



Independent Review of Aid Effectiveness Submission:

Submitting Body – Compassion Australia:

Compassion is an international Christian child development and child advocacy organisation working with approximately 1.2 million children, youth and mothers globally (for more details see Appendix 4). Compassion Australia has close to 75,000 regular financial supporters around Australia. With that constituency in mind, Compassion Australia is pleased to make this submission to the Independent Review of Aid Effectiveness for due consideration by the review panel.

Submission Context:

In broad terms, Compassion Australia supports the Millennium Development Goals (MDGs) as the key organising framework for Australia's international aid expenditure with a central focus on poverty reduction. This submission argues specifically for an increased emphasis on funding for child and maternal health initiatives to address the significant lags in achieving MDG 4 on child mortality and MDG 5 on maternal mortality. In consonance with the review's terms of reference, this submission details the rationale for increasing Australia's Official Development Assistance in health sector and makes two key policy proposals.

Policy Proposal Summary¹:

1. Make development assistance for health funding, particularly for child and maternal health programs, the second 'flagship' priority in Australia's official development assistance budget by:
 - Rapidly increasing spending on development assistance for health to reach \$1200 million per year by 2012/13.
 - Increasing spending on child and maternal health aid to \$520 million per year by 2012/13.
 - Increasing health, as a proportion of Australia's aid program, to 20 per cent (equal to education) by 2012/13 with the current allocation to child and maternal health of approximately 40 per cent being maintained.
2. Ensure Australia takes a global leadership role in financially supporting and promoting child and maternal health programs.
 - The Australian Government could provide new and increased financial commitments to the Global Strategy for Women's and Children's Health.
 - Total development assistance expenditure for health over the next five years should equal \$6 billion.
 - Child and maternal health aid expenditure over the next five years should equal \$2.5 billion.
 - Australia should take a leadership role within the new International Alliance with the US, UK and Gates Foundation supporting maternal and newborn health.

¹ All monetary asks are based on the assumption of Australia's ODA increasing to 0.5 per cent of GNI by 2015/16 as committed to by both the Government and Opposition.

Child and Maternal Mortality Trends:

With less than five years left to the Millennium Development Goals' [MDG] 2015 deadline, MDG 4 (child mortality) and MDG 5 (maternal mortality) remain the furthest behind schedule. According to the latest estimates by the UN Inter-Agency Group for Child Mortality Estimation (2009), there are currently 8.1 million children under the age of five dying each year;² this represents significant progress compared to 12.5 million child deaths in 1990 but is still only halfway to the MDG 4 target with just one-third of the MDG period remaining. Similarly, maternal mortality statistics reveal that the number of women dying due to complications during pregnancy and childbirth has decreased by 34 per cent, from an estimated 546,000 in 1990 to 358,000 in 2008.³ However, the annual rate of decline is less than half of what is needed to achieve the MDG 5 target of reducing the maternal mortality rate by 75 per cent between 1990 and 2015.

Too many children and mothers continue to die from causes that can be prevented with adequate program funding.

Rationale for Increasing Child and Maternal Health Spending:

1. Global momentum:

The global community is increasingly recognising these shortcomings in MDG 4 and MDG 5, and their importance for the success of all development efforts. Consequently, a number of new global initiatives were established in 2010 focusing on child and maternal health. The following statement by the Institute of Health Metrics and Evaluation in the US describes this trend:

*"It is no exaggeration to call 2010 the year of maternal and child health. The need to reduce maternal and child mortality was the subject of high-level discussions around the world in 2010, with more planned in 2011."*⁴

Firstly, in September 2010 the United Nations Secretary-General Ban Ki-Moon announced a new **Global Strategy for Women's and Children's Health**. The strategy is a joint effort between public, private and NGO sectors to scale-up and prioritise a package of interventions focused on improving women's and children's health. We commend the Australian Government's support of this strategy and commitment to invest A\$1.6 billion into child and maternal health over the next five years. However, we note that this commitment does not include any new funding; rather, it is a re-emphasising of existing expenditure.

