



## Budget Recommendations | Fact Sheet 2

# Improving Health Outcomes

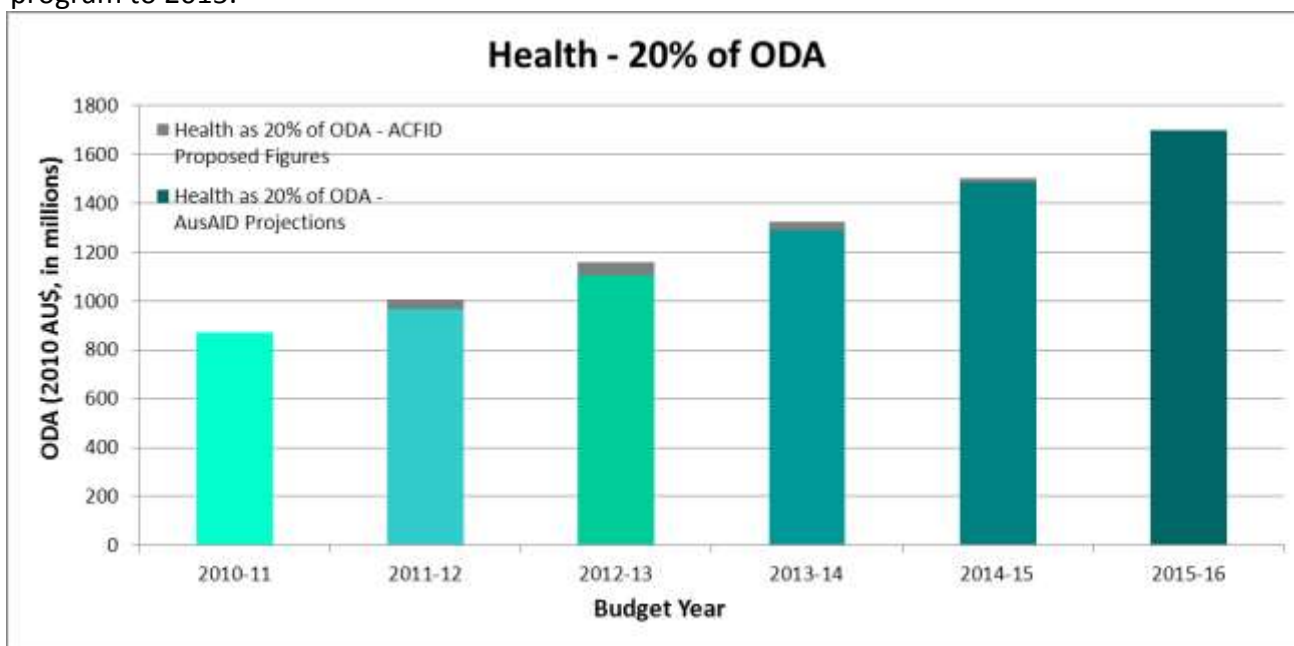
*“During the past decade, health has achieved unprecedented prominence as a key driver of socioeconomic progress, and more resources than ever are being invested in health. Yet poverty continues to contribute to poor health, and poor health anchors large populations in poverty.”<sup>1</sup>*

Thirty women are seriously injured or disabled every minute during childbirth.<sup>2</sup> Children and adults in low income countries continue to suffer preventable illness and premature deaths in unacceptable numbers each year. The world knows how to prevent and treat most of the causes of these deaths and it has been proven that well-focused efforts can significantly reduce levels of suffering.<sup>3</sup>

### Recommendation 2.1 – Increase the amount of Development Assistance directed towards Health Initiatives

ACFID recommends that 20% of overseas development assistance (ODA) should be directed towards health and HIV/AIDS prevention measures in the 2011-12 budget, equating to approximately \$968.6 million. This percentage for the health sector should be maintained throughout the scale-up of the aid program to 2015.

Year	AusAID ODA (AU \$m current)	ACFID ODA (AU \$m current)	20% of AusAID ODA	20% of ACFID ODA	Gap
2010-11	4349	4349	869.8	869.8	0
2011-12	4843	5037	968.6	1007.4	38.8
2012-13	5534	5797	1106.8	1159.4	52.6
2013-14	6438	6622	1287.6	1324.4	36.8
2014-15	7421	7518	1484.2	1503.6	19.4



<sup>1</sup> World Health Organisation <http://www.who.int/about/agenda/en/index.html> last access November 2010

<sup>2</sup> World Bank (2010) *Health, Nutrition and Population: Reproductive Health and Disability*.

