

**Ali Clarke:**

Thank you. Well, good morning, everybody. For those that don't know my name is Ali Clarke, formerly of ABC Radio and Adelaide.

When I woke up here in Canberra and it was raining I thought, ah, this is what Canberra is like. So thank you very much for the wonderful welcome. It's my absolute pleasure to bring you here for this event today, *Global Health at a Tipping Point, Why Action Can't Wait*.

Now this has all been brought to you by Results International (Australia), the Australian TB Caucus, alongside our partners at Pacific Friends of Global Health as well. Now before we do move forward, let's start with the acknowledgement of these beautiful lands that we're gathering on this morning and acknowledge the Ngunnawal and the Ngambri peoples as the traditional owners of these lands. And we also acknowledge and pay deep respects to their continuing connections to the land and the seas and the waterways that sustain us all.

I'd also like to acknowledge some of the incredible dignitaries that we do have in the room: our parliamentary friends, including the Minister for International Development, the Honourable Dr Ann Aly MP; Co-chairs of the Australian TB Caucus, the Honourable Kate Thwaites MP, Special Envoy for Climate Change, Adoption and Resilience; Mary Aldred MP, and Dr Sophie Scamps MP. Thank you so much for being here.

There are actually 15 MPs in this room right now, right across the political spectrum. Whilst I'm sure other people would find a joke in that, I just think it's an absolutely brilliant testament to the bipartisan commitment that we have for global health. And we really do sincerely thank you for your support. I'd also like to welcome Fleur Davies, Australia's Global Health Ambassador.

We are especially thrilled to have Lady Roslyn Marouta here with us today, Chair of the Global Fund to Fight AIDS, TB and Malaria. And to everybody else, you, the leaders who will help us change and create transformation change throughout the world, a very warm welcome to you.

Now, of course, events like this don't happen just in isolation, and this one is only possible with these incredible key sponsors in TB Alliance, the Burnet Institute, FIND, and TBCRE. And there's also the broader partnerships of organisations who have lent their support to this important cause. So we're talking the Pacific Friends of Global Health, Médecins Sans Frontières, Global Citizen, Safer World for All, and Health Equity Matters.

So my job, along with the incredible Negaya Chorley, is to deliver an event that really shines a light on some of the defining challenges of our time, but also give a path forward. So without further ado, I'd like to hand over to the co-chairs, Kate, Mary and Sophie.

**Hon Kate Thwaites MP:**

Well, good morning all. For those of you I haven't met before, I'm Kate Thwaites. I join in acknowledging we're on the lands of the Ngunnawal people, and I pay my respects to elders past, present, and emerging.

I won't run through the full list of dignitaries again, but it is a testament to how important this work is, that there are so many wonderful and important people in this room.

I will single out one though: Warren Entsch. I'm the point of continuity here. I had the pleasure of co-chairing the TB Caucus last parliament with Warren. You would all know Warren's long and continuing commitment to this very important cause. So, Warren, it's wonderful to have you here today.

I don't need to tell you all that today's breakfast is about more than a disease. It's about how we deal with the intersecting pressures of conflict, of climate change, and of shrinking aid budgets and their impact on global health outcomes. TB is really an example of when these challenges collide.

It does remain the world's deadliest infectious disease. It claims 1.25 million lives each year, despite, again as you all know, it being preventable and curable. There's a lot happening, and you are at the forefront of a lot of that work, so thank you to all of you.

But we absolutely know that more needs to be done, and that's really where the TB Caucus comes in. So, it's wonderful to be joined by Sophie and Mary today to take forward the Caucus into this parliament, thanks to Results for hosting us, and I look forward to the breakfast.

**Dr Sophie Scamps MP:**

Thank you, Kate. Well, I firstly would like to say that it is a real honour to be a co-chair of the TB Caucus. It is a really important issue.

As Kate said, Australia has a really important leadership role to play. TB is particularly severe in Australia's regions, in Southeast Asia, in Western Pacific, and we know that there's a rising rate of drug-resistant TB, which knows no borders. There's also a need to acknowledge that TB is a climate-sensitive disease, and we need to acknowledge that to help facilitate the eradication.

The World Health Organisation in May this year launched a specific framework, which outlines how rising temperatures, extreme weather events, and environmental degradation, especially in developing countries, are intensifying the TB risks. As I said, Australia has long played a leadership role in the eradication of TB, and we need that to continue through sustained policy attention, strategic partnerships, and targeted investment. Mary, over to you.

**Mary Aldred MP:**

Well, thank you so much, and if I can completely associate myself with the remarks of Kate and Sophie, what I'd like to impress upon all of you most is that no matter what side of the chamber we sit on, whether we're from the House of Representatives or the Senate, and there are a number of senators here this morning, this is our parliamentary moon shoot. We are here collectively as the parliament working towards the goals and ambitions of elimination and newer, better, more effective vaccines. We're here to support the tremendous work that many of you do on a day-to-day basis.