Secondly, in September 2010 the Australian Government also established a new international alliance in collaboration with the UK, US and Gates Foundation in support of child and maternal health. We again commend the Australian Government on taking this step and describing better health outcomes for the poorest and most vulnerable women and children as a priority within the aid program.⁵ However, we implore the Australian Government to match its advocacy actions with increased financial commitments to child and maternal health in ways such as those proposed in this submission.

As stated by UN Secretary-General Ban Ki-Moon:

*"We now have an opportunity to achieve real, lasting progress because global leaders increasingly recognise that the health of women and children is the **key to progress on all development goals**"*⁶

² 'Levels & Trends in Child Mortality', 2010, UN Inter-agency Group for Child Mortality Estimation.

³ 'Trends in Maternal Mortality', 2010, WHO / UNICEF / UNFPA / the World Bank

⁴ 'Financing Global Health 2010: Development assistance and country spending in economic uncertainty', 2010, Institute for Health Metrics and Evaluation [IHME], University of Washington, US.

⁵ 'International alliance supporting maternal and newborn health', 22 Sept 2010, AusAID.

⁶ 'Global Strategy for Women's and Children's Health', 2010, United Nations Secretary-General Ban Ki-Moon.

2. Australia's lack of investment in health aid:

Despite the global momentum for increased spending on child and maternal health, the Australian Government decreased the proportion spent on health aid for the 2010-11 budget by 10.6 per cent in real terms⁷ (as shown in Figure 1 in the Appendix). Australia made no new commitments to child and maternal health funding and globally cannot be said to be taking a leadership position. Figure 2 in the Appendix shows that in 2008 (latest data available) Australia was ranked sixth out of the 23 Organisation for Economic Co-operation and Development [OECD] Development Assistance Countries [DAC] for the proportion of total development assistance spent on health.⁸ However, the proportion Australia spends on development assistance for health has since declined in real terms and countries including Canada, France, Germany and Japan have committed significant new funding to the Global Strategy for Women's and Children's Health.⁹ When the proportion spent on development assistance for health is calculated against total national income, Australia ranks 13th out of 23 in 2008, reflecting our relatively lower international development assistance budget (0.33 per cent of GNI) and alternate development assistance priorities.

There is increasing global acknowledgement that child and maternal health should be a focus for development. We ask the Australian Government to make development assistance for health the second 'flagship' priority within Australia's development assistance budget.

The Effectiveness of Child and Maternal Health programs:

A significant reason for greater global emphasis on child and maternal health development programs is recognition of the effectiveness of these programs. In a publication by the joint partners of 'Maternal, Newborn and Child Health Network for Asia and the Pacific', of which AusAID is a constituent, they stated:

*"Child and maternal health is an investment in social justice, social stability and economic productivity".*¹⁰

The publication goes on to assert that child and maternal health programs make economic sense, as healthy mothers and children make for a productive and robust workforce that can contribute to a nation's economic wealth. USAID has estimated that preventable global maternal and newborn deaths slow growth and lead to global productivity losses of US\$15 billion each year.¹¹ In addition, child and maternal health programs enable health systems to work more effectively and reap political benefits, including social stability and human security.

*"Investing more in women's and children's health is not only the right thing to do; it also builds stable, peaceful and productive societies."*¹²

Compassion Australia agrees with the sentiments proposed by the Maternal, Newborn and Child Health Network for Asia and the Pacific and asks the review panel to enquire and make recommendations regarding recent decreases in development assistance for health.

On a global scale, the Copenhagen Consensus highlighted the importance of child and maternal health development programs. The 2008 Copenhagen Consensus drew together a panel including eight of the

⁷ 'Analysis: Aid Budget 2010/11', 2010, Australian Council for International Development; 'Budget – Australia's International Development Assistance: A Good International Citizen', 2010, Commonwealth Government of Australia.

⁸ 'Financing Global Health 2010: Development assistance and country spending in economic uncertainty', 2010, Institute for Health Metrics and Evaluation [IHME], University of Washington, US.