<sup>3</sup> Declaration of the 63<sup>rd</sup> Annual United Nations DPI/NGO Conference, *Advance Global Health: Achieve the MDGs*, Melbourne (2010).



Copyright  
UNDP  
Brazil

## Recommendation 2.2 – A Timetable for Additional Funding for Women’s and Children’s Health

The Gillard Government has committed Australia to providing 1.6 billion in ODA directed towards women’s and children’s health by 2015.<sup>4</sup> Furthermore, the Government’s 2010 election platform includes commitments to:

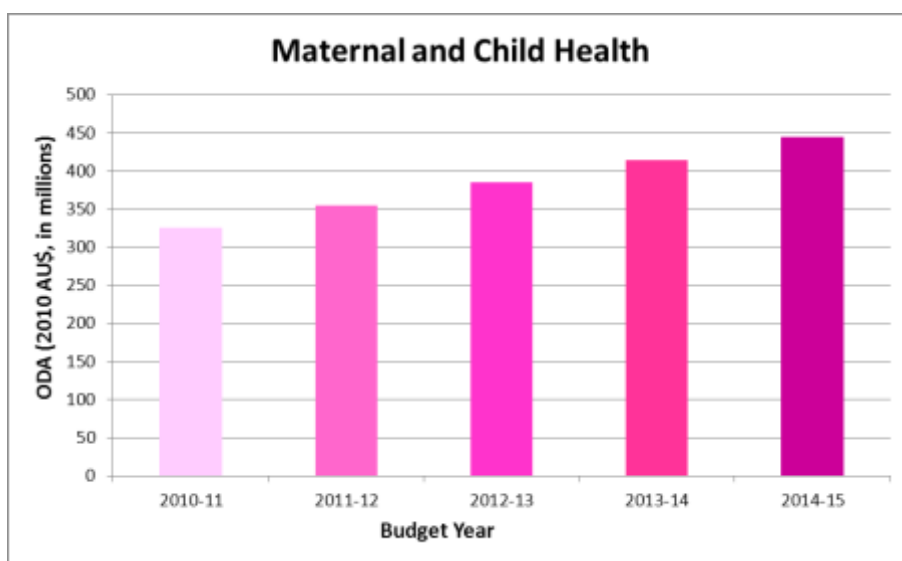
- Increase the priority given to child and maternal health, with a focus on Asia and the Pacific;
- Increasing pregnant women’s access to skilled birth attendants;
- Expanding the number and quality of health centres and aid posts so that women have the support and services they need for a safer delivery;
- Supporting greater access to emergency obstetric services; and
- Funding research to combat common infections and complications arising in pregnancy and child birth.<sup>5</sup>

**ACFID recommends that a clear timetable be announced for providing \$1.6 billion in ODA for women’s and children’s health from the 2011-12 to the 2014-15 budgets.** A significant proportion of the additional funds should be directed towards assisting Pacific nations and should be directed towards supporting Pacific governments to develop and implement their own credible national plans for reducing maternal, newborn and child mortality. ACFID also recommends that the Government advocates for increases in the funding that recipient nations allocate to maternal and child health internally. The proportion of health funds directed to improving child and maternal health should be clearly highlighted as a specific line item in the 2011-12 budget papers.

A dramatic reduction in the number of child deaths is achievable.<sup>6</sup> We do not need a major technological breakthrough to address this problem and there is broad international agreement about methods to achieve this goal. Since 1990, more than 60 countries have reduced their child mortality rate by 50%.

Reductions in child mortality rates correlate with falling rates of fertility and serve to slow and stabilise population growth. Achieving MDGs 4 and 5 will spur economic growth, with an estimated 30-50% of Asia’s economic growth between 1965 and 1990 attributable to demographic and health improvements, including reductions in infant and child mortality, better access to reproductive health services and reductions in fertility rates.

Countries such as Bangladesh, Brazil, Egypt, Indonesia, China, Mexico, Nepal and the Philippines are on track to achieve MDG 4. It should also be achievable in the Pacific Islands.