I also want to acknowledge Warren Entsch. One of my earliest phone calls upon being elected at the most recent election was from Warren, and I'm incredibly grateful to have someone of his standing and knowledge in this area. He's really shaken me by the shoulders and encouraged me to get involved as much as I can in this group, and I look forward to supporting all of you.

I look forward to working with Sophie and with Kate to do everything that we can to progress the goals and aims of your work. Thanks very much.

**Ali Clarke:**

Well, now for something a little bit different because I connected with our next guest just a couple of weeks ago. Now, you might know him as the author of *A Fault in Our Stars* or from *Crash Course* or even the *Vlog Brothers*. If not, don't worry.

He makes the big, big ideas incredibly accessible, and here he is turning his voice to another story that matters, and that is the fight against tuberculosis. Please enjoy hearing from the New York Times bestselling author John Green. I was fortunate enough to continue the conversation, so keep an eye out with Results Australia, we're putting out a little bit more of what he had to say. To the people who wanted to meet him in person, Dr. Susan Newhouse. Hello. I'm very, very sorry, we got you as close to the end.

[\[John Green Video\]](#)

I think it's a pretty perfect segue to our panel, so I would first like to introduce and welcome to the stage the Chair of the Pacific Friends, Professor Brendan Crabb. With him is the Executive Director of MSF, Jennifer Tierney, and our third panel member is an anthropologist at the University of Sydney and Chief Investigator in the National Tuberculosis Centre of Research Excellence: please welcome Associate Professor Sarah Bernays. Okay, yeah, so if you flick those up, hopefully that's it. I'll stand up here.

Yeah, yeah, I love lording my power over people. It's fine. No, I'm just also very well aware of people down the side. We want to be able to see our important people here.

Jennifer, why don't we start with you? If we're talking about the perfect storm, shrinking donor support, climate change and growing conflict, which is directly translating into this real world harm, can you just give people an indication and take us to exactly what you and your colleagues are saying?

**Jennifer Tierney:**

Yes, and sorry if I sound a little Kathleen Turner-esque this morning. I'm just getting over a cold.

**Ali Clarke:**

You and me both.

**Jennifer Tierney:**

Okay, great. Well, fantastic then. You know, I think we are really seeing the collapse of healthcare in many different ways at a very rapid pace, which is incredibly concerning when you are a

frontline healthcare provider who is watching people be cut off from their medicines, you are watching healthcare workers disappear from their posts at local clinics because they're actually unable to get paid through the Ministry of Health, and the funding is drying up for them to be able to be paid. We're watching climate change mean that flooding, for instance, is increasing at an exponential rate, and if any of you have ever taken a prop plane over South Sudan during rainy season, it is incredibly challenging to navigate and try to reach healthcare in that setting in any normal year, but with the acceleration of climate change, we're seeing an incredibly difficult path to access for people, and so what that means is very human impacts.

You know, when I talk about South Sudan, we've just done a report where we've recorded some of these stories of patients because we can talk about, you know, health systems and all of the challenges, but there was one young boy, James, who was carried by his parents to a clinic to actually get treatment for malaria, and there was a stockout, and James, who was five years old, as a result of that, he died, and, you know, these are preventable deaths.

There's another woman that we talk about, Maria in Mozambique, who'd been living with HIV for a very long time, and, you know, you can live a vibrant life with HIV if you can get access to your medicines. Well, she went to the clinic that she's been going to for years. Again, there was a stockout, and Maria died very soon after of preventable causes related to her HIV, and she left a family behind, and so we're seeing the really immediate impacts, and for MSF, what that means is we're usually focused on the pointy end of delivering medicine, the emergency side. We're going, oh, my God, it's all the pointy end at this point, and what do we do as an emergency health actor?

**Ali Clarke:**

So then what, I mean, it can't all be you, so then what should the international community be doing to really try to support this continuity of care?

**Jennifer Tierney:**

I mean, obviously, funding is more essential than ever, but it's not just the amount of funding, it's the type of funding. It's making sure that it's flexible, it's making sure that you work with communities to find solutions, because they know what's happening on the ground due to conflict, they know what's happening on the ground due to climate change, and so they can design that with you.

I think health system strengthening is incredibly important, and it's important that we don't lose the gains that we've made over the last decade, however, we really need to focus on where people are suffering most and make sure that funding is actually pointed at where people are suffering most right now. And there is going to be a lot of immediate suffering, which is going to set us back, because as we know, TB in particular, you know, spreads quickly. And if we're not actually capturing people at the suffering point, and we're focussing more on health systems, we're going to lose a lot of ground.

**Ali Clarke:**

So then if you're focussing on that immediate suffering, which sounds like exactly what has to happen, what do we do about future-proofing when we look at how climate change is going to increasingly affect how we can help people in these areas?