⁹ 'Global Strategy for Women's and Children's Health', 2010, United Nations Secretary-General Ban Ki-Moon.

¹⁰ 'Investing in maternal, newborn and child health', 2010, Maternal, newborn and child health network for Asia and the Pacific.

¹¹ 'USAID Congressional Budget Justification FY2002', 2001, USAID.

¹² 'Global Strategy for Women's and Children's Health', 2010, United Nations Secretary-General Ban Ki-Moon.

world's most distinguished economists to consider a series of proposals for confronting 10 contemporary global challenges. Of the top 10 proposals chosen, seven are directly related to child and maternal health with a proposal to provide micronutrient supplements for children (vitamin A and zinc) voted to be the most effective proposal. Other child and maternal health proposals that ranked in the top ten included expanded immunisation coverage for children, a community-based nutrition program and a program supporting women's reproductive role. The dominance of child and maternal health proposals in the Copenhagen Consensus amongst other contemporary issues, including conflicts, air pollution and global warming, underscores the considerable value placed on child and maternal health programs by leading economies.

The World Health Report 2010 also noted that promoting and protecting health is essential to human welfare and sustained economic and social development.¹³ This was initially recognised by the Alma-Ata Declaration 30 years ago, which noted that health for all would contribute both to a better quality of life and also to global peace and security.¹⁴

Investing in child and maternal health makes significant economic, as well as social and developmental sense.

Child and Maternal Health Interventions:

Child health interventions are typically cost-effective and give a high return on investment. The maternal, newborn and child health network for Asia and the Pacific identified a number of 'best buy' child health programs, which included the following:¹⁵

- Supply vitamin A supplements and insecticide-treated bed nets in areas where malaria is endemic.
- Ensure full coverage of immunisation programs for children.
- Pursue exclusive breastfeeding for children under six months of age.
- Promote hand-washing and treatment of drinking water.
- Improve birth spacing and provide access to family planning education.
- Make long-term investments in training midwives and anaesthetists.
- Target the underlying socio-economic causes of child mortality such as mothers' access to reproductive health, education and employment.

These programs address the factors that most affect maternal, newborn and child health access and outcomes. They require a purposeful increase in spending and an improvement in its allocation.

Both locally and globally there is strong recognition that child and maternal health development programs are cost-effective and affordable. In response, the Australian Government should increase child and maternal health programs to the targets detailed below.

¹³ 'World Health Report 2010: Health systems financing: the path to universal coverage', 2010, World Health Organisation [WHO].

¹⁴ 'Declaration of Alma-Ata', 1978, International Conference on primary health care, USSR.

¹⁵ 'Investing in maternal, newborn and child health', 2010, Maternal, newborn and child health network for Asia and the Pacific.

Policy Proposals:

In light of the global momentum and effectiveness of child and maternal health programs, Compassion Australia strongly advocates prioritising development assistance for health in the following ways:

1. Make development assistance for health funding, particularly for child and maternal health programs, the second 'flagship' priority in Australia's official development assistance budget by:
 - Rapidly increasing spending on development assistance for health to reach \$1200 million per year by 2012/13.
 - Increasing spending on child and maternal health aid to \$520 million per year by 2012/13.
 - Increasing health as a proportion of Australia's aid program to 20 per cent (equal to education) by 2012/13 with the current allocation to child and maternal health of approximately 40 per cent being maintained.

The aforementioned policy asks align with those elsewhere proposed by Micah Challenge Australia, Make Poverty History and World Vision Australia and represent our 'fair share' of development assistance for health. Australia's reasonable contribution has been calculated to be approximately two per cent of total global assistance required¹⁶ as Australia represents two per cent of OECD donor national income.¹⁷

While the proposed increases may appear large, the scale-up could be effectively achieved within the suggested timeframe. The rapid expansion could be initially channelled through multilateral organisations including the United Nations Children's Fund [UNICEF], the United Nations Population Fund [UNFPA], the World Health Organisation [WHO] and the Global Fund who already possess the capacity to utilise increased aid dollars. This can mitigate some of the challenges of rapidly up-scaling bilateral programs.

