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Introduction

1. Specific rather than comprehensive comments will be made here. Additional detail can be provided if deemed useful. These comments are informed by participation in health-related development, research, and practice, and experience working in South Africa, the UK, and Australia, funded through a variety of sources (university, competitive research, contracted research, development agencies, NGOs). Research capacity strengthening has always been, and should be, a significant component of such work.
2. A number of **positive developments** have taken place, over the past decade, in the Australian “aid” program. The trend is undoubtedly in the right direction – towards a more effective, transparent, and responsive overseas development aid (ODA) program. Positive features include the commitment by successive governments to grow the program to 0.5% of Gross National Income by 2015, the commitment to promoting achievement of the Millennium Development Goals, and recognition of the importance of building the evidence base (through research and evaluation) through which to inform development cooperation. These achievements should be consolidated and built upon, with a commitment and timeline for achieving the OECD target of 0.7% of GNI.
3. As ODA grows, which it should, numerous risks remain, not only for Australia but more generally. Nancy Birdsall (2007)¹, a prominent and respected analyst, has described ODA as being guilty of “**seven deadly sins**”: i) “impatience” - with institution building and with the longer term support required to make a difference; ii) “envy” – which leads to a failure to effectively coordinate and ensure country ownership; iii) “ignorance” resulting from inadequate investment in research and effective evaluation; iv) “pride” – notably a failure to exit when appropriate; v) “sloth” related to conceptual sloppiness and their application, and in particular pretending that limited levels of participation is equivalent to developing country ownership; vi) “greed” and stinginess reflecting the inadequacy of development funding and ultimately vii) “foolishness”, reflecting inadequate commitments to effectively funding global and regional public goods. Australia can and should exemplify how these typical weaknesses can be overcome and addressed, demonstrating its role as a ‘mid-level power’ punching ‘above its weight’ and playing its role as a **global citizen**. The remarks which follow take this as a starting point.
4. Australia should deepen its commitment to the field of development studies and related areas, welcoming and indeed stimulating, analysis, debate and engagement. AusAID should engage all aspects of the community; and should be willing to share its experience, insights, and where present, weaknesses; and should be open to public scrutiny. Policy should be informed by evidence, partnerships with civil society and universities should be promoted; and issues related to equity, gender, human rights, should feed into the aid program. Australia’s involvement in the **G20 presents opportunities to work with an emerging group of countries** such as China, India, Indonesia, Brazil and South Africa, to conceptualise more effective and equitable ODA approaches. These need to highlight country leadership, the responsibility of the state to its citizens, the value of evidence to inform service delivery and policy, and the importance of long-term engagement to develop and enhance inherent capacities.
5. In the lead-up to the 2015, many MDG targets remain off track from being achieved. Australia should already be actively engaged in **reshaping the post-MDG environment**

¹ Birdsall, N. (2007). Seven deadly sins: Reflections on donor failings. In Easterly, W., Editor. *Reinventing foreign aid*. Cambridge, MIT Press, 515-551.

to better reflect country and context-specific development objectives, which will need to include the promotion of security, not only national but human security, and stability and systems strengthening, including research systems, if more sustainable approaches are to be set in place for the future.

6. Australia needs to embark on an effort to **engage communities in Australia** and in our region with the achievements and challenges inherent in development activity, and to promote, through public debate and critique, critical reflections and improvements. Engaging the public deserves support through innovative strategies linking development to the arts, media, education institutions, and universities; along with providing opportunities for meaningful engagement for civil society, professionals, and volunteers.
7. While assessing effectiveness is important, so too is an appreciation that **not all outcomes and impact can immediately be measured**, and that our assessment should include assessment of such issues as building trust, facilitating real partnerships, and developing people-to-people understanding.

