

Results (International) Australia 2022-23 Pre-Budget Submission

Executive Summary

COVID-19 has significantly set back development progress. Low-income countries are struggling to test and vaccinate their populations, placing an immense strain on health infrastructure and funding. Other diseases, particularly diseases of poverty, thus present a greater threat than ever to the developing world.

Australia has an ethical responsibility and the material capacity to support developing countries through this time of protracted crises. Fortunately, trusted multilateral mechanisms designed to effectively respond to these challenges already exist. With generous long-term investments in global health mechanisms, Australia can help marginalised communities recover from these challenges, and in doing so, demonstrate strong leadership throughout our region.

Results International Australia outlines key recommendations to upscale past contributions, starting with an increase in Official Development Assistance. 2022 also brings many opportunities to contribute to replenishments for multilateral health bodies. To improve global pandemic preparedness and response, and to address COVID-19 specifically, we recommend increased investments in the Coalition for Epidemic Preparedness Innovations and COVAX. To help developing countries make up for lost progress on “epidemics of poverty”, we recommend strong financial contributions to: the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Global Polio Eradication Initiative; and the Global Financing Facility.

Recommendations

COVID-19 has disrupted progress on global health, placing billions of people in developing countries at increased risk of poverty. Australia must invest generously in development assistance, specifically in multilateral bodies working to facilitate pandemic preparedness and response, and recovery and eradication of existing epidemics. **Results International Australia recommends that the Australian Government:**

1. **Increase Australia’s ODA budget**, by:
 - a. Committing to contributing 0.5% of GNI to ODA by 2024-25, and 0.7% by 2029-30;
2. **Invest in pandemic preparedness and response**, by:
 - a. Committing \$20 million per year over five years to the replenishment of CEPI;
 - b. Committing an additional \$250 million to the COVAX Facility;
 - c. Committing 20 million COVID-19 vaccine doses to the COVAX Facility;
3. **Invest in epidemic recovery and eradication**, by:
 - a. Committing at least \$450 million to the 7th Replenishment of the Global Fund;
 - b. Committing \$25 million to the GPEI’s 2022-26 Eradication Strategy; and
 - c. Committing \$10 million to the Global Financing Facility.

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Introduction

Who we are

Results International (Australia) (hereafter Results) is a non-partisan and non-profit international development agency. We have been operating in Australia for more than 35 years with a mission to end global poverty, through a combination of staff-led and volunteer-driven advocacy. Our work begins at a local level, through empowering our nationwide network of volunteer Advocates to campaign for action. We also amplify knowledge and expertise in the fields of global health and development. Another key element of our work is collaboration with global partners; for example, Results is an active member of the international [ACTION Global Health Advocacy Partnership](#), an expert member of the [#EndCOVIDForAll](#) campaign, and an affiliate member of the [Australian Council for International Development](#) (ACFID). We push for members of government and parliament to make high-impact investments that achieve key global health outcomes. By working with federal parliamentarians and everyday Australians, we help generate the public and political will to end global poverty.

Our approach to ending global poverty

We work to end global poverty by building the political will to tackle serious yet treatable global health issues, including tuberculosis (TB), polio and childhood illnesses, and malnutrition. As a non-partisan organisation that prioritises equity and fairness, we advocate for policy changes to support affected communities worldwide against the health, social and economic impacts of disease. We foreground global health due to the prevalence and severity of diseases of poverty, i.e. those that disproportionately affect low-income communities. Since poor health is often both a cause and effect of poverty, we regard the alleviation of these health issues as a practical and necessary step towards ending poverty. Our advocacy is underpinned by the firm belief that Australia has an ethical responsibility, and the material capability, to play a key role in ending global poverty. We are also committed to gender equality and climate action,¹ acknowledging the impact these issues have on global poverty and diseases of poverty.

Australia's role in ending poverty

We appreciate the opportunity to make proposals for the 2022-23 Federal Budget, acknowledging the immense global challenges that we face. COVID-19 has threatened livelihoods worldwide, and low-income countries are set to face the greatest burden in coming years with a slower recovery. The pandemic has created a challenging environment for global health, placing significant strain on all health systems and resources. As a result, the rates of testing and treatment for potentially fatal conditions such as tuberculosis, malnutrition, and polio have suffered significant setbacks. These complications are threatening livelihoods as well as lives, with the burden of disease adding an

¹ As an affiliate member of ACFID, Results works to promote gender equality and equity, and to ensure that responding to climate change becomes a fundamental pillar of our policy and practice; see <https://acfid.asn.au/content/commitment-23-we-promote-gender-equality-and-equity> and <https://acfid.asn.au/our-focus/climate-change>.

unaffordable cost to many already impoverished families. Indeed, more than 1.8 billion people, or one fifth of the world's population, lived below the \$3.20 poverty line in 2021, reversing decades of progress on poverty eradication.²

As a prosperous country, Australia has both the opportunity and responsibility to lead the way in supporting global health and economic recovery. In order to meet this responsibility, we believe Australia's Official Development Assistance (ODA) program should prioritise Global Public Goods. This approach reframes our understanding of public money from a temporary response measure to a long-term force for good, allowing crucial services to be accessible in higher- and lower-income countries alike. In the context of global health, there is already a comprehensive network of trusted multilateral mechanisms working to achieve strong health outcomes. By investing in these mechanisms, Australia can make a contribution that elevates development, alongside diplomacy and defence, as a cornerstone of our approach to foreign policy.

