally led approaches to women’s leadership.

The GFF’s country-driven model aligns strongly with Australia’s development priorities in the Indo-Pacific, where climate vulnerability, fragile health systems and gender inequality intersect.

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<sup>35</sup> [The Gender snapshot - UN Women and DESA, 2025.](#)

<sup>36</sup> [Global Financing Facility Strategy 2026-2030](#)

<sup>37</sup> [Global Financing Facility Strategy 2026-2030](#)

<sup>38</sup> [Global Financing Facility Strategy 2026-2030](#)

<sup>39</sup> [Investing in the health of women and girls: scaling up access to HPV vaccination- World Bank](#)

The recent eligibility of Papua New Guinea as a GFF partner country<sup>40</sup> presents a timely opportunity for Australia to support nationally led investment in maternal, newborn, child and adolescent health in one of its closest neighbours, with clear benefits for regional resilience, stability and health security.

**Recommendation:**

- That the Australian Government make a first-time, foundational contribution to the Global Financing Facility (GFF) Trust Fund in the 2026–27 Budget, signaling Australia’s commitment to accelerating progress on women’s, children’s and adolescents’ health as the world enters the final years of the 2030 Agenda for Sustainable Development.

A first-time contribution would position Australia as a constructive partner in a high-impact, country-led financing mechanism, enabling Australia to stretch its ODA through high-leverage IDA co-financing, advance gender equality and women’s health outcomes, and engage strategically in the Indo-Pacific, including through Papua New Guinea’s participation as a GFF partner country.

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## Pillar 4: Climate change and health

### Why It Matters

The impacts of climate change are undoing decades of progress in human development. Climate change is also a profound health crisis and is worsening health outcomes everywhere. Globally, between 2030 and 2050 it is expected to cause an additional 250,000 deaths annually from undernutrition, malaria, diarrhoea and heat stress alone.<sup>41</sup>

Climate change affects our health in many ways - for example:

- Shifting patterns in temperature, rainfall, and humidity are intensifying the threat of infectious diseases, including vector-borne and water-borne diseases. Over half (58%) of known infectious diseases will be aggravated by climate change.<sup>42</sup>
- Extreme weather events, such as floods, droughts and cyclones, are becoming more frequent and intense.<sup>43</sup> These put lives directly at risk but also threaten clean water supplies, food security and nutrition – the basic building blocks of health. Extreme weather events also disrupt infrastructure and health service delivery.

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<sup>40</sup> [Updated country eligibility list - GFF](#)

<sup>41</sup> [Climate change and health fact sheet - WHO, 2023](#)

<sup>42</sup> [Climate change can worsen 58% of human infectious diseases - World Economic Forum, 2022](#)

<sup>43</sup> [Climate change drives disaster risk – UNDRR](#)

- Prolonged heatwaves are causing more heat-related deaths and illnesses<sup>44</sup>, especially for those without access to safe housing or clean water.
- Climate change exacerbates existing health inequalities, with marginalised populations bearing the brunt of climate change impacts. People experiencing marginalisation and pregnant women, newborns and children are particularly at risk.

## **Australia's Role**

To protect people's lives, livelihoods and security in Australia and beyond, we urge the Australian Government to prioritise investment in both climate mitigation and adaptation.

### On climate mitigation

Fossil fuel use is the largest driver of climate change, and therefore one of the biggest threats to our health. Australia is one of the world's largest fossil fuel exporters, and the world's second-largest exporter of fossil fuel CO<sub>2</sub> emissions.<sup>45 46</sup> We are also the world's 10th largest per capita emitter of greenhouse gases.<sup>47</sup> A rapid and equitable transition from a fossil fuel heavyweight to a world-leading clean energy superpower is a win-win for everyone. It will enable Australia to do its fair share to mitigate global heating and thus protect people and communities in Australia and worldwide. It will also boost renewable energy jobs, support Australian companies to be leaders in the global renewable energy revolution, and future-proof our energy export market.

In September 2025, the Australian Government set a target of reducing emissions to 62-70% below 2005 levels by 2035, as part of a pathway to reach net zero by 2050. This is a step in the right direction but is not strong enough to reflect the dire impacts of climate change on the health and lives of current and future generations - impacts that grow increasingly severe with every degree of global warming.