**Jennifer Tierney:**

I mean, I think for us, we're looking at climate change, we're looking at conflict, we're looking at the, you know, stepping back of nations from trying to approach these challenges with a multilateral approach, and all of it has to be answered at the same time. It's not just climate change, so for us it's following where the patients lead us as far as climate change is concerned. I'll give you one example: in Mali, for instance, we're looking at people being displaced because of drought, and they are moving to more malaria-prone locations. So we're seeing 65% increase of people who are dealing with infections from malaria, and of course, significant number of deaths as a result. In South Sudan, in some places, we're seeing a 300% increase because people are having to move and are not getting access to the care we need.

So again, I mean, we have to look at it from the big picture, we have to have flexible funding, we have to be looking at the pointy end of things straight away. I think we are one of the major, if not the only major, health actor that isn't government-funded, and yes, that makes us flexible and able to respond to these things, but we can't do our job if there isn't the rows and rows of actors behind us, you know, not behind us, beside us, doing their systems work as well.

**Ali Clarke:**

Brendan, with the Burnet Institute, and with the focus on Papua New Guinea as well, we heard about some of the numbers elsewhere in the world. Just take us inside Papua New Guinea, tell us what it looks like, feels like, the numbers that we're seeing so close to Australia's border.

**Prof Brendan Crabb:**

Yeah, and I'm very happy to do that. Thank you. So, look, the wider context outside of Papua New Guinea sets the scene, and John has spoken about that on the video.

We're in this room, quite a few of you are in this room, for lots of topics, and people are in this room every day, but really, is there a topic quite as significant as this one? You know, John said this has shaped humanity and continues to, that's exactly right, that's what's still happening. And, you know, the scale of it globally, one in three of us, perhaps one in four to one in three of us, actually carry the mycobacteria that causes tuberculosis in us.

And most of those have the capacity to reactivate and become an active infection. So, the scale's already enormous, 10 million globally will get TB each year, terribly insidious disease, as John said. But another about 50% of those will get TB, but you won't know it.

And this is absolutely crucial, you won't know it, and they'll spread it. And so that's why the approach to the solution is linked to that. But for PNG, it's basically effectively its number one health problem.

The equivalent of its number one health problem, if not its outright number one health problem. It's everywhere. What drives TB is air quality.

Air quality in this room, I measure. It's not great at the moment with this many people. On Monday night at the function we had purifiers on the end.

So, crowded indoor poorly ventilated spaces, that's how you get COVID transmission, that's how you get flu transmission, that's how you get measles transmission, and it's how you get TB transmission.

**Ali Clarke:**

Everybody is now trying to leave us, you do realise that?

**Prof Brendan Crabb:**

Poor ventilation, and we're working very hard in this house, including with the Prime Minister on a strategy for ventilation. Then add a co-factor, the most important of which is poor nutrition in the crowded indoor spaces, and globally it's any other things that affect your immune system, and especially HIV. So, not a huge problem in PNG, but in other, especially African countries, HIV has been the co-factor that drives that.

Added on top of that, half baked therapy. When you get half baked therapy, you get a worse outcome than you had before, and of course that's no one's fault. I don't say that as a blame, but it's really hard when you end up then with a drug resistant form that's harder to treat than the original form.

So, perhaps the most important global point, and PNG specific point, is that when you've got something this significant, it doesn't happen often, malaria is another example, and TB is the prime example, you can't economically develop your way out of it. Getting rid of TB is the precursor to economic development, it never works the other way. So, I think we think about development in that sense, economic development, even building greater health systems, but there are some things you've just got to absolutely nuke, and TB is one of them.

**Ali Clarke:**

Tell us about some of the incredible innovations in TB, and because some of it's coming from right here in Australia.

**Prof Brendan Crabb:**

No, thanks for that. John said, and quite rightly we've known the solutions since his parents' age, and that's absolutely true, but it's still a tough disease. It's a technically tough disease, so it's a tough disease because it's so linked to structural inequality, as you've heard, no question about that, but it is complicated.

We don't have a magic bullet vaccine, there's no such thing as a magic bullet vaccine, but they're pretty good vaccines. You get immunised for measles, you're protected for life sort of thing, nothing like that. Therapies are hard, they take a long time, diagnosis is difficult.

So, the innovations are both at a technical level, we have especially new diagnostics and therapies and therapeutic regimens. Instead of two years of injections, six months of tablets sort of thing, still very tough treatment. And the other is innovation in delivery.

From my perspective, the approach to dealing with TB is to go back to an elimination mindset with a modern community-centric, specific community-centric approach to do that. You can't go in and impose a solution to TB. That solution to TB with the technical solutions that the world's ecosystem brings has to be designed and delivered at a local level, because it's quite different in one place to what it will be in another place. And I think that's where the innovation is. We're involved in a project in Daru, which is instead of capturing people when they're sick, coming to a clinic, it's going to every single person, every single one of the 20,000 people on that island and checking them for TB and treating them. And of course, that's important to the point I made earlier, many of them are going to have TB and not know about it.

And the innovations are amazing. So, on the x-rays, for example, are one way to get diagnosis, you've got this person, they're not unwell, they're not coughing. You can go to them in the field, they don't come to a clinic, and people have backpacks that have x-rays on them. The x-ray is done, and I'm looking at the x-ray, I'm not a medico, so I'm looking at the x-ray, I can't see anything.