The Australian Government has already demonstrated a welcome commitment to regional leadership and global health. Continued close ties with regional partners in the Indo-Pacific, particularly with lower-middle-income states throughout the Pacific Islands and South-East Asia, should encourage Australia to continue to act as a regional leader. In the field of health specifically, the establishment of the Health Security Initiative for the Indo-Pacific region in 2017 - now the Indo-Pacific Centre for Health Security - is a welcome sign of Australia's ambition to grapple with diseases of poverty in our region. Australia is also a long-time donor to many multilateral global health initiatives. Gavi, the Vaccine Alliance, for instance, regards Australia as one of its strongest and most generous supporters.³ More recently, we acknowledge the generous bilateral support Australia has provided to the Pacific and South-East Asia to address the impacts of COVID-19, including commitments of \$623 million through the Vaccine Access and Health Security Initiative and the Quad partnership, as well as 60 million vaccine doses.

Given the significant and mutually reinforcing issues facing the global community, we believe Australia has an opportunity to demonstrate strong leadership on a regional and global stage. This can be achieved by adding to Australia's existing investments to multilateral health organisations, thereby contributing our fair share. We have determined Australia's fair share using the common definition of proportion of national income out of all countries that regularly provide official development assistance (ODA). Using the latest data,⁴ we calculate that Australia's fair share is 2.77% of any total requested amount.

² Development Initiatives, 'Poverty trends: global, regional and national', 2021, <https://devinit.org/resources/poverty-trends-global-regional-and-national/>.

³ Gavi the Vaccine Alliance, 'Australia', <https://www.gavi.org/investing-gavi/funding/donor-profiles/australia>.

⁴ Australia's fair share figure was derived from 2020 data on Australia's Gross National Income (GNI), measured on a purchasing power parity (PPP) basis, as a proportion of the GNI (PPP) of all 30 high-income economies that are members of the OECD Development Assistance Committee (DAC), which is \$1.38 trillion USD out of \$49.84 trillion USD, or 2.77%; see <https://data.worldbank.org/indicator/NY.GNP.MKTP.PP.CD> and <https://www.oecd.org/dac/development-assistance-committee/>.

Gender Equality

Global poverty has a disproportionate impact on women and girls. Gender equality is therefore a critical component in the effort to end global poverty. Currently, gender-based differences in access to health services, quality education, and participation in the economy mean that women are more likely to be poor than men.⁵ Therefore, we encourage Australia's participation in multilateral mechanisms that actively acknowledge the systemic barriers faced by women in health.

We applaud the Government's ongoing commitment to highlight gender equality in its development policies such as *Partnerships for Recovery*,⁶ 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.

Climate Action

Results also notes the severity of the climate crisis, and its role in exacerbating inequalities and driving global poverty. The consequences of climate change are particularly dire for global health and nutrition. A warming atmosphere, increasingly unpredictable weather and severe weather events is leading to heat stress, extreme droughts, food shortages, and climatic conditions that increase the risk of vector-borne zoonotic diseases such as malaria.⁷ These impacts are being felt most acutely by those living in marginalised communities, with the latest projections showing that unchecked greenhouse gas emissions will push more than 100 million additional people into extreme poverty by 2030,⁸ and cause an additional five million deaths by 2050.⁹

We acknowledge existing efforts by the Government to reduce greenhouse gas emissions, particularly given the difficulty of transitioning away from Australia's historic reliance on fossil fuels. However, we join a growing chorus of organisations, companies and everyday citizens in calling for more ambitious and immediate action on climate change. In line with our view of Australia's ethical responsibility to contribute to the treatment of global diseases of poverty, we also have a responsibility to ensure that our planet remains habitable for future generations.

⁵ Oxfam International, 'Gender justice and women's rights', <https://www.oxfam.org/en/what-we-do/issues/gender-justice-and-womens-rights>.

⁶ DFAT, 'Partnerships for Recovery; Australia's COVID-19 Development Response', <https://www.dfat.gov.au/publications/aid/partnerships-recovery-australias-covid-19-development-response>.

⁷ Harvard T.H. Chan School of Public Health, 'Coronavirus, Climate Change, and the Environment', <https://www.hsph.harvard.edu/c-change/subtopics/coronavirus-and-climate-change/>.

⁸ World Bank Group Climate Change Group, 'Revised Estimates of the Impact of Climate Change on Extreme Poverty by 2030', 2020, <https://documents1.worldbank.org/curated/en/706751601388457990/pdf/Revised-Estimates-of-the-Impact-of-Climate-Change-on-Extreme-Poverty-by-2030.pdf>.

⁹ World Health Organization, 'Climate change and health', 2021, <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>.

1. Increase Australia's ODA Budget

Recommendation: The Australian Government commits to contributing 0.5% of GNI to ODA by 2024-25, and 0.7% by 2029-30.