Development assistance funding for health should be predictable and long-term to conform to the Paris Declaration of Aid Effectiveness.¹⁸ This consistency contributes to sustainable development outcomes by allowing time for new infrastructure to be established, developing capacity within institutions and partners and building widespread awareness and acceptance of development goals.¹⁹ We therefore propose that all commitments should be made with a medium to long-term focus.

2. Ensure Australia takes a global leadership role in financially supporting and promoting child and maternal health programs.
 - The Australian Government could provide new and increased financial commitments to the Global Strategy for Women's and Children's Health.
 - Total development assistance expenditure for health over the next five years should equal \$6 billion.
 - Child and maternal health aid expenditure over the next five years should equal \$2.5 billion.
 - Australia should take a leadership role within the new International Alliance with the US, UK and Gates Foundation supporting maternal and newborn health.

The Australian Government has previously recognised the importance of child and maternal health programs. Firstly, developing health programs to assist women and children in developing countries has

¹⁶ Total global assistance required for health is deemed to be 20 per cent of a donor countries total development assistance budget.

¹⁷ The latest OECD data available is from 2009. Australia's GDP was estimated to be US\$876.5 billions out of a total OECD GDP of US\$40,504.8 billions. Therefore, Australia's GDP represents 2.16 per cent of total OECD GDP.

¹⁸ 'The Paris Declaration on Aid Effectiveness', 2005.

¹⁹ 'Annual Review of Development Effectiveness 2009: Improving basic services for the poor', 2010, AusAID Office of Development Effectiveness.

been described as a core objective of Australia's overseas development program.²⁰ Similarly, the Australian Aid White Paper²¹ called for significant increases in investment for health, primarily through strengthening health systems to deliver better programs for women and children. While some positive changes have been enacted, there is still a large financing gap for child and maternal health programs. Compassion Australia believes the Australian Government should seize this critical moment and commit new funding to the Global Strategy for Women's and Children's Health according to the above policy proposals. These proposals represent Australia's fair share to help achieve MDG 4 and MDG 5 and would position Australia as a global leader in the field.

“Through the alliance we will further extend the reach and impact of our aid to ensure better health outcomes for the poorest and most vulnerable women and children”²²

The new International Alliance supporting maternal and newborn health provides Australia with a great opportunity to promote improved basic health systems. An effective health system at the community and district level ensures that pregnant women and children are provided with a continuum of care before and during pregnancy, as well as throughout the critical first months of life. The International Health Partnership promotes an effective health system by mobilising donor countries and other development partners around a single country-led national health strategy guided by the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. The Australian Government should use the new International Alliance through both bilateral and multilateral partnerships to encourage other developing countries to join the International Health Partnership [IHP]. In addition, the Australian Government should also encourage other donor countries to join the IHP or use the IHP framework to co-ordinate their development assistance for health.²³ These actions would promote comprehensive and universal coverage of primary health-care systems and should engage local community workers.

Conclusion:

Compassion Australia appreciates the opportunity to provide this submission on the future of Australia's development assistance budget. We ask the review panel to closely consider the economic, social and developmental opportunities that an increased commitment to supporting child and maternal health programs offers: ultimately, reducing preventable child and maternal deaths and improving the health and well-being of children, families and communities globally.

Further Resources:

The following resources have been produced / supported by Compassion Australia and contain further information regarding development assistance policy proposals:

- ‘Five Million More: What Will it Take? Achieving Millennium Development Goal 4: Five Million More children under five surviving and thriving every year’, a Compassion child advocacy report. Available at www.compassion.com.au/can/five_million_more.php.
- ‘The World We Want To See report: A road map for Australia's overseas aid contribution by 2015-16’, Micah Challenge Australia. Available at www.micahchallenge.org.au/campaign-issues.

