Parliamentary Inquiry into Australia's response to the priorities of Pacific Island countries and the Pacific Region

Submission from The George Institute for Global Health

28 June 2024

The George Institute
for Global Health

Acknowledgement of Country

The George Institute for Global Health acknowledges the traditional owners of the lands on which we work, and in particular the Gadigal people of the Eora Nation on which our Sydney office is situated. We pay our respects to Elders past, present and future.

We value and respect the ongoing connection of Aboriginal and Torres Strait Islander peoples to Country, and are committed to working in partnership with communities to deliver better health outcomes.

Introduction

The George Institute for Global Health provides the following submission to the Parliamentary Inquiry into Australia's response to the priorities of Pacific Island countries and the Pacific Region. Our comments specifically address non-communicable disease and injuries and are most relevant to Terms of Reference 4 (b) Assess the effectiveness of Australia's aid programs and partnerships in promoting genuine community development, good governance, and capacity building for partners in the region.

Recommendations

1. Leadership

We urge Australia to:

- Continue to advocate for the expansion of Universal Health Care, particularly in low- and middle-income countries, and the integration of the prevention and treatment of NCDs into primary care systems.
- Advocate for and build partnerships to increase the funding available for NCDs in low- and middle-income countries to accelerate progress on the Sustainable Development Goals.
- Continue to encourage capacity building of people and communities with lived experience in designing and implementing aid programs.
- Prioritise programs that reduce out-of-pocket expenses for people with NCDs, to maximise the social and economic co-benefits.
- Promote the expertise, knowledge and leadership of Aboriginal and Torres Strait Islander peoples and communities in connecting with Indigenous peoples and communities of the Pacific.
- Promote and support an integrated, life-course approach to addressing women's health, embedding the prevention and management of NCDs into maternal and reproductive health programs to identify women at risk and reduce premature deaths.
- Prioritise programs that address commercial determinants of health, including the reducing tobacco use, alcohol consumption, unhealthy food consumption and inadequate physical activity.

2. Increased investment

Australia's overseas development assistance is a vital tool to support countries in our region to achieve their development goals and contribute to the achievement of the global Sustainable Development Goals. We urge the Australian Government to:

- Increase its investment in health in Pacific Countries to prioritise programs that address NCDs and have social and economic co-benefits.
- Leverage ODA to drive greater private and philanthropic investment in NCDs in the region.

3. Share knowledge and expertise

Building knowledge and expertise within Pacific Island nations is essential to building a sustainable health workforce and developing local solutions to health and development challenges. We urge the Australian Government to:

- Expand its knowledge exchange and education programs.
- Participate in knowledge exchange between First Nations Australians and Indigenous peoples of the Pacific.
- Partner with Pacific nations to boost the number of trained health workers and strengthen local training institutions.

Why are NCDs important?

Non-communicable diseases and injuries (NCDs) are responsible for 70% of deaths worldwide[v]. More than 50% of these deaths are premature (occur before age 60 years) and can be prevented by addressing the most significant risk factors for NDCs: tobacco use, alcohol consumption, unhealthy diets and inadequate physical activity[i]. The WHO Western Pacific Region, which includes 27 nations including the Pacific Island nations, recorded one quarter of total global deaths from NCDs[ii]. The four major NCDs–cardiovascular disease (CVD), cancers, chronic respiratory diseases, and diabetes–accounted for 12 million deaths in this region in 2019[ii]. Almost two thirds of deaths are linked to tobacco use, harmful use of alcohol, unhealthy diets, physical inactivity and air pollution[iii].

In recognition of the importance of addressing NCDs to global health and development, Goal 3.4 was adopted within the Sustainable Development Goals adopted by the United Nations in August 2015. Goal 3.4 sets a target to, by 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. Implementation of the goal has been supported by further policy work, including:

- Tackling NCDs: Best buys and other recommended interventions for the prevention and control of noncommunicable diseases[iv]
- The Lancet Taskforce on NCDs and Economics[v]
- WHO High Level Independent Commission on NCDs[vi].

Some encouraging progress has been made on NCDs globally, with the probability (risk) of premature death from any 1 of the 4 main NCDs decreasing by 18% globally between 2000 and 2016. The most rapid decline was seen for chronic respiratory diseases (40% lower), followed by cardiovascular diseases and cancer (both 19% lower). Diabetes, however, increased by 5% in premature mortality during the same period[vii].

Despite the rapid progress made between 2000–2010 in reducing the risk of premature death from any 1 of the 4 main NCDs, the momentum of change has dwindled. For diabetes in particular, mortality has increased[viii].