The Need

The global need for official development assistance (ODA) has never been as crucial as the present moment. Development progress over many decades has been disrupted by the COVID-19 pandemic, which has already exceeded earlier predictions by pushing an estimated 500 million people into extreme poverty.¹⁰ This number will only rise as the economic and health consequences of the pandemic persist in less wealthy countries. Lacking the financial resources to adapt to devastating events is a real challenge for the developing world; even before COVID-19, the unchecked effects of climate change were predicted to drive a further 120 million people into poverty by the end of the decade.¹¹ These impacts will be compounded for women and girls living in impoverished communities, a majority of whom engage in informal and unpaid care work due to systemic barriers against their financial security.¹²

The Asia-Pacific region faces a particularly high risk of extreme poverty. Throughout developing countries in East Asia and the Pacific, excluding China, there was a 2.7% increase in the number of people in poverty between 2019 and 2021. Before COVID-19, this was projected to be a 6.9% decrease.¹³ This points to a dire economic situation for much of the world. Australia, meanwhile, is in a comparatively stronger financial position. In January 2022, economists observed a strong economic recovery in Australia, "somewhat uniquely among advanced economies".¹⁴ In spite of this, Australia's Official Development Assistance (ODA) has undergone successive reductions in recent years. ODA currently makes up just 0.19% of Gross National Income (GNI), which contrasts sharply with the average among high-income ODA-providing countries at 0.32% of GNI.¹⁵ These reductions have narrowed the focus of country aid programs, and reduced capacity to complement Australia's bilateral assistance with multilateral programs.

The Solution

¹⁰ World Health Organization, 'More than half a billion people pushed or pushed further into extreme poverty due to health care costs', 2021,

<https://www.who.int/news/item/12-12-2021-more-than-half-a-billion-people-pushed-or-pushed-further-into-extreme-poverty-due-to-health-care-costs>

¹¹ UNHCR Office of the High Commissioner, 'UN expert condemns failure to address impact of climate change on poverty', 2019, <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=24735>.

¹² Oxfam International, 'Why the majority of the world's poor are women', <https://www.oxfam.org/en/why-majority-worlds-poor-are-women>.

¹³ Takashi Nakano, 'Pandemic deepens poverty in Asia-Pacific for 2nd year', *Nikkei Asia*, 2021, <https://asia.nikkei.com/Economy/Pandemic-deepens-poverty-in-Asia-Pacific-for-2nd-year>.

¹⁴ Alex Joiner, '2022: a year for good economic health', *The Sydney Morning Herald*, 2022, <https://www.smh.com.au/money/banking/2022-a-year-for-good-economic-health-20220118-p59p5q.html>; Deloitte Access Economics, 'Business Outlook: boosters vs Omicron', 2022, <https://www2.deloitte.com/au/en/pages/media-releases/articles/business-outlook.html>.

¹⁵ Donor Tracker, 'Australia', 2022, <https://donortracker.org/country/australia>.

Results joins our ACFID partners in calling for a long-term increase of Australia's ODA budget. Australia currently contributes less than 0.2% of its Gross National Income (GNI) to ODA, which is among the lowest of all ODA-providing countries.¹⁶ We echo the ACFID recommendation of steadily increasing this proportion over the next few years, to reach 0.5% of GNI by 2024-2025, and 0.7% of GNI by 2029-2030. This increased contribution will complement Australia's existing support for developing countries recovering from COVID-19, joining with other developed countries to support developing countries in a time of protracted global crises.

The Benefits

Marginalised communities around the world will benefit from a generous Australian ODA contribution, especially given the current and looming global challenges that threaten their livelihoods even further. This will also help to improve Australia's reputation as a trusted and generous regional partner in a challenging geopolitical climate. A majority of empirical studies indicate that ODA is an effective tool to reduce poverty in recipient countries, especially when targeted towards sectors such as health and infrastructure that give direct benefits to the most impoverished members of society.¹⁷

The benefits of a more generous ODA program are particularly clear in light of the health challenges that all countries are facing at present, with the lowest-income countries facing the greatest long-term risk. As such, the remainder of our recommendations relate to the funding of well-established multilateral programs designed for response and recovery for current and future pandemics, as well as recovery and eradication of existing epidemic diseases.

¹⁶ ANU Development Policy Centre, 'Australian Aid Tracker: Comparisons', <https://devpolicy.org/aidtracker/comparisons/>.

¹⁷ Edmore Mahembe and Nicholas M. Odhiambo, 'Foreign aid and poverty reduction: A review of international literature', *Cogent Social Sciences*, 2019, <https://www.tandfonline.com/doi/full/10.1080/23311886.2019.1625741>.

2. Invest in Pandemic Preparedness and Response

One optimistic outlook on the COVID-19 pandemic frames the event as a timely reminder of the importance of investing in pandemic preparedness and response (PPR). Of course, it has also been a global health catastrophe that has severely set back progress towards ending global poverty. Not only have low-income and lower-middle-income countries suffered some of the worst mortality rates and excess mortality rates from COVID-19;¹⁸ they also face the greatest financial and infrastructural challenges when it comes to treating and vaccinating their populations. Every country has fallen victim to COVID-19, and Australia is no exception. Our national experience exemplifies the need to assist developing countries to accelerate their recovery processes, thereby putting an end to the current pandemic, while also ensuring that we as a planet are better prepared for the next pandemic. Echoing a call from Results and other leading figures in the health, business, and development sectors issued in December 2021, “COVID-19 really isn’t over for anyone until it’s over for everyone.”¹⁹

Coalition for Epidemic Preparedness Innovations (CEPI)

Recommendation: The Australian Government commits \$20 million per year over five years to the replenishment of the Coalition for Epidemic Preparedness Innovations (CEPI);

The Need

The emergence of the Omicron variant highlights the long-term nature of the current global pandemic. To prevent its further protraction, all nations must have equitable access to effective vaccines, and the coordinated capability to quickly and effectively respond to outbreaks. Even before COVID-19, the global health community reinforced the need to improve our responsiveness to global disease outbreaks. While developed countries with established and well-funded health infrastructure had become less susceptible to the spread of fatal infectious diseases, other parts of the world were still highly vulnerable. Consider, for example, the outbreak of Ebola in West Africa in 2014, which caused over 11,000 needless deaths.²⁰ It would have only taken some small mutations in the Ebola virus for the transmission and death count to reach pandemic levels.²¹

CEPI was established in 2017 as a response to the Ebola epidemic, in order to develop vaccines for future disease threats to ensure pandemics are no longer a threat. A nearly 100% effective vaccine that had been under development for over a decade was not used for over a year into the Ebola outbreak, suggesting quicker development of vaccines against known threats was needed. CEPI

¹⁸ The Brookings Institution, ‘COVID-19 is a developing country pandemic’, 2021, <https://www.brookings.edu/blog/future-development/2021/05/27/covid-19-is-a-developing-country-pandemic/>.