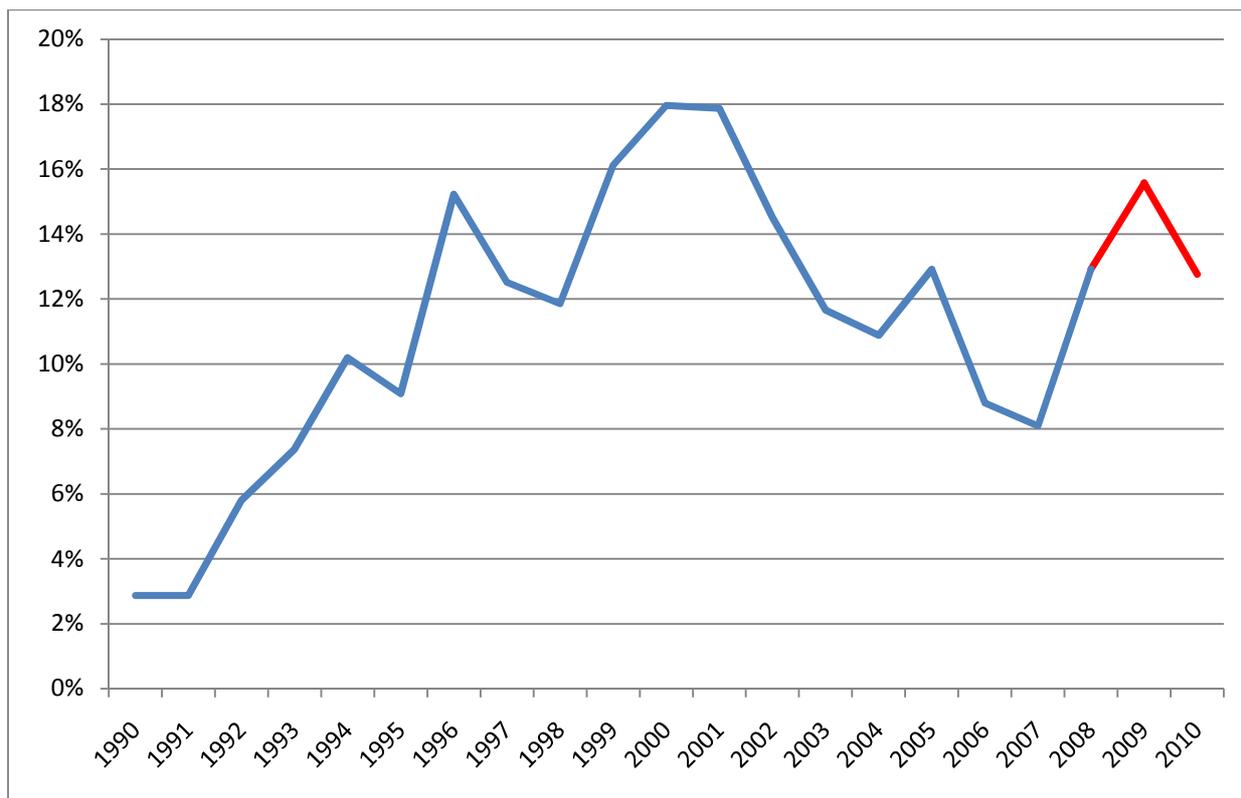
²⁰ ‘Health: Annual Thematic Performance Report 2006-07’, 2008, AusAID, Canberra.

²¹ ‘Australian Aid: Promoting Growth and Stability: A white paper on the Australian Government's Overseas Aid Program’, 2006, AusAID, Canberra.

²² The Hon. Kevin Rudd announcing the new International Alliance supporting maternal and newborn health.

