

## **The Australian Foreign Policy White Paper: recommendations 2017**

### **INTRODUCTION**

Australia has enjoyed an unparalleled period of peace and prosperity, wisely seeing its future good fortune linked to the improving fortunes of others, particularly its neighbours. But the bipolar world is shifting. The emerging new and more prosperous multi-polar world offers Australia opportunities, and challenges. We commend the Government for responding to the realities of this rapidly changing world. In announcing the process for developing a new Foreign Policy White Paper, Minister for Foreign Affairs The Hon Julie Bishop MP said that the time has come for Australia to cast a new vision for its foreign policy and international influence, and to ensure it is deeply rooted in Australia's national interest. As a global organisation headquartered in Sydney with operations in approximately 50 countries and major centres in China, India and the UK, The George Institute for Global Health is pleased to offer some perspectives as this strategy is developed.

### **AUSTRALIAN LEADERSHIP WITHIN EVOLVING GLOBAL HEALTH CHALLENGES**

Like other global leaders, Australia has determined its national interest lies in promoting peace and economic development and prosperity. For years, the challenges facing Australian and global foreign policy decision makers were familiar – security, trade, the environment, migration, pandemics and health, among others.

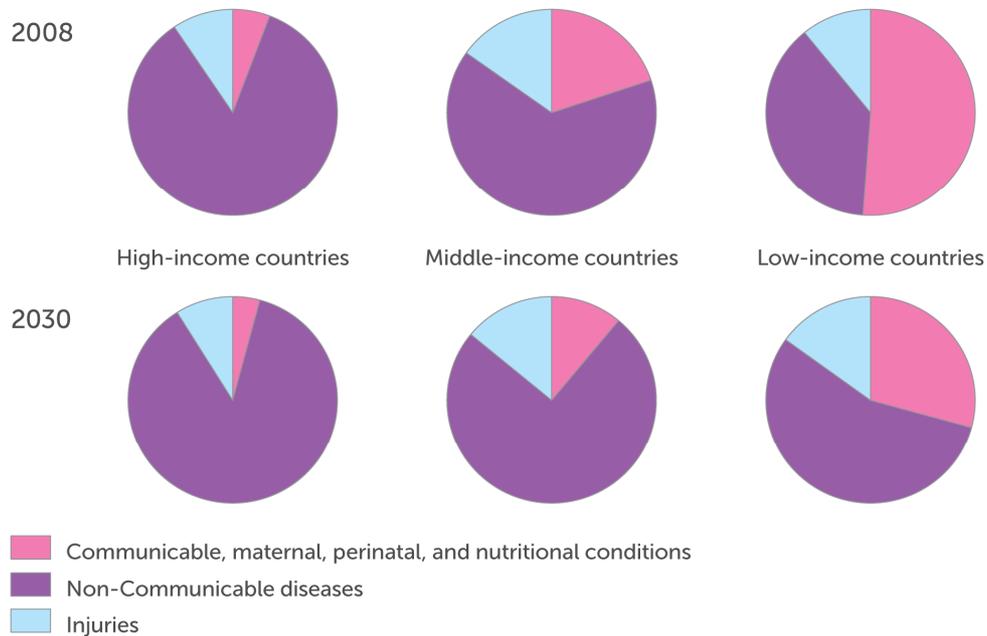
As one of the largest components of advanced economies, healthcare lies squarely at the intersection of improving people's lives. Recognising healthcare's centrality to progress and growth, Australia and the global community have signed on to achieving the Sustainable Development Goals, where goal SDG 3.4 has the focus on "reducing premature mortality from non-communicable diseases (NCDs) by a third by 2030, and promoting mental health and wellbeing." In addition to achieving strategic and humanitarian goals of the SDGs, DFAT NCD-targeted health aid programs can also help Australian companies and NGOs create economic value for Australia. For countries like Australia whose Department of Foreign Affairs and Trade straddles the aid and trade world, this is a strategic opportunity to be seized.

### **NON COMMUNICABLE DISEASE: THE DEVELOPING WORLD'S NEWEST AND BIGGEST KILLER**

When the last Australian foreign policy framework was set in 2003, communicable diseases such as malaria and TB were among the top killers. Today, improved care, economic conditions, water supplies and sanitation, means people live longer, richer lives. The disease burden has changed. In 2011, the UN declared that NCDs posed a significant threat to social and economic development globally and contribute to rising inequality. There has been a dramatic shift in the burden of global disease from communicable diseases to NCDs, like heart attack, stroke, kidney disease, cancer, lung disease, high blood pressure and diabetes, with these now representing nearly 70% of global deaths and an incredible 80% of deaths in LMICs. Papua New Guinea, a top recipient of health aid from Australia, highlights this shift in the burden of disease. Between 1990 and 2010 type II diabetes moved from No 9 to No 2 in the list of causes of premature death. Chronic kidney disease, cirrhosis, heart disease, stroke and road injury have all moved into the top 20 over the same period. Malaria dropped from No 3 to No 8, reflecting the significant success of programs to reduce mosquito-borne diseases. Projections for NCDs and injuries paint a grim picture for future generations. NCDs are projected by 2030 to represent more than a half of the disease burden in low income countries, and more than three quarters in middle income countries. Infectious and parasitic predicted to represent 30% and 10% respectively. Increasingly, PNG disease burden falls outside the scope of Australian health aid.