¹⁹ #EndCOVIDForAll, ‘Health, business and aid leaders call on PM to ramp up global vax efforts amid Omicron warning shot’, 2021, <https://endcovidforall.com/media/media-release-health-business-and-aid-leaders-call-on-pm-to-ramp-up-global-vax-effort-s-amid-omicron-warning-shot>.

²⁰ Centers for Disease Control and Prevention, ‘2014-2016 Ebola Outbreak in West Africa’, <https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html>.

²¹ Priya Joi, ‘The next pandemic: Ebola?’, *Gavi the Vaccine Alliance*, 2021, <https://www.gavi.org/vaccineswork/next-pandemic/ebola-virus>.

strives to “accelerate the development of vaccines against emerging infectious diseases and enable equitable access to these vaccines for people during outbreaks” by working as a coalition of governments, philanthropy, global health organisations, vaccine developers and manufacturers, and civil society.²²

The Solution

If not for the work of CEPI, the development of COVID-19 vaccines could have been a much slower, costlier, and poorly organised affair. The contribution of over \$14 million from Australia, including \$6.5 million before the emergence of COVID-19,²³ thus proved to be a very valuable investment in helping to develop a solution to the current pandemic. CEPI is responding to the ongoing threat of COVID-19 by funding research and development for vaccines, while also developing vaccines for new and emerging diseases in the event of future pandemics. In a domestic context, this R&D funding includes ongoing support for a University of Queensland vaccine against new and emerging pathogenic threats, which is on track for clinical trials to commence in 2022.

As part of its first official replenishment event in 2022, CEPI is requesting a total of \$3.5 billion USD from its donor partners for its ambitious five-year plan, and has specifically called on Australia to contribute \$20 million per year over this five-year period. This represents 2.85% of the total requested amount, which is within a small margin of error of Australia’s fair share figure. CEPI’s plan aims to compress the vaccine development timeline to ensure safe, effective, and globally accessible vaccines in 100 days. CEPI’s plan also addresses remaining COVID-19 vaccine R&D gaps, and is thus critical for global health security and averting deaths and economic damage.

The Benefits

With a \$20 million annual contribution from Australia, CEPI seeks to implement a six-point plan that will see enormous benefits to the global health system: strengthening defences against COVID-19; developing vaccines for known threats; working to compress vaccine development timelines to 100 days; producing a library of prototype vaccines; establishing global networks for lab capacity; and boosting global manufacturing capacity by supporting low-income and middle-income countries.

This extensive program will support regions that would otherwise struggle to cope with the emergence of another fatal pandemic, particularly in the Asia-Pacific region. In a more immediate sense, this is a necessary component of the global response to COVID-19. As outlined in their latest investment case,²⁴ CEPI has invested in 14 vaccine candidates to increase chances of success; 11 candidates from this diverse portfolio are still active and three have already produced authorised vaccines. CEPI is committed to fair and equitable access to vaccines, since making them available to those who need it most is critical to ending the pandemic. CEPI was instrumental to the

²² CEPI, ‘Why we exist’, <https://cepi.net/about/whyweexist/>.

²³ Results Australia gratefully acknowledges the Government’s contribution of \$2 million for the National Security Against Pandemic Risk initiative in 2018, and \$4.5 million for a partnership with the University of Queensland in 2019; these investments helped to accelerate the response to COVID-19 before the disease was even known, highlighting the importance of investment in PPR.

²⁴ CEPI, ‘The urgency of now: Turning the tide against epidemic and pandemic infectious diseases’, 2021, <https://cepi.net/wp-content/uploads/2021/12/02122021-English-investment-case-v3.pdf>.

establishment of COVAX and have embedded access requirements into their own vaccine development contracts, reserving supply for low and middle-income countries. AstraZeneca, Clover and Novavax - all supported by CEPI - have agreements to cumulatively supply over two billion doses through COVAX.

CEPI is seeking to mobilise funding to continue critical work on COVID-19, including developing the next-generation of vaccines, addressing variants of concern, and developing a coronavirus vaccine that is broadly protective. Four vaccine development partnerships for candidates addressing variants of concern have already been initiated. Furthermore, CEPI is the only public sector R&D funder which has leveraged its investments to enable equitable access to vaccines. The groundwork laid by CEPI has been valuable for global vaccine development and distribution through the COVAX mechanism.

COVID-19 Vaccines Global Access (COVAX)

Recommendation: The Australian Government commits an additional \$250 million to the COVAX Facility.

Recommendation: The Australian Government commits 20 million COVID-19 vaccine doses to the COVAX Facility.