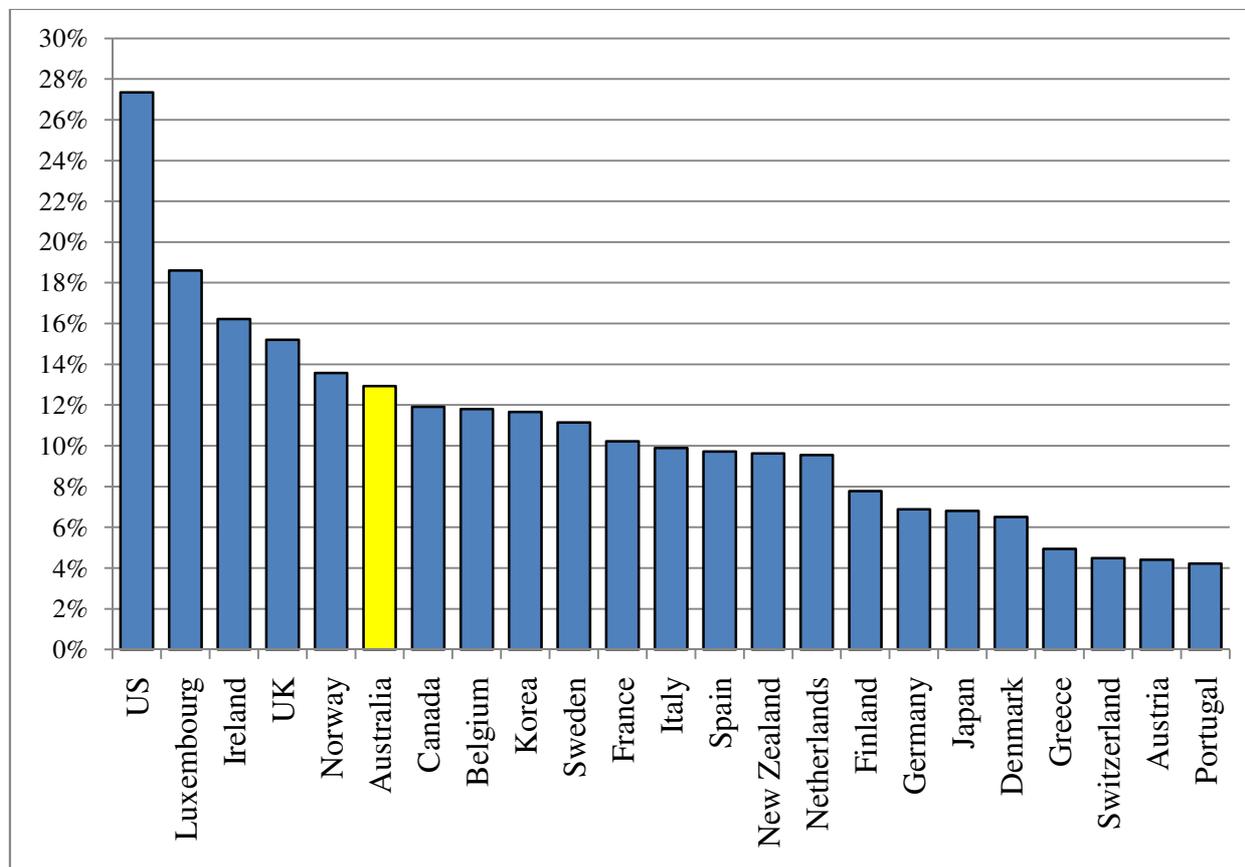
²³ Aligned to ‘Nine steps to achieving the Millennium Development Goals for health in our region’, 2008, Make Poverty History.

Appendix 1: Development assistance for health as a proportion of Australia’s total development assistance, 1990-2008.