And then it goes into a computer screen that is also there, and AI works out and you see this amazing spot on the lung and the radiographer will say, who's right there on the spot, will say that's TB or not TB (and not TB or not TB). And we'll get, the treatment programme will start. The next phase of innovation is there. How do you get someone treated for three months, six months plus on an island where many of them traffic in and out, that's where the real work starts. But the innovations are incredible both at the technical and at the delivery level.

I don't think our mindset is yet back to 1950s elimination and it needs to be.

**Ali Clarke:**

Let's go to you Sarah, we've heard about all these intersecting challenges that are affecting this and you've got incredible community solutions and that's your focus. So looking at that, combined with your experience globally, how important is it to actually integrate those community perspectives into anything, you know, the social science insights as well into anything to understand all of these challenges and how to best fight them.

**Assoc Prof Sarah Bernays:**

Thank you. I mean, in short, it's absolutely critical listening to what we've already heard from the panel. So we need community perspectives and social science insights to understand these messy political, social and ecological realities.

And it's part of the injustice of TB that the innovations that we're having are taking so long to reach those most in need. And social science asks, what is it that people need and want where they are? How and what local systems can deliver services to realise their effectiveness and achieve optimal outcomes? And how this wider ecosystem undermines TB prevention, such as access to nutrition or engagement in primary health care or immunisation?



So listening to and taking seriously community knowledge can underpin a partnership to anticipate and then design solutions that will work in local contexts, rather than be derailed by them. So this isn't only the morally and ethically appropriate approach to take, but it also helps us to understand and develop interventions that are going to work in practice.

And with the pressure on funding, this whole approach of taking seriously community knowledge will make the delivery of interventions both more effective and more cost efficient. And two examples from my own research, I've been working in HIV for a long time and many years ago in Zimbabwe, adolescents living with HIV who tend to have very poor HIV outcomes told us that the access to the pills was not nearly enough. And what they needed was psychosocial support to help them have the hope that it was worth taking these pills to live their lives.

And we've been part of a collective effort to build an evidence-base to demonstrate how community delivered peer support can have a kind of demonstrable impact on HIV outcomes and mental health. And this has been embedded within the national system within Zimbabwe and has kind of changed the landscape of adolescent HIV treatment and care, which has helped protect it from the funding cuts that are happening at the moment.

And a second example in relation to TB, drawing on what Brendan was just talking about, we're doing also household screening for active case finding in Kiribati in the Pacific. And part of that is offering TB preventive therapy. And that's extremely popular and accepted within the communities. And one of the things we found was that TPT, being able to prevent TB infection progressing to disease, is thought of as a moral and social good.

And that's excellent because it supports and encourages uptake and acceptance. But at the same time, if we looked behind us, what we were finding was that was also hardening the stigma around TB disease. Because even though people hadn't had the opportunity to engage in prevention before, there was a kind of prevailing assumption that this meant that people had failed to protect themselves against TB if they had TB disease.

And so what we need to do now is intervene. And there's a malleable social narrative, that's the good news, that with the counselling, we can talk about all TB treatment being an active social good for the community. And so we can identify early, we can work with communities locally to change the messaging, to protect that new solutions don't create new problems.

And that we're bringing the communities along with us.

**Ali Clarke:**

So what should countries like Australia do, listening to that?

**Sarah Bernays:**

Well, there are many, many ways to answer that question. But just to take one, is to take seriously community knowledge. Because investing and asking and being prepared to learn from listening at all levels from communities about what local priorities are, what's needed, and



what's going to work, is really going to help expedite what's otherwise been this persistent time lag between the innovations developed in the lab and what is practical and feasible on the ground to realise those outcomes.

So if, for example, their priorities are TB, nutrition, and climate change, it's thinking about how those interventions can be integrated to work for all of those outcomes to strengthen health systems, bring more of the system together, increase inclusion and access. But essentially taking seriously community knowledge as it exists in the local systems and in local communities will help expedite the efficiency and effectiveness of what we're doing and also demonstrate the kind of trusted partner that we are within the region.

**Ali Clarke:**

So to all of you then, looking at the role of multilateral partnerships in very different sectors, who would like to take this first? What would you like to see and what do we need to see in these partnerships to make the most and get the most bang for buck?

**Jennifer Tierney:**

So with MSF, the way that we look at partnership is really partnering both with the ministries of health, which have a great deal of knowledge and understanding of their own communities, making sure that we are reaching out to community partners who have expertise in these areas, but also who are just community leaders who really understand how communities function, what the stigmas are, how to actually encourage adherence, and how to encourage people to health-seeking behaviours in the first place.

And so all of that is incredibly important. But at the Australian level, I think the government needs to be funding entities that look to take that type of wraparound solution, which is incredibly important. The other thing I think to say while I've got the mike is funding research. MSF has partnered with the World Health Organisation which come out with a new TB treatment protocol for paediatric TB. Which, to Brendan's point, is lessening the burden and the complication of treatment for children with TB, which is a woefully under-resourced area globally. And so making sure that the Australian Government and other actors are looking at the most marginalised people, those who are refugees, those who are toughest to get: we talk about the last mile, it's sort of the last person at the end, and making sure we're paying attention to those things as well.