The Need

While the direct health impact of COVID-19 on low- and middle-income countries was initially mixed, the continuation of the pandemic into its third year has led to challenging health, economic, and social impacts across the globe. For example, even though isolated Pacific Island nations were notably resilient against the spread of COVID-19 in the earliest stages of the pandemic,²⁵ countries such as Tonga and Tuvalu only recorded their first COVID-19 cases in the final months of 2021.²⁶ These resource-poor and geographically-isolated countries would face considerable financial and logistical obstacles in their attempts to manage a wider spread of the virus. Evidently, this pandemic is a protracted global health crisis that can only be overcome through ambitious and sustained efforts from those in a position to collectively act.

It is therefore essential to ensure equitable access to COVID-19 vaccines worldwide, not only to support developing countries who lack the privileged access of developed countries, but to prevent the emergence of new variants of the virus that threaten all countries. As a part of the #EndCOVIDForAll campaign, and a co-author of their 2021 Shot of Hope report, Results believes that “none of us will be safe until everyone is safe”.²⁷

²⁵ Ben Eliasaf and Daweena Tia Motwany, ‘Why 15 countries still haven’t reported any cases of Covid-19’, *The Lowy Institute*, 2020,

<https://www.loyyinstitute.org/the-interpreter/why-15-countries-still-haven-t-reported-any-cases-covid-19>.

²⁶ BBC World News, ‘Tonga records first coronavirus case since start of pandemic’, 2021,

<https://www.bbc.com/news/world-asia-59101584>; Marian Faa, ‘Tuvalu: Authorities investigate ‘mystery’ COVID-19 case in hotel quarantine’, *Pacific Beat*, 2021,

<https://www.abc.net.au/radio-australia/programs/pacificbeat/tuvalu-man-covid-case-new-zealand-quarantine/13616394>.

²⁷ #EndCOVIDForAll, ‘Shot of Hope: Australia’s role in vaccinating the world against COVID-19’, 2021,

https://uploads-ssl.webflow.com/61541fd90a3828f6fda4ffa2/6162af959514769d5caa48e6_A%20SHOT%20OF%20HOPE%20-%20Australia%E2%80%99s%20role%20in%20vaccinating%20the%20world%20against%20COVID-19.pdf.

The international community has already demonstrated an admirable willingness to live up to this goal through the establishment of the COVAX Facility, dedicated to developing and distributing COVID-19 vaccines in a globally equitable manner. Results acknowledges the \$130 million USD contribution that Australia has made to COVAX thus far, and the provision of millions of vaccine doses to certain developing countries through bilateral programs. These measures have been crucial to reducing infections and deaths among communities in need. However, we note that Australia is one of a few donor countries that has so far elected not to contribute any vaccine doses through the multilateral mechanism of COVAX.²⁸ Targeted bilateral vaccine donations alone have the unfortunate effect of deprioritising low-income countries beyond our immediate region, thereby limiting Australia's contribution to COVID-19 treatment in some of the most at-risk low-income countries globally.

The Solution

The 2021 #EndCOVIDForAll Shot of Hope report has outlined the need for Australia to further its existing funding to the COVAX AMC (Advance Market Commitment) mechanism with an additional \$250 million. We also support the report's recommendation that 20 million COVID-19 vaccine doses be provided by Australia directly to the COVAX facility. As the vaccine-focused branch of the ACT-Accelerator (Access to COVID-19 Tools Accelerator), COVAX was founded with the explicit aim of ensuring that vaccines are made available where they are needed most. Co-led by trusted partners Gavi, CEPI, and the WHO, COVAX is the most comprehensive and reputable multilateral mechanism working to achieve this aim, guided by a Fair Allocation Framework that supports procurement and distribution of vaccines in all countries, regardless of income level.²⁹

Recommendation: The Australian Government commits \$50 million to addressing vaccine hesitancy

Funding for COVAX and provision of vaccine doses alone may not guarantee take-up of vaccines in at-risk countries. In those developing countries where doses are becoming more available, vaccine hesitancy and mistrust is thought to be decelerating vaccine take-up.³⁰ This issue is particularly relevant to our Pacific Islander neighbours; in Papua New Guinea, for instance, hundreds of thousands of vaccine doses have expired before being used, and current projections show only 10% of the population being vaccinated by the end of 2022.³¹ To help support marginalised communities within our region, and to prevent the spread of new variants, we recommend that Australia invests \$50 million through the existing Vaccine Access and Health Security Initiative (VAHSI) to address vaccine hesitancy in Southeast Asia and the Pacific through strengthened partnerships with trusted, community led organisations.

²⁸ Alyssa Leng and Roland Rajah, 'Assessing Australia's role in global vaccine equity', *The Lowy Institute*, 2021, <https://www.loyyinstitute.org/the-interpreter/assessing-australias-role-global-vaccine-equity>.

²⁹ World Health Organization, 'Fair allocation mechanism for COVID-19 vaccines through the COVAX Facility', 2020, <https://www.who.int/publications/m/item/fair-allocation-mechanism-for-covid-19-vaccines-through-the-covax-facility>.

³⁰ Smriti Mallapaty, 'Researchers fear growing COVID vaccine hesitancy in developing nations', *Nature*, 2021, <https://www.nature.com/articles/d41586-021-03830-7>.

³¹ The Lowy Institute, 2021: 'Vaccinating the Pacific', <https://pacificvaccination.loyyinstitute.org/>; 'As Delta looms, PNG's vaccine rollout challenges mount', <https://www.loyyinstitute.org/the-interpreter/delta-looms-png-s-vaccine-rollout-challenges-mount>.