Year	Funding (AU \$m current)
2010-11	326
2011-12	355
2012-13	385
2013-14	415
2014-15	445

<sup>4</sup> Foreign Minister Kevin Rudd, *Australian Statement to the High-level Plenary Meeting of the United Nations General Assembly (Millennium Development Goals Summit)*, New York, 22 September 2010

<sup>5</sup> Australian Labor Party, Federal Election Policy Document (2010) *A Good International Citizen: Australia’s Development Assistance*, p.9.

<sup>6</sup> The costs of achieving MDGs 4 and 5, reducing child mortality and improving maternal health, are small in global terms. Worldwide, the total additional funds needed by 2015 to meet the MDGs on child and maternal mortality is \$US36-45 billion – less than half what consumers spend globally each year on bottled water.

## Recommendation 2.3 – Additional Funding to tackle Avoidable Blindness in Asia and the Pacific

Avoidable blindness is a major global public health problem. Worldwide, approximately 400 million people live with blindness and low vision caused by uncorrected distance refractive error, eye diseases and other diseases.<sup>7</sup> A further 410 million people experience presbyopia and have a near vision impairment.<sup>8</sup> There are clear links between poverty and blindness, and the elimination of avoidable blindness is an important step in achieving the MDGs.

The Gillard Government's 2010 election platform includes commitments to expanding eye care services, particularly in PNG and the Pacific, and trialling a childhood blindness program for Asia and the Pacific.

**ACFID recommends that \$200 million be allocated over four years, beginning with \$50 million in the 2011-12 aid budget, to build upon current efforts to tackle avoidable blindness in Asia and the Pacific.**

This funding should be administered by AusAID's Health and HIV thematic area, and should include further programs in Pacific countries in which avoidable blindness is already being tackled, as well as initiating new programs in countries which have not yet benefited from this assistance.

Eighty per cent of all blindness is preventable or treatable. Ninety per cent of the world's blindness exists in developing countries, and over half of all global blindness occurs in Asia and the Pacific. Two thirds of all blind people are women, and up to 60% of children in low income countries who become blind die within two years. Eye health interventions are among the most cost effective of all public health programs, and lead to massive savings in national health budgets.



PHOTO HANH TRAN/CARE OF FRED HOLLOWES FOUNDATION

<sup>7</sup> AMD Alliance International and Access Economics, *The Global Economic Cost of Visual Impairment*, (March 2010).

<sup>8</sup> Holden B et al, 'Global Vision Impairment Due to Uncorrected Refractive Error', *Archives of Ophthalmology* 126 (12) (2008).

## Recommendation 2.4 – A Focus on Family Planning

There are currently 215 million women globally who wish to avoid a pregnancy but are unable to access an effective method of contraception.<sup>9</sup> Meeting this need would save the lives of a third of the 350,000 women who die as a result of pregnancy and childbirth each year.<sup>10</sup> Investment in family planning has been shown to lead to significant returns in poverty reduction, prolonging girls' education, women's empowerment, child and newborn health, the prevention of HIV and environmental sustainability.<sup>11</sup>

**ACFID recommends that 15% of ODA directed towards health should be specifically targeted at family planning measures.** These funds should focus on scaling up interventions known to increase access to family planning in Asia and the Pacific, including:

- Community level health promotion activities, linked with referral to family planning services, targeting both women *and* men;<sup>12</sup>
- Youth-friendly health services and peer education to overcome the specific barriers to accessing family planning faced by adolescents;<sup>13</sup>
- Integration of family planning with HIV and postnatal care services;<sup>14</sup>
- Strengthened systems for commodity supply and distribution to ensure a reliable supply of a variety of contraceptive methods;<sup>15</sup> and,
- Operational research to assess the effectiveness of innovative approaches to increasing access to family planning.

These initiatives would support Australia's involvement in the new *Alliance for Reproductive, Maternal and Newborn Health*.<sup>16</sup> A substantial proportion of additional funding should be channelled through Australian NGOs due to their capacity to support the scale-up of proven community level interventions that increase access to family planning

The need to invest in family planning in the Asia and Pacific regions is particularly urgent. Fifty-five per cent of people with an unmet need for contraception live in these regions, contraceptive prevalence in the Pacific Islands remains below the average for developing countries, and adolescent fertility rates remain unacceptably high among married and unmarried girls.<sup>17</sup>

<sup>9</sup> Singh S, Darroch JE, Ashford LS, Vlassoff M. *Adding it up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*. New York: Guttmacher Institute and UNFPA (2009).