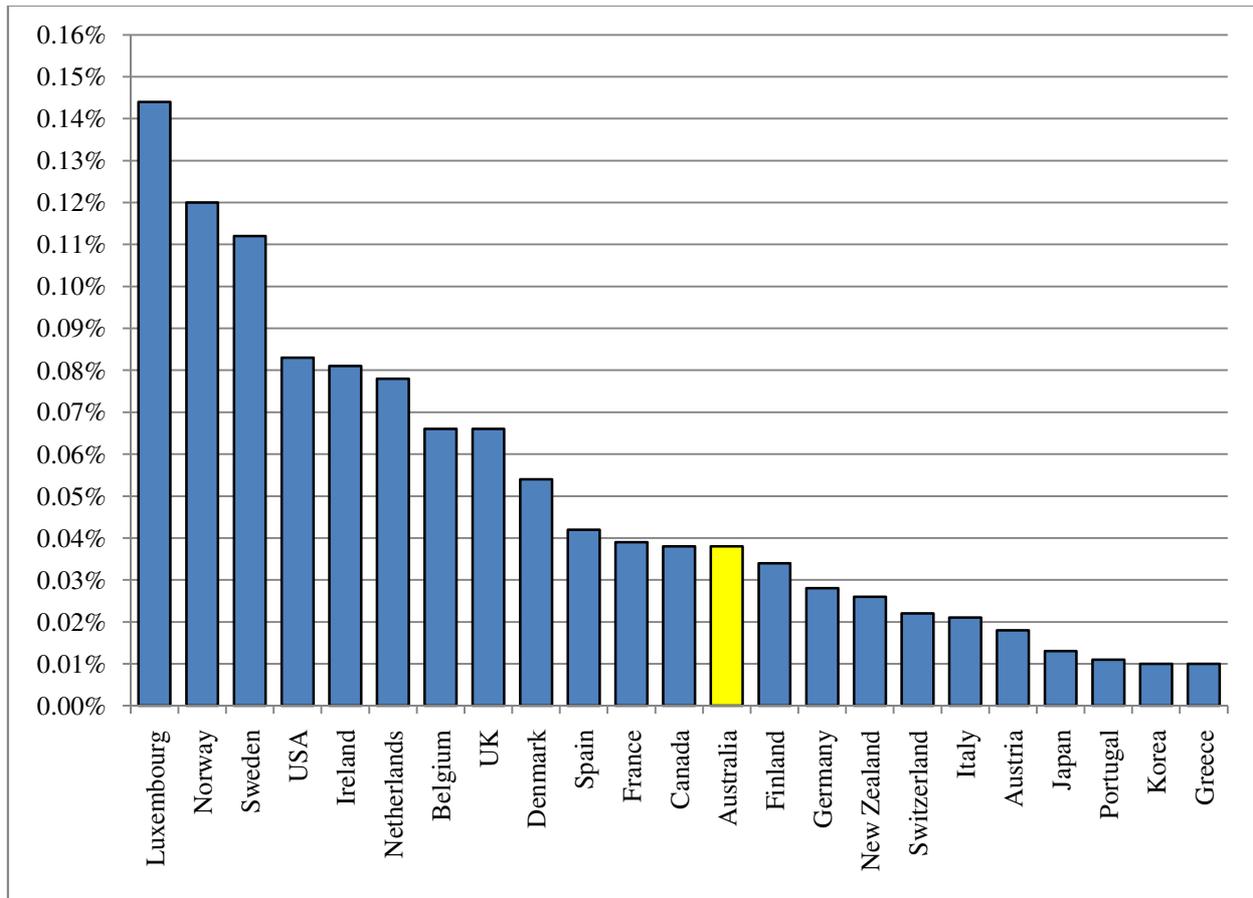


Note: - - - = Red line represents budget predictions not actual outcomes.

Appendix 2: Development assistance for health as a proportion of total development assistance, 2008.



Appendix 3: Development assistance for health as a proportion of total national income, 2008.



Appendix 4: Compassion's Work in Child and Maternal Health:

Compassion Australia is a Christian development and child advocacy organisation working with over 6,000 partner churches in more than 26 countries around the world to foster the holistic development of children. Through its global partner alliance, Compassion currently serves around 1.2 million beneficiaries and advocates on behalf of children in over 50 countries across Australasia, Asia, Africa and the Americas. Compassion facilitates a number of key development programs that promote the survival and healthy growth of children, commencing with pre-natal interventions, continuing through childhood and, for some, even to university education. Of particular interest to child and maternal health is Compassion's Child Survival program, which helps to prevent premature death, secure good health in critical intervention windows and enable positive early child development. The program assists pregnant women, at-risk babies, infants and their mothers or caregivers by promoting the following seven strategies: growth monitoring, oral rehydration therapy, breastfeeding, immunisation, female literacy, nutritional food and culturally and faith-appropriate family planning.

For further information about Compassion Australia please visit www.compassion.com.au



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