The ongoing need to support COVAX is reflected in “Break Covid Now”, the latest investment opportunity document published by Gavi in January 2022. Through this platform, COVAX have announced that they require \$5.2 billion USD of funding by March 2022, which will be used to establish a Pandemic Vaccine Pool of 600 million doses. The short timeframe of this request reinforces the urgent need to deliver vaccines to low-income countries that lack manufacturing capabilities. Australia’s contribution of funding and doses will be key to ensuring that COVAX can meet its targets, thereby reducing the risk of emergence of new variants and preventing developing countries’ health systems from being overwhelmed.

The Benefits

By investing the recommended amounts of funding and vaccine doses, Australia would be making a valuable contribution to humanity’s greatest hope at ending the global pandemic. As of January 2022, COVAX has delivered 1 billion vaccine doses worldwide,³² with the speed of delivery set to increase in 2022. An increased Australian investment would bring our global and regional commitments into greater balance, with minimal liability due to COVAX’s groundbreaking no-fault compensation programme.³³ Contributing vaccine doses directly through COVAX would ensure that vaccines are accessible in at-risk low-income countries, many of which are outside our immediate region and not covered by existing bilateral initiatives.

³² Gavi the Vaccine Alliance, ‘COVAX has so far shipped over 1 billion COVID-19 vaccines to 144 participants’, 2022, <https://www.gavi.org/covax-vaccine-roll-out>.

³³ World Health Organization, ‘No-fault compensation programme for COVID-19 vaccines is a world first’, 2021, <https://www.who.int/news/item/22-02-2021-no-fault-compensation-programme-for-covid-19-vaccines-is-a-world-first>.

3. Invest in Epidemic Recovery and Eradication

While COVID-19 has placed a much-needed spotlight on global health, it has put pre-existing health systems and resources under immense pressure. It has also rerouted focus and funding away from other dire global health issues, particularly those that have a disproportionate impact on impoverished communities. Tuberculosis, polio, and malnutrition are three key examples, responsible for millions of preventable deaths each year. Tuberculosis and malnutrition have both been referred to as “silent pandemics” or “forgotten pandemics” by comparison to COVID-19,³⁴ yet these are not truly global pandemics because high-income countries are largely insulated from their effects. More accurately, these are epidemics of poverty, spreading illness and death only among countries that cannot afford to treat them. Similarly, polio remains stubbornly endemic in a handful of countries. Given the severity of these diseases in much of the developing world, Results has a strong history of advocating on tuberculosis, polio, and malnutrition, with the knowledge that the tools and infrastructure to overcome these crises already exist. The 2022-23 period presents some valuable opportunities for Australia to demonstrate its willingness to join the global community in tackling these treatable health issues.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Recommendation: The Australian Government commits at least \$450 million to the 7th Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria

The Need

Up until the events of the last two years, the world’s most deadly infectious disease was tuberculosis (TB). According to the WHO’s latest Global Tuberculosis Report, approximately 1.5 million people died from tuberculosis in 2020, and tragically, this figure was higher than the previous year for the first time in more than a decade.³⁵ Like many present global health issues, this reversal of a promising trend on tuberculosis deaths is largely due to COVID-19, which has disrupted health services, restricted access to adequate care, and reduced TB testing rates.³⁶ These trends are particularly pronounced in the low- to middle-income countries that are most severely affected by tuberculosis, and amongst women, who face greater barriers to equitable treatment.³⁷ The global financial need to address the TB epidemic is an annual cost of \$13 billion USD from all partners, but in 2020 the total amount of funding received actually decreased from \$5.8 billion USD down to \$5.3 billion USD.

Our focus on tuberculosis reflects Results’ strong history of advocacy on prevention and treatment of this chronically underfunded and potentially fatal disease of poverty, and our position as Secretariat

³⁴ Anthony King, ‘Tuberculosis: The Forgotten Pandemic’, *The Scientist*, 2021, <https://www.the-scientist.com/features/tuberculosis-the-forgotten-pandemic-68894>; Henry E. Mark, Glauce Dias da Costa, Claudia Pagliari and Stefan A. Unger, ‘Malnutrition: the silent pandemic’, *The British Medical Journal*, 2020, <https://www.bmj.com/content/371/bmj.m4593>.

³⁵ World Health Organization, ‘Global tuberculosis report’, 2021, <https://www.who.int/publications/i/item/9789240037021>.

³⁶ Madhukar Pai, Tereza Kasaeva and Soumya Swaminathan, ‘Covid-19’s Devastating Effect on Tuberculosis Care — A Path to Recovery’, *The New England Journal of Medicine*, 2022, <https://www.nejm.org/doi/full/10.1056/NEJMp2118145>.

³⁷ World Health Organization, ‘Tuberculosis in Women, 2015’, https://www.who.int/tb/publications/tb_women_factsheet_251013.pdf.

of the Australian TB Caucus. The disruptive nature of COVID-19 and large funding gaps are definitely a cause for concern, especially for our region, which accounts for the majority of TB and multi-drug resistant TB (MDR-TB) cases.³⁸ Needless to say, the worrying trends in testing and treatment for tuberculosis have also been seen in other infectious diseases, including, but not limited to, AIDS and malaria. The latest intelligence from the Global Fund suggests that globally, TB faces an even larger funding gap than AIDS and malaria combined.