Structure of Program:

8. **Geographic focus:** Australia should extend its support to a wider range of countries. One focus should be the **G7+ countries**. This self-declared group of post-conflict countries, including Timor-Leste, the Solomon Islands, and Nepal, have appealed, through the Dili Declaration², for new models of international engagement and support: their *“vision is to end and prevent conflict and to contribute to the development of capable, accountable states that respond to the expectations and needs of their population”*. Member countries seek to renegotiate how the international and donor communities can add value to their own development aspirations, initiatives and investments. Australia could play an important role in helping the international community reassess and respond to the agenda being set forward by the G7+ nations, perhaps through our role in the G20. Extending the geographic emphasis beyond Asia and the Pacific to include more countries in Africa is desirable: the G7+ may provide a focus for such engagement.
9. **Sectoral focus:** Australia and AusAID should more assiduously commit funds to the social sector, with a focus on health, education, water and sanitation. Good health is a basic right; it is also a prerequisite for exercising one’s other entitlements such as the right to education, employment, and participation. The focus on health system strengthening, including on human resources for health, health policy and financing, health information systems and maternal, neonatal and child health (reinforced through AusAID investment in Knowledge Hubs) is of considerable value but deserves to be intensified rather than squeezed out by increased funding on governance. Sectoral support rather than project or program support is preferable, with contributions to ‘common basket’ and Sector Wide Approaches (SWAPs). Maintaining and increasing development assistance for health (DAH), over and above recent increases related to HIV, should be consolidated. Within the health sector, and aside from disease-specific areas, there is scope to build on Australian skills, capacity and comparative advantage:
 - a) **public health** – Australia has vast experience in innovative, comprehensive, “new public health” initiatives which recognise the importance of addressing the determinants of health, reducing inequity, and promoting social justice. Australia has a wealth of institutional capacity, with considerable scope to twin and support regional institutions, as well as to take on additional students and build research collaborations and partnerships;

² Dili Declaration. 2010. A new vision for peacebuilding and statebuilding.

<http://www.oecd.org/dataoecd/12/30/44927821.pdf>

b) promoting research capacity and **evidence-informed policy**, built up over time through relationships of trust with reliable researchers, practitioners, and decision-makers. Australia should set out to support and train the next generation of critical thinkers, especially in the Asia-Pacific. Identifying and conceptualising problems, posing solutions, and implementing responses to pressing issues are key to progress. Building local capacity, and a critical mass, to reflect, critique and propose changes would be a valuable investment – and could be underpinned by investments through AusAID as well as the ARC and NHMRC. Investing in critical thinking enables future investment in health systems to be consolidated and improved. A pilot survey undertaken by us of 16 people (from universities, NGOs, development agencies and independent institutes) revealed that the key influences on global ODA included the MDGs, concern with security and instability, aid effectiveness agenda, global economic crisis, climate change and increased concern with global health issues. Research and other evidence of development achievements and failures was noted as very important but the least influential³ - it has not been taken seriously by the policy community.

10. Relative focus on low and middle-income countries: A focus on low and middle-income countries, and indeed on the least developed countries is desirable. A small number of countries have soaked up huge tranches of development cooperation funding – these have either been key near neighbours, such as PNG and Indonesia, or conflict-affected countries such as Iraq and Afghanistan. A wider range of countries, including countries in Africa, should be included within the Program. Australian promotion of public health and of research system capacity building could make a significant difference to how countries respond to their health needs and would build national capacities through which better health outcomes could be promoted. It could help unblock key constraints and enable countries to benefit also from the ODA and systems development opportunities offered by other agencies. Focusing on building public health and policy, and health systems research capacity, in Africa and the Asia-Pacific, could be a strategic and influential initiative with adding considerable value to the initiatives and investments of the countries and other donors.

11. Relative costs and benefits of different forms of aid: The development field is populated by a wide range of actors and institutions, each with their own agendas, objectives, and governance structures. In relation to global health initiatives, for example, a wide range of new actors has become particularly powerful and influential, yet accountability and governance structures have not kept pace with these developments. Three parties should be involved more centrally than has been the case to date: a) **country recipients** of development assistance b) **international and local civil society** and c) **universities**. Better mechanisms to inform the ODA program with the voices of key stakeholders within the region, in an ongoing way, is desirable. Civil society plays a valuable role in innovation, independent evaluation, capacity-building and support. Universities – both in Australia and the countries and regions in which Australia is engaged, have been underutilised. Many Universities and numerous academics are committed to generating knowledge that can make a difference through addressing pressing problems and generating policy options which can be applied in specific contexts. Generating new technologies to solve persistent problems are key. So too is the ability to reflect critically on system and policy performance, to frame questions regarding services delivery and utilisation, and to generate better interventions which result in real gains for the community. Country-level engagement with the international community can then be better informed by local evidence; the development of a critical