<sup>10</sup> Smith R, Ashford A, Gribble J, Clifton D. *Family Planning Saves Lives 4<sup>th</sup> ed.* Washington DC: Population Reference Bureau (2009); Stover J, Ross J. *How contraceptive use affects maternal mortality*. Washington DC: USAID (2009).

<sup>11</sup> Health Policy Initiative, Recommendation Order 1. *Family Planning and the MDGs: Saving lives, saving resources*. Washington DC: USAID, 2009; Cates Jr W. Family Planning: the essential link to all eight Millennium Development Goals. *Contraception* (2010); 81(6): 460-461.

<sup>12</sup> IPPF. *Men are Changing: case study evidence on work with men and boys to promote gender equality and positive masculinities*. London: International Planned Parenthood Federation (2010).

<sup>13</sup> Gray N, Azzopardi P, Kennedy E, Creati M, Willersdorf E. *Achieving MDG 5 for adolescents in Asia and the Pacific: lessons for the delivery of reproductive health services*. Melbourne: Burnet Institute on behalf of the Women's and Children's Health Knowledge Hub (2010).

<sup>14</sup> Family Planning International. *Integrating HIV and Sexual and Reproductive Health: A Pacific Specific Mapping*. Wellington: Family Planning International and Population Action International (2010).

<sup>15</sup> Cleland J, Bernstein S, Ezeh A, Faundes A, Glasier A, Innes J. Family planning: the unfinished agenda. *Lancet*. (2006); 368: 1810-27.

<sup>16</sup> The Alliance, announced at the UN MDG Summit in New York last month, listed improved access to family planning services as one of its key priorities. Australia is a partner in this Alliance, along with the UK, US and Gates Foundation.

<sup>17</sup> Gil MB. *Making Sexual and Reproductive Health and Rights Count: Asia and Pacific Resource Flows Project 2010*. Bangkok: Asia Pacific Alliance for Sexual and Reproductive Health and Rights (2010).

Investing in a comprehensive health package that includes family planning as well as maternal and newborn care would be *more cost effective* than providing maternal and newborn care alone.<sup>18</sup> Evidence-based policy and program approaches to address these needs exist;<sup>19</sup> what is required is increased investment to take them to scale.<sup>20</sup>



PHOTO C MORGAN/CARE OF BURNET INSTITUTE

<sup>18</sup> Singh S, Darroch JE, Ashford LS, Vlassoff M. *Adding it up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*. New York: Guttmacher Institute and UNFPA (2009).

<sup>19</sup> Gray N, Azzopardi P, Kennedy E, Creati M, Willersdorf E. *Achieving MDG 5 for adolescents in Asia and the Pacific: lessons for the delivery of reproductive health services*. Melbourne: Burnet Institute on behalf of the Women's and Children's Health Knowledge Hub (2010).

<sup>20</sup> The ICPD Programme of Action estimates that two thirds of the funding needed to finance reproductive health programs should come from developing countries themselves and the remaining one third should come from international donors. According to the Asia Pacific Alliance for Sexual and Reproductive Health and Rights, donors are currently only providing 8%. Working on the US\$23 billion figure approved by UN members at the 2010 Commission on Population and Development as required to finance the ICPD agenda in Asia and the Pacific in 2010, this would require an increase in donor investment from \$US0.97 billion (in 2007) to \$US7.7 billion in 2010. For further details see Gil (2010) cited above.