**Ali Clarke:**

Brendan, would you like to join in?

**Brendan Crabb:**

Well, I'm happy to. The magic word's been said, and that's partnership. And I know that sounds like a word we would always say. But apart from re-charting a course toward elimination, the most important thing is to do that together, whether that's funding or whether that's delivering, whether that's doing the research, whether that's scaling up the product that, you know, doesn't have an obvious market, at least in an economic sense, whether it's delivering that solution to the community, it's got to be done together. Sometimes, you know, that's pulling resources in

the form of the Global Fund, a proven value-add tool that has delivered tremendously for HIV, TB and malaria.

But if it's not the Global Fund and it's direct support, it's still in partnership. And, you know, to your point about working at a community level, even that, you do it in a way that is listening and responsive and alongside not the old-fashioned way of coming in with some resources and knowledge and imposing. It just, quite apart from being a moral problem with that, it just actually doesn't work, it's not that effective. So if you're ruthlessly interested in success, this is what you'll do: be partnership-focused.

**Ali Clarke:**

Which is obviously, Sarah, just singing to your songbook, isn't it, that partnership and community, they need to be on board to make the most of it.

**Sarah Bernays:**

Absolutely. And when resources are getting tighter and tighter, it's the easiest thing, it seems, to just cut the community engagement, to not spend time partnering and listening. And this is the critical point about whether something's going to work or not.

So it's the last thing that should be cut, not the first.

**Ali Clarke:**

Can I just get you to finish? Because one of the things that we wanted to do is obviously highlight the issue, but then give a path forward. And it was just beautiful seeing everyone's reaction, Brendan, when you were talking about X-ray machines in backpacks going out into the field.

Can each three of you just give us one indication of something that no one in this room might know about that's happening, that's a really positive step forward, that might be a little bit out of the box, but you actually see tangible change on the ground?

**Sarah Bernays:**

Well, one of the things that I think is really, really wonderful is the importance that this can work. And we don't talk about that nearly enough often because we're trying to demonstrate the need for investment. But the stories and examples of reinvigorated health and return to kind of being able to have a livelihood for your family and households, the stories of what we're seeing in Zimbabwe, what we see in Kiribati, what we see in Australia, of when it works, it's remarkable and it can work.

**Jennifer Tierney:**

I referenced an update in TB protocols for paediatrics. I mean, there are a lot of multi-year studies and multi-country studies that are happening that are looking to innovate for patients. However, I think one of the really important things is that the Australian government and others, the Global Fund, advocate for keeping the cost of those innovations down and accessible for patients, which is one of the major barriers to all of us as funds shrink up to be able to deliver care.

The last thing I will say is, think beyond the treatment itself. We talked a little bit about malnutrition and how that can really impact the outcomes of TB, HIV, malaria, whatever it may be. MSF is looking at innovations on how we actually, in extremely precarious nutrition areas, are able to support people to get the nutrition they need.

And that might be things like cash transfers or out of the box thinking. So listen to those things, see how they go and support innovation.

**Ali Clarke:**

Brendon, you've got an X-ray and a backpack.

**Brendan Crabb:**

Oh yeah, look, I'm not going to go technical. I think I'll leave you with, perhaps many people think there's a sense of hopelessness around TB. You know, this is a problem we're going to live with for generations and so on.

But as you heard from John, that's not the case. Success is actually commonplace. Most countries in the world had a huge TB problem, including Australia. Australia formed the NHMRC in 1936. In 1937, the NHMRC focused mainly on TB. And from there, we went to mass screening and we're now down to only about 1,600 cases of TB. And it's not a problem for us in a significant way anymore.

That map of 200 or so countries with TB is now down to 30 countries with TB. And even in those 30, as you heard from John, we're down to half.

So this is a very doable thing. Yes, we have to innovate, make it easier and less expensive and listen to communities. But the only thing that is delaying things is Will.

So there's a sense of positivity. You can have this does work, this can work, and we just have to galvanise those with the capacity to do something into action.

**Ali Clarke:**

What an incredible way to finish the panel. Can you please put my hands together for Sarah, Brendan and Jennifer? Thank you very, very much.

So now on that note, I would like to welcome the CEO of Results International (Australia), Negaya Chorley. And you can read more about her background on the screen there.

**Negaya Chorley:**

Thank you so much, Ali. And thank you so much for that wonderful panel discussion from Sarah, Jennifer and Brendan. You've taken us right into the heart of what's facing communities on the ground due to climate, conflict and of course, reduced aid budgets.

I also want to thank our fabulous TB caucus, Coaches, Kate, Mary and Sophie. And it was wonderful to hear Mary talk about a parliamentary moonshot to end TB. We are fully on board - that is fabulous!