³ Kindt L (supervised by Zwi A). Trends in international and health-related aid: How has Australia fared and what has influenced aid priorities. Independent Learning Project, University of New South Wales, 2009.

mass able to generate appropriate information and insights would, over time, build a sustainable cycle of public leadership and engagement with improving services for the public good. What is required is the impetus and stimulus to get it going; medium-term support; and resources for ongoing work including support to networking and partnerships. Australia could, and should, invest in promoting institutional and professional capabilities to **advance evidence-informed policy**⁴ – this requires investment in framing the right questions, the ability to answer them, engagement with policy makers and service providers, and attention to so-called translation and uptake. Implicit in all this is the need to ensure the development of research and evaluation capacity in the Asia-Pacific and in Africa – there is no doubt that Australia has the capacity to greatly contribute. Australian and regional institutions would be key partners, along with international organisations such as the WHO, Alliance for Health Policy and Systems Research, the Commission on Health Research for Development (COHRED) and the Global Forum on Health Research (the latter two have recently merged).

Performance of the aid program and lessons from Australia's approach

12. **Appropriate future organisational structures** should ensure AusAID's ability to **promote organisational learning** and the feed-in to better development practice. Australia has the ability to contribute substantially to **innovative development policy thinking**, yet fails to do so when compared with agencies such as the British Department for International Development (DFID) with its myriad partnerships with universities and researchers in Britain and the Global South. Key features of the ODA program would benefit from research given the rapidity with which the field is changing. For example: What is the likely impact of the growing influence of China on development policy and activity in Asia, the Pacific, and Africa? How can the organisation of ODA better support the transition from post-conflict emergencies to long-term sustained development? What are the dangers of failing to invest in tertiary education? What strategies can be used to ensure that the multitude of actors providing development assistance for health (DAH) can together build human resource and health system capacity rather than fragment it? What has been learned from the decades of investment in technical assistance – in particular about how countries can manage this resource to build better systems, institutions and capacity? What strategies have countries developed to ensure that investments in training, fellowships and scholarships feed back into institutional and system development? What can be learned from the response to extreme weather events in Australia and other countries, to ensure better disaster risk reduction, preparedness and mitigation? The questions are endless but indicate the need for ongoing debate, critique, and support to new thinking in partnership with institutions in the regions and countries with which Australia engages, as well as at a global level.
13. **Arrangement for the coordination of ODA across the public service** – Given the broad range of government engagement in ODA, a whole-of-government approach should inform strategy and policy. A key issue is to encourage more open critique and debate, more transparency of decision-making and the proposed objectives of policy proposals, and to ensure that opportunities for learning, reflection, and engagement with academia and civil society, are widened. Support to national security and other objectives should not be hidden under the umbrella of ODA, which should have at its core an investment in people and institutions and the potential to transform lives for the better. Increased engagement of the Australian Research Council, National Health and Medical Research Council, and DEST would strengthen the research effort.

⁴ Bowen S, Zwi AB. Pathways to evidence informed policy and practice: a framework for action. Public Library of Science, Medicine, 2005 2 (7); <http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0020166>