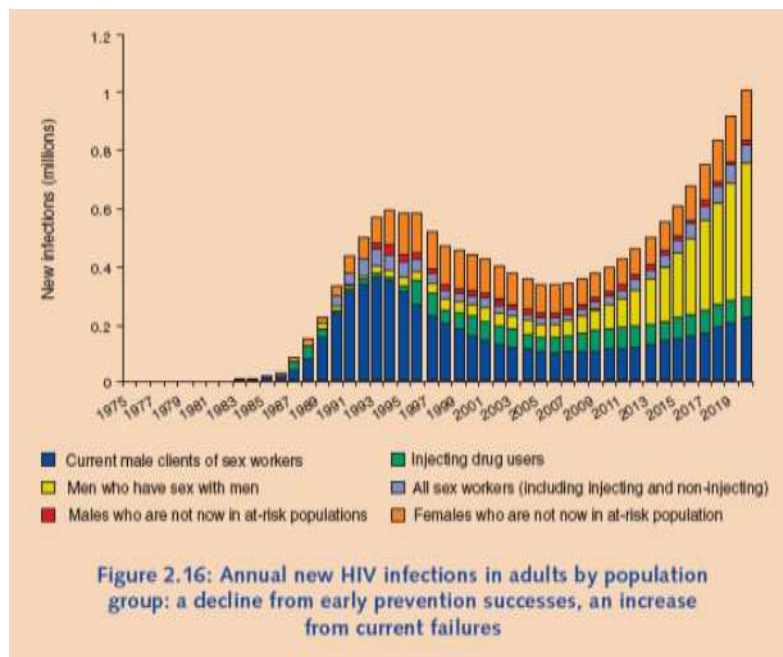
## Recommendation 2.5 – Combating HIV/AIDS in Asia and the Pacific

Extensive recent surveillance data demonstrates that HIV transmission is rapidly escalating among men who have sex with men (MSM) and transgender people (TG) in all countries in the Global South (see table below). In low- and middle-income countries, HIV prevalence among MSM is substantially higher than in the population as a whole – often by orders of magnitude.<sup>21</sup> Furthermore, HIV prevalence rates among MSM are currently doubling over very short periods of time, for example within two years in Bangkok and in Beijing.

It is predicted that the number of HIV infections attributed to sex between men in Asia is likely to overtake those from injecting drug use and from sex workers. Projections from the *Commission on AIDS in Asia* report (2008) indicate that HIV among MSM populations will account for 50% of all new HIV infections by 2020 unless current HIV and AIDS policy and program settings are immediately revised.

**ACFID recommends an allocation of \$30 million over 5 years, beginning with \$6 million in 2011-12, in ODA directed towards combating HIV/AIDS among men who have sex with men (MSM) in Asia and the Pacific.**

### Escalating new infections among MSM in the Asian Region



Source: "Redefining AIDS in Asia: Crafting an Effective Response," Report of the Commission on AIDS in Asia, 2008

<sup>21</sup> Report of the Commission of AIDS In Asia, Redefining AIDS in Asia: Crafting an Effective Response, OUP, 2008

This funding should be specifically targeted towards gay men and men who have sex with men (MSM), and should focus on nations in which HIV epidemics are escalating, including Indonesia, Myanmar, Laos, Vietnam, Cambodia, Papua New Guinea and the Philippines.

Initiatives supported by this funding should be culturally sensitive and could include;

- Community organisational development and strengthening, building on skills to develop effective responses to the challenges of HIV, both on the personal and community level; and
- Advocacy and leadership development, broadening awareness of local legal frameworks, public health initiatives and building skills to allow MSM communities to be actively engaged in strategic policy and program development.

Such initiatives would be in line with Government strategies.<sup>22</sup> Taking a long term approach which utilises Australia's comparative expertise and existing relationships across the region<sup>23</sup> would be more cost effective and sustainable than providing small bursts of funding over short periods.



The recommendations in this fact sheet are aimed at achieving Millennium Development Goals 4, 5 and 6, and will have flow-on effects for reaching further MDGs.

<sup>22</sup> The Government identified MSM as one of the key populations at risk in its recent HIV Strategy *Intensifying the response: Halting the spread of HIV*. (2009). In addition, the Government committed to contributing \$210 million over three years from 2011 to 2013 to the Global Fund to Fight AIDS, Tuberculosis and Malaria at the recent replenishment meeting in New York.

<sup>23</sup> In Asia and the Pacific, Australia is well placed to take a leading role in MSM programming given the existing strong relationships among Australian-based agencies and with related agencies in the region.



PHOTO ALISON PRESTON/CARE OF AUSAID

HIV/AIDS was spreading rapidly alongside the violence and rape in Rwanda in 1994. Angelique and Dative's parents survived the war but not HIV infection. These resilient young women are now growing enough food for themselves. Economic independence and greater stability in Rwanda will lessen the risk of sexual violence for Angelique and Dative.