But really striking to see three members of parliament from across the political aisle standing here this morning and affirming their commitment to ending this devastating disease. We need that bipartisanship. So really, really powerful. Thank you so much for your leadership. And of course, I also want to thank and acknowledge the wonderful Warren Entsch - it is so good to have you in the room with us, and your enduring advocacy has really paved the way in the fight against TB. Thank you so much.

As John Green says, the story of tuberculosis is a much bigger story than one of a single disease. It's a story about whose lives we value.

We've got so many fabulous leaders in the room today, particularly from the Safer World For All campaign. We've got Matthew Maury of ACFID. We've got Tim Costello of MICA. We've got AFFEDA. We've got SAVE. We've got Opportunity International. So many of our organisations are united behind the Safer World For All campaign and the call to invest 1% of our federal budget into overseas aid. Not only is it the right thing to do, it's also in our core national interest.

Those of us who support the Safer World For All campaign often refer to the term polycrisis to capture what we're seeing around the world. Another way of thinking about it is what ecological philosopher Joanna Macy has long predicted and calls the Great Unravelling. The idea of social, biological, and ecological crises coalescing and mutually reinforcing each other.

And we're absolutely seeing this and we've heard it again this morning. We're seeing it with climate change. We're seeing it with democratic decline, disinformation, the rise of new technologies, growing inequality, and of course profound mistrust in institutions.

All of them coming together and creating these negative feedback loops. But Joanna Macy also says something else and it brings us back to the title of an excellent report by Médecins Sans Frontières: Do Not Look Away, Do not avert your gaze.

There's no question that we, as a global community, we've been here before. Two world wars, a Cold War, we've seen pandemics. And what's been so striking is every single time Australia has stood up.

We recognise that global problems require global solutions. 79 years ago, of course, in the ashes of the Second World War, Australia was one of the founding members of the UN and we helped shape the UN Charter. Our peacekeepers, of course, have played an incredible role in East Timor, in the Solomon Islands, and of course in Rwanda.

And when the AIDS pandemic ripped across the globe, leaving millions of children orphaned, Australia launched an effective response, not just domestically, but internationally. Our science, our technology, our innovation have been used to support countries throughout the world. On both sides of the political aisle, not only have we financially invested in multilateralism, but we've also provided the people, the intellectual heft, the innovation and the energy required to sustain it.

Joanna Macy's final point is that by not looking away, we can then begin to meaningfully address what stands before us. And there's no question there's a hell of a lot standing before us. One of the best ways our government, the Australian government, can address what stands before us is to invest in multilateralism and of course our Overseas Aid Programme.

Our Overseas Aid Programme is a natural extension of our strong democratic values. It tells the world not only do we care about our own citizens, but we care deeply about a broader concept of the common good. And that message gets even more powerful when we share the impact with the Australian public, when we tell the stories, the stories we've been hearing this morning of the transformation that their tax dollars make possible.

The children vaccinated, the girls attending school, the mothers giving birth safely, the people living with HIV who can now live a relatively long and healthy life. Saving multilateralism and deepening our aid programme begins with bringing the public and their understanding with us, helping them understand not only what's at stake, but also what's possible. And finally, I just wanted to thank all of you in the room for not looking away, for not averting your gaze and for your deep commitment to global health.

Thank you so much.

**Ali Clarke:**

Thank you, Negaya. Well, now it is the turn of our Minister for International Development, who is also the Minister for Small Business, Minister for Multicultural Affairs as well. Could you please welcome the honourable Dr Anne Aly, MP who just made an absolute rock star welcome. Timed to perfection. Would you like me to get your coffee on the way in?

**Dr Anne Aly:**

Oh, I'm fine. Thank you so much, though. I really appreciate that.

Thank you. Good morning, everyone. I think I'm going to need my glasses this morning.

First of all, if I may start by acknowledging the traditional owners of the lands on which we meet, the Ngunnawal people, and pay my respects to their elders past, present and emerging, and to any First Nations people joining us here this morning as well. I'd like to also thank you, Negaya, and your team from Results International (Australia) for organising this wonderful event, as well as my colleagues from the Parliamentary Friends of Australian Tuberculosis, including the honourable members Kate Thwaites, Mary Aldred and Sophie Scamps, who kindly are co-hosting this morning. Thank you so much.

And of course, welcome to all our distinguished guests here this morning. I see many members of parliament here, which is a great testament to the fact that this is an issue that touches many people who represent our broad communities right across Australia here in this place.

Now, it's not often that we can start a morning with good news. Actually, it's very rare these days, isn't it? But I do have a good news story to brighten up your morning and accompany your coffee and breakfast. So here's the story.

Twenty years, around 20 years ago, our close friend and neighbour, Timor Leste, was in the unenviable position of having one of the highest malaria burdens in the Indo-Pacific. In 2006 alone, Timor Leste saw over 220,000 new malaria infections. Now, on its own, that's a significant number, but even more significant when you consider the country's population was just under one million people at the time.