14. **Coordination of Australia's ODA with other donors and institutions** is a key issue – there is a mound of documentation and analysis highlighting the widening range of participants and need for harmonisation and alignment. Yet many countries and donors struggle to make harmonisation and alignment work, giving appropriate recognition and support to country leadership. Australia and AusAID could model transparency and good practice in aid effectiveness, alignment and harmonisation. AusAID does, and could do more, to identify mechanisms to support country-led organisation and management of the ODA they receive, streamlining system development, governance, technical assistance, research, scholarships and institutional development.
15. **Review and evaluation of the aid program:** Major developments have taken place in relation to the Office of Development Effectiveness and its ongoing monitoring and reporting; greater transparency and reflection; more investment in research; and AusAID's efforts to learn from its current activities. These are valuable and deserve further support. This could be further intensified and accelerated by encouraging partnerships with interested research groups, including civil society, and looking more critically at ongoing but often 'internal' issues – such as learning from the patterning and success or otherwise of Technical Assistance; distilling lessons from working on SWAPs, or working with the World Bank and Global Fund on health issues.
16. **Research strategy** : investments to date and the current consultation across the country are very positive and welcome developments. The development of a new research strategy is a key opportunity to invest in Australian, in-country and regional institutions to promote better quality ODA and more effective national and international development strategy and policies. Numerous Australian universities have a commitment to development issues, possessing a wide range of disciplines, and possessing motivated staff wishing to contribute constructively to debate and change. Elements of building the analytic base include long-term investment in appropriate disciplines (eg. scholarship in development studies or global health policy), as well as support to public debate through conferences, journals and media. Consolidating Australian research capacity and building in-country capacity should be done simultaneously, with innovative funding to facilitate multidisciplinary approaches, comparative studies and learning across multiple sites. Knowledge generation from the base up should be accompanied with innovative knowledge management strategies to ensure that research products make a meaningful contribution to understanding, debate, and improvement. Where countries have indicated a commitment and interest in building their own or regional research capacity (e.g. Timor-Leste has committed to developing its Cabinet on Health Research) this should be supported over the long-term with a concurrent strategy to support associated skills required. These include those related to undertaking and managing research, training personnel, building local institutional capacities, developing key disciplines within national universities, ensuring that local programming includes a research component, facilitating opportunities for engagement with the policy community, and developing systems for research ethics oversight. Promoting a PhD program that has a critical mass of students and staff engaged in innovative studies and share insights will be of value. Particularly important is developing strategies and approaches to learning from innovations which invariably take place within systems, within districts, within institutions, but are rarely documented, analysed, and scaled up. It is of particular value to promote local lesson learning which incorporates the voices of those affected : community members and service providers.
17. **Concluding remarks:** Some of the issues raised above reflect the political economy of aid in which stakeholders – donors, civil society, multilateral institutions, government and service providers – seek to secure benefits for themselves and their clients. Given their differing objectives seeking consensus on methods and approach is naïve and likely to

⁵ highlights the degree of fragmentation present in global health DAH and suggests that the default position should be to “think twice” before establishing yet another initiative, indicating also that a “radical pruning” of the very long tail of small health projects is required. The range of players now operating in the global health arena, and the increased scrutiny should be followed through by increased accountability, transparency, and harmonization – Australia can play a role, through the G20 and its global and regional engagements, to facilitate this. Major global health initiatives, such as the Bill and Melinda Gates Foundation and the Global Fund Against HIV/AIDS, TB and Malaria, should be open to more scrutiny and accountability, supporting health systems worldwide in an effort to ensure delivery of appropriate, effective and equitable services. While new technologies are desirable, applying what is already known and ensuring that people gain access to effective preventive, promotive, and treatment services would make a massive difference to the global health situation. Institutional development and capacity enhancement ought to be prioritized. An independent assessment of ODA activities would be valuable – allowing a range of independent agencies to participate in independent and accountable evaluation and monitoring activities. Greater investment in evaluations is required. The future should have a much stronger rights-based approach; reasonable health and health services should be seen as the right of all people on the globe, and both their own governments, and others further afield, are duty-bearers with a responsibility to address needs and rectify inequities. Australian ODA should assist.

18. Cometto et al (2009)⁶ propose a focus on seeking measurable outcomes in all spheres that affect coverage, quality, equity and access to services that influence health outcomes; that key bottlenecks system functioning and delivery should be overcome; disbursements should go beyond the public health sector to others which have an influence on health and its determinants; more budgetary support through grants not loans; greater engagement of civil society; more transparent governance and accountability for major funding initiatives; and an independent mechanism for monitoring outcomes. Vandemoortele’s appeal⁷ that future ODA should focus much less on “*money changing hands*” and more on “*ideas changing minds*” deserves consideration. Development assistance for health is no panacea, but it is possible to do more good than harm - if solidarity with those whose poor health most constrains their lives and livelihoods, is genuine.

⁵ OECD (2009). Working Party on Aid Effectiveness. Aid for better health – what are we learning about what works and what we still have to do? An interim report from the Task Team on Health as a Tracer Sector. DCD/DAC/EFF(2009)14.

⁶ Cometto, G., et al. (2009) A global fund for the health MDGs? *Lancet* 373, 1500-1502.

⁷ Vandemoortele, J. (2007). The MDG conundrum: Meeting the targets without missing the point. *Development Policy Review* 27 (4), 355-371.