## The Increasing Burden of Chronic Non-Communicable Diseases: 2008 and 2030



Source: World Health Organization. Projections of Mortality and Burden of Disease, 2004-2030. Available at: [http://www.who.int/healthinfo/global\\_burden\\_disease/projections/en/index.html](http://www.who.int/healthinfo/global_burden_disease/projections/en/index.html)

## NCDs – A DRAG ON ECONOMIC GROWTH AND DEVELOPMENT

**Not acting on NCDs carries grave consequences** and threatens the economic development goals inherent in Australia's larger security, environmental and migration foreign policy goals. Left unchecked, the NCD epidemic threatens to consume considerable health resources in those countries that can least afford it and are currently not well equipped to deal with it. For example, a 2012 World Bank study of the economic cost of NCDs in the South Pacific noted that "...*If nothing is done to reduce the risk of chronic disease, an estimated \$84 billion of economic production would be lost from heart disease, stroke, and diabetes between 2006 and 2015 in the 23 low and middle income countries accounting for around 80 per cent of chronic disease mortality...NCDs are an important health challenge in the Pacific. NCDs are already the leading cause of death in twelve Pacific Island Countries for which data is available, frequently accounting for 70% of all deaths. Life expectancy in Tonga has fallen as a result of NCDs.*"

## A NEW VISION FOR AUSTRALIAN HEALTH AID – FIGHTING NCDs

The clear and growing shift in disease burden globally and South East Asia/the South Pacific calls for Australia to expand health aid and broaden the strategy to help countries with the early detection, treatment and prevention of chronic disease, particularly heart disease, diabetes, stroke and chronic kidney disease.

**Harnessing Australian medical research:** The exceptional depth and strength of Australia's medical research community offers an opportunity for targeted health aid research to identify the most effective and affordable interventions suitable for multilateral funding and public private partnerships in development projects. Health aid research should be supported not only by direct DFAT project grant funding but also through specific health aid research funding initiatives at the NHMRC and MRFF. Extending clinical trial work to the Asia Pacific region as a form of health aid should be prioritised.

Today there is an increasing prevalence of multi-morbidities – the overlap between NCDs and communicable diseases, such as CVD and HIV, is very real. In addition to NCD research, Australia



should also consider leveraging continued health aid programs around communicable diseases with vaccine development. DFAT has been a strong supporter of global vaccination aid programs through GAVI. New vaccine development requires large scale randomised controlled trials in the developing world – a clear area of expertise for Australia, particularly in trials conducted in the Asia Pacific region. There is a commercial opportunity for Australia to be a significant research partner in clinical trials of new interventions in the fight against both NCDs and communicable diseases.

**Expanding Australian healthcare trade in services opportunities:** In China, top tier Australian companies are involved in building and running hospitals and aged care facilities while others are manufacturing and selling healthcare products. Australia is the home of several impressive generic drug companies that could be interested in building their regional markets in partnership with DFAT. Many of their drugs are used for NCD prevention and treatment.

**Strengthening health systems:** The 2015 Ebola crisis highlighted the failure of health systems in West Africa and contributed to instability in an already volatile region. Countries closer to Australia face similar health system deficiencies. Australian support and aid to strengthening health systems will support regional development, a national interest priority. Health care systems must address modern health care challenges such as multi-morbidity that cut across the patchwork of silos in some countries.

**Leveraging Australian expertise and innovation:** Innovation is key for LMIC populations to take charge of their health and economic prosperity. By working with LMICs and thinking outside the box, Australia can discover opportunities for two-way or “reverse” innovation. Such solutions developed for LMICs could be learned from and be used to improve healthcare and health outcomes in countries like Australia, especially in the area of NCDs and the crippling burden these pose on health systems around the world. Australia can and should be a champion of these kinds of innovation partnerships, demonstrating to the Australian taxpayer the home benefits of health aid support for medical advances and insights that will help Australians live healthier lives.

## CONCLUSION

A contemporary foreign policy rooted in global health will only strengthen Australia and its global standing and make for a more peaceful, secure and prosperous world we can all enjoy. We are at an inflection point in history. The overall burden of communicable diseases is receding and NCDs are growing. Scarce Australian health aid dollars will continue to have less and less impact as they target increasingly manageable diseases and leave the biggest killers alone. Australian foreign health aid must recognise these massive trends. Australia, at both the multilateral and bilateral levels, has a timely opportunity to refocus its health aid program in a truly win-win-win way: better targeting of scarce resources towards the real and growing NCD health challenges faced by neighbours; providing the kind of regional development leadership that can be emulated elsewhere; and, doing this in a way that supports Australia’s national interest.

---

**The George Institute for Global Health** [www.georgeinstitute.org.au](http://www.georgeinstitute.org.au)

The George Institute for Global Health is an independent global medical research institute, and headquartered in Sydney, with major centres in China, India and the United Kingdom. The George Institute has over 600 staff, research projects in approximately 50 countries, over 1100 collaborators, and has raised \$650 million for global health research. The George Institute is affiliated with world renowned universities, and our researchers have been recognised among the world’s best for scientific impact and excellence. In 2017, we celebrate 10 years of impact in China and India.

The George Institute is focused on reducing the burden of the leading causes of death and disability around the world. Our research has driven major improvements in the prevention and treatment of heart disease, stroke, diabetes, kidney disease, and many other conditions. To expedite the translation of its research findings into practice, The George Institute has established a commercial subsidiary, George Health Enterprises, while generating profits to support the Institute. George Health Enterprises, is focused on developing and commercialising innovative products and services to improve the prevention and management of common serious medical conditions around the world.

**Contact:** Maya Kay, Head, Stakeholder Engagement and Communications: [mkay@georgeinstitute.org.au](mailto:mkay@georgeinstitute.org.au) or +61 424 195 878