Now, what this meant was hundreds, hundreds of avoidable deaths each year, as well as the burden of disease and lost productivity. And when faced with this challenge, the local health workers and communities did not give up. What they did was this: Timor Leste worked with Australia, worked with the Global Fund, the World Health Organisation, non-government organisations and other donors to expand access to testing, treatment and treated mosquito nets right across the country. No malaria related deaths have been reported since 2015. Not a single one.

And just last month in July, the World Health Organisation certified Timor Leste as malaria free. What a great... I think it deserves a big round of applause.

Monumental accomplishment, one that saved countless lives, families and communities, but also a demonstration of the possible, a demonstration of the possible. What it shows us is that the elimination of this sort of disease is possible. It's not a pipe dream and it's not an unattainable goal, but it is a choice.

It is a choice. It's a choice to invest in treatment and prevention and to build stronger and more inclusive health systems. It's a choice to partner for change and impact.

Every person, every single person has the right to live a long life free from disease and illness, whether you're in Canberra or Colombo or Perth or Port Moresby. But what it takes is it takes partnerships to take on the fight and finish the fight against communicable diseases such as HIV, tuberculosis and malaria. Now against the backdrop, the current backdrop that we have of global uncertainty, with several countries tightening their donor budgets and withdrawing funding, Australia is making a choice.

And our choice, the choice that we have taken is to be an unwavering partner against disease and illness. Last year, Australia invested \$690 million in development assistance towards supporting resilient, equitable and inclusive health systems.

Now we deliver our health programmes through a range of partners, including many of whom are here this morning. And it's great to see you. And I want to take also a moment to thank all of our partners and commend all of you for the amazing work that you do. The peace, stability and prosperity of the Indo-Pacific is underpinned by the health of our region.

And that's why Australia is committed to supporting the work of Global Fund to fight AIDS, tuberculosis and malaria. And I'd like to take a moment to acknowledge somebody who has become my dear friend quite quickly, Lady Roslyn Marouta, the chair of the Global Fund Board, who has joined us this morning. Thank you for joining us, Lady Ros.

Now, the work of the Global Fund over the past two decades has saved, get this, 26.5 million lives in our region and more than 65 million globally. That's pretty phenomenal, and I think that deserves a round of applause too.

Thanks to the tireless efforts of the Global Fund and its partners, the global death rate from AIDS, tuberculosis and malaria has been reduced by over 60 percent since 2002. The achievements of the Global Fund are nothing short of remarkable.

So more good news today.

Not often you get two bouts of good stories, right? So today I'm really delighted to announce Australia's next contribution to the Global Fund. Australia pledges funding of \$266 million over the next three years, starting from 2026 for the Global Fund's eighth replenishment cycle. Congratulations.

Now, what this pledge will do is it will bring Australia's total support to the Global Fund to over \$1.6 billion since its inception in 2022. And at a time of unprecedented demands on donor budgets, our pledge recognises that tackling global health challenges require sustained commitment. We cannot waver. There is so much more work for the Global Fund partnership to do, and Australia remains a steadfast supporter of these efforts.

Such as efforts to reverse the trajectory of HIV in our region. Our region accounts for nearly one quarter of the world's new HIV infections. HIV infections are increasing rapidly in the Pacific, with PNG seeing the equivalent of 30 new infections every single day, and Fiji seeing four new infections every day.

Our region also carries over 60 percent of the global burden for tuberculosis, with cases concentrated in India, Indonesia, China and the Philippines. Nearly a quarter of a million new tuberculosis cases across the Indo-Pacific are drug resistant.

And while we can celebrate the incredible win against malaria in Timor Leste, we see cases increasing elsewhere in Myanmar, in Vanuatu and in the Philippines. Without intervention, these diseases will continue to have long term impacts on the countries in our region, to their economies, to their security, to their health systems, to their communities and to their people.

Australia's support to the Global Fund complements our other lines of effort tackling communicable diseases in our region. For example, our contribution to the Global Alliance for TB drug development to accelerate efforts to shorten and simplify treatment for tuberculosis, particularly for multidrug resistant variant tuberculosis. Or our partnership with the International Vector Control Consortium to develop state of the art dual active ingredient malaria nets, which will become a powerful tool to address growing resistance to insecticides. And our work in PNG to improve access to sexual and reproductive health services, which ensures over 5000 people living with HIV have access to essential antiretroviral treatment.



This is the choice Australia is making: to protect the progress that we've made, to invest for a healthier and more secure Indo-Pacific region, to save lives, and to win the fight against HIV tuberculosis and malaria. Thank you.

**Ali Clarke:**

Thank you for that incredible news and the Australian government continuing their ongoing commitment. We really do appreciate them. Now, though, it is the turn of your new best friend, Minister.

As PNG's former first lady, our next guest is championed health and HIV programmes during critical early years of the epidemic. As she's coming up, just what an incredible life. She continues to live obviously deep experience with the Global Fund, lived and worked in PNG, worked in publishing in England, taught politics at the University of Ghana and ANU and UQ.

Please welcome the chair of the Board of Global Fund to fight AIDS, tuberculosis and malaria, Lady Roslyn Marouta.