Analysis by the Climate Council shows that an emissions reduction target of net zero by 2035 is the only target available to Australia with a strong chance of contributing to holding global warming below 2°C.<sup>48</sup>

A stronger emissions reduction target, of at least 75% below 2005 levels by 2035, is also supported by the majority of Australians, along with over 500 businesses and a range of civil society groups.<sup>49</sup>

Setting as strong a 2035 target as possible is the best way to secure a safer, healthier future for all. Results calls on the Australian Government to commit to reducing emissions to net zero by

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<sup>44</sup> [The 2025 report of the \*Lancet\* Countdown on health and climate change: climate change action offers a lifeline – Romanello, M. \*et al\*, 2025](#)

<sup>45</sup> [Dug up in Australia, burned around the world – Climate Analytics, 2024](#)

<sup>46</sup> [Escalation: The destructive force of Australia's fossil fuel exports on our climate – UNSW, 2025](#)

<sup>47</sup> [Australia's Environment. 2024 report – UNSW, TERN](#)

<sup>48</sup> [Stronger target, safer future: why Australia's 2035 climate target matters – Climate Council - 2025](#)

<sup>49</sup> [Everything you need to know about Australia's 2035 climate target - Climate Council, 2025](#)

2035. To meet this target, we encourage the government to invest additional resources in ramping up renewable energy production whilst phasing out fossil fuels as quickly as possible in both our export and domestic markets, as well as putting an immediate end to approvals for new coal, oil, and gas projects, or their extensions.

### On climate adaptation

Climate finance (funding for climate change adaptation and mitigation efforts in the Global South) is essential to enable frontline communities to withstand the impacts of climate change. Climate finance is pivotal for strengthening health systems and building community resilience to climate-related health shocks. The Australian Government, like the governments of other highly industrialised nations who have benefited from the historic use of fossil fuels, has an ethical imperative to support the climate adaptation efforts of global neighbours who are significantly less resourced to tackle climate change impacts. At COP29 in 2024, the Australian Government, along with other Parties to the UNFCCC, agreed to triple the global climate finance goal (the New Collective Quantified Goal or NCQG).

Results calls on the Australian Government to triple its climate finance commitments in line with the tripling of the global climate finance goal. This equates to AUD\$11 billion over 2025–2030. This should be new and additional to the existing aid budget, and should not increase debt burdens.

To reflect the climate adaptation priorities of our Pacific family, Australia’s climate finance should support further, ongoing funding for the Pacific Resilience Facility - the first Pacific-owned and led climate finance vehicle.

To scale finance, investments should be directed away from activities that harm our health and climate and instead invested in climate action. An example of the former is fossil fuel subsidies: in 2024–25, Australian governments provided \$14.9 billion worth of spending and tax breaks to assist fossil fuel producers and major users.<sup>50</sup>

### Strengthening climate-health resilience

Our health and our climate are intrinsically linked: our health depends on a safe climate and a functioning ecosystem; our health systems can be made more sustainable and climate friendly; and many initiatives have co-benefits for both health and climate. This fundamental interdependence creates a pressing imperative to better integrate climate and health policies and programs.

We encourage the Australian Government to champion global efforts to achieve greater investment and integration in climate and health goals, including through key platforms such as the UNFCCC and WHO. As President of Negotiations for COP31, Australia has unique

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<sup>50</sup> [Fossil fuel subsidies in Australia 2025 - The Australia Institute](#)

opportunities to elevate climate and health action in 2026 and beyond. Australia can also promote stronger climate and health integration through its international development program, international One Health collaborations, and partnerships with multilateral development and health actors. We urge the Australian Government, as part of raising Australia's ODA to 1% of the Federal Budget, to scale up investment in initiatives that support the climate and health resilience priorities of our development partners.

Across these areas of work, we encourage the Australian Government to actively promote inclusive and equitable leadership and representation in all climate and health decision-making processes and initiatives. First Nations communities, women and gender diverse people, people with disabilities, and people living in poverty or experiencing other forms of marginalisation are often disproportionately impacted by climate change and excluded from decision-making processes - however, they are also primary enablers in strengthening climate and health resilience. Thus, upholding inclusion and equality is not only a fundamental human rights imperative but also an essential cornerstone for building climate and health resilience.

### **Recommendations:**

We call on the Australian Government to:

- Commit to reducing Australia's emissions to net zero by 2035, and enable the achievement of this target by:
    - Investing additional resources in ramping up renewable energy production whilst phasing out fossil fuels as quickly as possible, in both our export and domestic markets
    - Putting an immediate end to approvals for new coal, oil, and gas projects, or their extensions
  - Triple Australia's climate finance spending in line with the tripling of the global climate finance goal. This equates to AUD\$11 billion over 2025–2030. It should be new and additional to the existing aid budget, and should not increase debt burdens.
  - Champion global efforts to achieve greater investment and integration in climate and health goals, including through its role as President of Negotiations for COP31.
  - Scale up investment in initiatives that support the climate and health resilience priorities of our development partners, as part of raising Australia's ODA to 1% of the Federal Budget.
  - Promote inclusive and equitable leadership and representation in all climate and health decision-making processes and initiatives.
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