The Solution

Our strongest tool in the fight against tuberculosis is the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). They are by far the most significant organisation working on TB, providing 77% of all international financing for tuberculosis in 2020. Since its establishment in 2002, the Global Fund has developed a reputation as a trusted and transparent intermediary for health funding, with a detailed methodology that prioritises countries with the highest disease burden and the lowest income. They have taken the impacts of COVID-19 into account by increasing TB grants by an average of 24% since January 2021.³⁹

The Global Fund has enjoyed substantial support from public and private partners in recent years, including Australia. Currently, the Global Fund is planning for their seventh replenishment event in the second half of 2022. Pending a full investment case, we recommend that Australia builds on its substantial past contributions to the Global Fund by investing at least \$450 million at the Global Fund's seventh replenishment event in late 2022. Much of this funding will be channeled directly towards TB testing and treatment in vulnerable developing countries.

The Benefits

In a post-pandemic future, tuberculosis may well retake the title of deadliest infectious disease and threaten decades of hard-earned progress. A comprehensive investment in the Global Fund is the most effective way to look beyond the current pandemic and address the greatest long-term issues in global health. Looking forward in their 2023-28 Strategy Framework,⁴⁰ the Global Fund have outlined several priorities in relation to TB: equitable, people-centred approaches to find and treat people with TB; scaling up existing TB prevention measures; improving quality of TB services; rapid deployment of new tools and innovations to adapt TB programming to present challenges; and promoting enabling environments to reduce TB-related stigma.

In order to achieve these aims and work towards a world with a reduced TB burden, a generous contribution from Australia will be essential to uphold Australia's status as a longtime contributor. The Global Fund provides value for money for Australia's ODA program. It also aligns with Australia's priorities of strong health systems and prevention, detection, and response to pathogens of pandemic potential. Since its foundation, the Global Fund has saved an estimated 44 million lives. In

³⁸ OECD iLibrary, 'Tuberculosis', <https://www.oecd-ilibrary.org/sites/f494a701-en/index.html?itemId=/content/component/f494a701-en>.

³⁹ The Global Fund, 'Results Report 2021', 2021, https://www.theglobalfund.org/media/11304/corporate_2021resultsreport_report_en.pdf.

⁴⁰ The Global Fund, 'The Global Fund Strategy Framework (2023-2028)', 2021, https://www.theglobalfund.org/media/11223/strategy_globalfund2023-2028_framework_en.pdf.

relation to TB specifically, 4.7 million people were treated for the disease in Global Fund-supported countries in 2020 alone, with an 85% treatment success rate based on the latest data.⁴¹ These figures are encouraging against such a deadly disease that is far from the minds of those fortunate enough to live in high-income countries. Further funding will help to ensure that this important work can continue with minimal disruptions.

Along with tuberculosis, this investment will support the Global Fund's work on HIV, malaria, and pandemic preparedness and response. The Fund has played a pivotal role in dealing with COVID-19, both directly and indirectly through health system strengthening, and will continue to do so during future pandemics. Through the Global Fund's COVID-19 Response Mechanism (C19RM), \$4 billion USD has been provided to over 100 low-income and middle-income countries.⁴² The wide reach and efficiency of the Global Fund's response showcases its utility in tackling the most pressing global health issues, both at present and well into the future.

Global Polio Eradication Initiative (GPEI)

Recommendation: The Australian Government commits \$25 million to the Global Polio Eradication Initiative's 2022-26 Eradication Strategy.

The Need

Polio is a disease that has devastated entire populations throughout history. Over the last 30 years, the Global Polio Eradication Initiative (GPEI) has supported action which has dramatically reduced the impacts of polio, so that only two countries are now experiencing transmission of wild polio, and the number of people contracting polio has fallen by more than 99%. The number of polio cases globally has dropped from hundreds of thousands to merely hundreds,⁴³ demonstrating the effectiveness of the GPEI.

However, during the pandemic, 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 (i.e. not wild) polio, and increasing the estimated time and cost of finalising polio eradication.

The Solution

Having launched its latest Polio Eradication Strategy in 2021, the GPEI is currently preparing for a significant replenishment event in 2022, aiming to address funding gaps that have emerged due to the disruptions of the COVID-19 pandemic on global health. Pending a formal fair share calculation

⁴¹ The Global Fund, 'Results Report 2021', 2021,

https://www.theglobalfund.org/media/11304/corporate_2021resultsreport_report_en.pdf.

⁴² The Global Fund, 'Global Fund Crosses US\$4 billion Mark in Funding to Support Countries in the Fight Against COVID-19', 2021,

<https://www.theglobalfund.org/en/news/2021-10-08-global-fund-crosses-usd4-billion-mark-in-funding-to-support-countries-in-the-fight-against-covid-19/>.

⁴³ John Paul Bigouette et al., 'Progress Toward Polio Eradication - Worldwide, January 2019-June 2021', *Morbidity and Mortality Weekly Report*, 2021, <https://pubmed.ncbi.nlm.nih.gov/34437527/>.

once the GPEI has published its full 2022 investment case, Results recommends that Australia contribute \$25 million to GPEI over its 2022-26 focus period.

An investment of this scale will help Australia to capitalise on its longstanding leadership in developing the international polio eradication strategy. Given Australia's most recent contribution of \$10 million in 2019, this increased amount will ensure that progress towards eradicating polio remains on track.

The Benefits

By contributing \$25 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.⁴⁴ Such an investment will reiterate Australia's commitment to a polio-free world, and will provide material support to the polio eradication strategy that was developed with Australia's support. Since wild poliovirus is only circulating in two countries in South Asia, Australia has an opportunity to help ensure that this historically debilitating disease is not just absent in our Asia-Pacific region, but eradicated from the face of the earth. In the shadow of COVID-19, the prospect of eradicating an infectious disease would be a cause for celebration amidst otherwise challenging circumstances for global health.