**Lady Roslyn Marouta:**

Thank you, Ali. And good morning, Minister Aly, senators and members of parliament, valued partners, distinguished guests and friends. It's a great pleasure to join you this morning.

On behalf of the Global Fund, I want to express our deep appreciation to the Government of Australia for its pledge of A\$266 million to the Global Fund's eighth replenishment announced today by our minister. Australia is the sixth donor, the fourth public donor, to step forward with an early pledge for the Global Fund's eighth replenishment. Your pledge sends a powerful signal of leadership, partnership and unwavering commitment to global health, the Indo-Pacific region and global solidarity.

Australia has been a steadfast partner to the Global Fund for more than two decades. Since 2002, as the minister pointed out, our partnership has helped save over 26.5 million lives in the Indo-Pacific, including more than 213 lives in the Pacific alone. And as she told us just last month, Timor Leste was certified malaria free, a milestone that reflects years of collaborative effort and one that once felt unachievable.

But these achievements are more than statistics. Behind each number is a life, a mother or a father returning to their family or to work, a child growing up healthy, a community freed from fear. But our work is far from done.

Early today, John Green and our panel spoke eloquently about tuberculosis and its impact on individuals and societies. And as Minister Aly pointed out, the Indo-Pacific region, our region, bears the world's highest burden of TB. TB has once again become the world's deadliest infectious disease.

Our region also accounts for nearly a quarter of global new HIV infections. And the recent HIV outbreak in Fiji is a stark reminder that infectious disease threats remain real and that the region's health and Australia's health security are deeply connected.

We're at a moment of reckoning in the fight against HIV, TB and malaria. It's a moment for determination. With adequate resources, the Global Fund is uniquely equipped to meet the demands of this moment. We have the experience, the partnerships and the tools.

We have a unique partnership model. It blends local leadership with global expertise and empowers local leaders to decide what they need most, and we provide the resources to governments and organisations on the ground in each country to implement.

It unites the strength of governments, the passion of communities, the innovation of the private sector, the expertise of technical partners and the reach of civil society. It has the scale to drive down costs and expand access. And we have game-changing innovations that are driving real impact.

Portable X-ray machines powered by AI are bringing faster TB screening and diagnosis to remote communities across Pacific Islands and in Asia. Lenacapavir is the first HIV prevention medication that can be given as an injection just twice a year. This makes it much easier for people to stay protected compared to daily pills.

The Global Fund recently negotiated an access agreement with Gilead, the manufacturer of Lenacapavir, to ensure communities in low and middle-income countries have access to the medication at the same price and at the same time as high-income countries. This is a milestone for global health equity and I think also deserves applause.

The Global Fund also invests \$2 billion annually to strengthen labs, health workforces, data and supply chains: vital for fighting HIV TB in malaria, and for building resilience to climate change and future pandemics.

Warren Entsch, I would say, parliamentarian mentor for TB, whispered in my ear earlier that, please, I must stress the progress that has been made in the fight against TB. In this region, since the Global Fund was established, treatment coverage for TB has increased from 23 percent to 76 percent.

That's extraordinary. Treatment works, so let's utilise the new tools, the new diagnostics, the new medications and hopefully before long a vaccine so that we can eliminate tuberculosis.

We can eliminate tuberculosis, but we need the necessary resources to do that. So, as we mobilise resources for the Global Fund's eighth replenishment, the world and our region stand at a crossroads. Climate change, conflict and shifting global health financing threaten to undo two decades of hard-won progress.

I'd like to again acknowledge and thank the Australian Government for its pledge today. With continued support from partners around the world, we have a real opportunity to end the world's deadliest epidemics, strengthen health systems and build lasting health security across the Indo-Pacific. So let me close by thanking you all for your leadership, your advocacy and your commitment to this shared mission. Thank you.

**Ali Clarke:**

Thank you so much, Lady Ros. So that is just about it, but I would once again like to thank our partners in making this event possible. In particular, Pacific Friends of Global Health and the event sponsors in TB Alliance, TBCRE and the Burnett Institute and FIND. Negaya also wants me to especially acknowledge the Exceptional Results team for delivering this event today. And as we wrap, I would like to point out the photo wall down here, Warren Entsch, you better be first in line, OK?

But I know it would just be amazing for the Results team, for even some of the politicians, I know you have to rush off, but to be able to have photos with you to just show the support that we have here in the room.

And then aside from that, I'm leaving you with just a little bit of homework.

Number one, if you haven't, go and listen to John Green's podcast or his read his book or his audio book. It is incredible, and it will really change your thinking around tuberculosis. Also, track down this one, The Malaria Menace by Dr Susan Newhaus, who is another Adelaidean in the room represent. We absolutely love that one. But also, I guess, remember that this is our moonshot: you've been told that directly, so strap on in and go into the day, the weeks, the months, thinking about how you can possibly keep pushing for the success we know is possible with such united and wonderful partnerships. Thank you very, very much for joining us. Enjoy the rest of your time here.