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.

Global Financing Facility (GFF)

Recommendation: The Australian Government commits \$10 million to the Global Financing Facility for Women, Children and Adolescents.

The Need

The effects of global poverty are most acutely felt by women and children. Encouragingly, we have seen significant reductions in child mortality in recent decades. Still, the deaths of 5 million children aged 5 or younger in 2020, most of which were preventable,⁴⁵ is a tragedy worth addressing. A core driver of these trends is insufficient access to nutritious food.

The impacts of malnutrition have been exacerbated further by the pandemic, with economic stresses and closure of school meal programs putting struggling families at greater risk of food insecurity.

⁴⁴ Global Polio Eradication Initiative, 'COVID-19 shows value of polio infrastructure to support resilient health systems', 2021, <https://polioeradication.org/news-post/covid-19-shows-value-of-polio-infrastructure-to-support-resilient-health-systems/>.

⁴⁵ UNICEF, 'Levels and trends in child mortality', 2021, <https://data.unicef.org/resources/levels-and-trends-in-child-mortality/>.

Looking specifically at the physical impact on children under five years old, challenges related to COVID-19 are predicted to cause an additional 9.3 million victims of wasting, 2.6 million victims of stunting (much lower than normal growth rates for children, indicating chronic malnutrition), and 168,000 deaths due to malnutrition over the next three years alone.⁴⁶ Coupled with the agricultural challenges to food security associated with climate change, these factors are already increasing the likelihood and severity of malnutrition, particularly for women and children who are particularly vulnerable under present circumstances. The populous Asia-Pacific region is a particular concern; consider the issue of childhood malnutrition in Papua New Guinea and the ongoing nutrition crisis in Afghanistan.⁴⁷

By making food security a priority through the Pacific Food Security Initiative and other agricultural development programs, Australia has made an important start towards improving standards of nutrition in the developing world.⁴⁸ However, this funding alone is not sufficient to solve the growing malnutrition crisis. Complementary investments in maternal, infant, and young child nutrition (MYCN) interventions are necessary to strengthen health systems and reduce the health impacts caused by malnutrition. This need is made all the more urgent by the extensive disruptions to existing health and nutrition services brought about by COVID-19.

The Solution

To complement existing investments in food security, at a time when health systems are under intense pressure, we encourage Australia to contribute to an established global partnership devoted to tackling issues such as malnutrition that particularly affect women and children. The Global Financing Facility for Women, Children and Adolescents (GFF) is a World Bank initiative, launched in 2015 to support countries 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. Their additional work on sexual and reproductive health and rights, newborn survival, and adolescent health is also crucial to addressing the disproportionate health challenges faced by women and girls in developing countries.

The GFF will be holding a resource mobilisation event in 2022. With a \$10 million investment in the GFF, Australia would be making its first contribution to their important nutrition interventions. These help to ensure improvements in the coverage, quality, utilisation, cost-effectiveness, equitable

⁴⁶ Saskia Osendarp et al., 'The COVID-19 crisis will exacerbate maternal and child undernutrition and child mortality in low- and middle-income countries', *Nature Food*, 2021, <https://www.nature.com/articles/s43016-021-00319-4.pdf>.

⁴⁷ UN Food and Agriculture Organization, 'The State of Food Security and Nutrition in the World 2021', 2021, <https://www.fao.org/state-of-food-security-nutrition>; Russ Stepenson and Shirlyna Lowagipo, 'Childhood malnutrition widespread in PNG's Strickland Bosavi region', *ANU Development Policy Centre*, 2021, <https://devpolicy.org/childhood-malnutrition-widespread-in-pngs-strickland-bosavi-region-20210712/>.

⁴⁸ DFAT, 'Agricultural development and food security', <https://www.dfat.gov.au/aid/topics/investment-priorities/agricultural-development-and-food-security>.

access, and delivery of nutrition services.⁴⁹ Such activities form part of the GFF's broader framework of building resilient and equitable health systems, and ensuring health financing resilience.

The Benefits

The GFF is among the highest performing organisations active in global health to advance gender equality. Women and girls stand to benefit from increased investment in the GFF's nutrition programs. Their past work has achieved significant impact in tackling malnutrition: in Indonesia they contributed to a reduction in the rate of child stunting from 30.8% to 27.7%.⁵⁰ Assistance from the GFF also supports a combined approach to health, nutrition, water and education services. This holistic approach is essential in the face of disruptive challenges such as COVID-19 and climate change.

Contributions to the GFF Trust Fund can unlock significant additional funding from other sources, 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 2020 Annual report for the GFF indicates that \$ 602 million USD in grants to participating countries from the GFF Trust Fund have led to \$ 4.7 billion USD in additional funding from the World Bank Group, and an increase in other domestic and external resources for health programs.⁵¹

⁴⁹ Global Financing Facility, 'Fact Sheet: Nutrition',

https://www.globalfinancingfacility.org/sites/gff_new/files/GFF-CreativeBrief_Nutrition_EN_Final_Web.pdf.

⁵⁰ Global Financing Facility, 'Putting women, children and adolescents at the center of an inclusive, resilient response and recovery', 2021, https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Annual-Report-2020-2021.pdf.

⁵¹ Global Financing Facility, 'COUNTRIES LEAD THE WAY: DELIVERING ON THE GLOBAL PROMISE OF BETTER HEALTH AND NUTRITION', 2020, https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Annual-Report-2019-2020.pdf.