Pacific Island nations have some of the highest rates of NCD's in the world. 87.4% of deaths in the WHO Western Pacific region were caused by NCDs, compared to the global average of 79.8%[ix]. The highest mortality rate from NCDs in 2019 (Kiribati) was five times greater than the lowest mortality rate in the region (Singapore). NCD mortality rates were linked to a range of socioeconomic and other related risk factors. For example, high income countries (HIC) had more schooling years, a higher percentage of GDP as health expenditure, a higher percentage of the aged population, higher energy use per capita, and a lower prevalence of undernourishment compared with upper middle-income countries (UMIC) and lower middle- income countries (LMICs). Consequently, HICs also had lower age-standardised NCD mortality. This indicates that social, commercial and other determinants of health are important drivers of NCDs, and therefore it is important that actions to address NCDs extend beyond the health system[viii].

High rates of NCDs have flow-on social and economic impacts. For example, Target 11.6 of Sustainable Development Goal (SDG) 11 aims to reduce adverse environmental effects in cities, including by improving air quality which is an important cause of chronic respiratory disease[i]. Addressing respiratory disease accrues benefits to gender equality and education as women's and children's respiratory health improves. Across the lifespan, the burden of NCDs is higher in women than in men. In LMICs in particular, women have less access to and control over income to pay for health services, and reduced access to health care information and education. Women also often act as caregivers, reducing their own opportunities and income. Addressing these causes of ill health in women will reduce their vulnerability and increase their productive contributions to society, thereby contributing to SDG 5[i].

Pacific Island nations' priorities for health

In 1995, Pacific Health Ministers established the 'Healthy Islands' vision which guides health protection and promotion in the Pacific[x]. A review conducted in 2015 of the first 20 years of the Healthy Islands initiative found that the health of Pacific peoples had generally improved, with child survival and life expectancy increasing, reductions in chronic hepatitis B infection rates, remaining polio-free and significant progress being made on the elimination of neonatal tetanus from most Pacific countries[xi].

Countering this progress was the rise in NCDs, which was described in 2015 as a crisis[ix]. Actions to address NCDs continue to be a high priority for Pacific Health Ministers[xii].

These changes occurred within a wider context of slow economic growth, increasing poverty and inequality, childhood malnutrition, and the threat of climate change to ocean ecosystems and low-lying islands.

In response to these challenges, Pacific nations have applied innovative approaches to tackling NCDs, with notable progress being made in tobacco control. However, constraints in Pacific health systems have limited progress. The increasing NCD burden, persisting communicable disease burden and the impact of climate change represent what Pacific Island nations call a 'triple burden of disease', which coupled with slow economic growth continues to challenge health system financing[x].

Prevention programs have strong donor support, but timeframes are often limited and fail to match the long-term investment needed to make sustained progress on NCDs. The report also highlighted the variability of Pacific Island nations and their health systems. Differences include population size, population growth, the needs of rural populations, resource availability for health, the NCD epidemic, the double and triple burdens of disease, and local capacity. Pacific Island nations expressed the importance of building robust and adequately staffed health districts, including hospital and preventive services, are integral to all disease-specific interventions[x].

The 2015 report noted that the crisis in NCDs did not occur because of lack of knowledge or poor health systems, but because the environments in which people are living have deteriorated through the increased availability of unhealthy foods, tobacco, alcohol and cars.

From this perspective, the prevalence of obesity and other diet-related diseases is a measurable indicator of the quality of island environments with respect to health[x].

The Healthy Islands initiative emphasises an intersectoral approach to the wider determinants of health. It has resulted in additional policy measures to create healthy environments, including increasing excise duties on tobacco and alcohol and measures to reduce the consumption of unhealthy foods that are high in sugar, salt and fat. A Health Promotion Council was also established which provided a forum for strengthened collaboration and action on NCDs[x].

Implementation challenges remain however, including:

- Uncoordinated programs, with lack of integration in community-based healthcare
- Loss of skilled health workers, particularly in rural areas
- Difficulty in sustaining momentum
- Poor data collection and management
- Political instability[x].

More recently, Pacific Island Health Ministers have made specific requests from donors in relation to NCDs[xiii], including:

- Supporting Pacific Island nations with scaling up NCD actions and monitoring the progress of implementation;
- Exploring opportunities to maximise available resources to engage NCD prevention and management;
- Strengthening efforts to improve civil society engagement and regional coordination;
- Supporting the regional endorsement and implementation of the Pacific Legislative Framework for NCDs at the national level.

Australia's international development policy

The Australian Government's International Development Policy launched in August 2023 recognises health and supports locally led health partnerships and has expanded Australia's focus to include non-communicable diseases, which is a very welcome development. The Partnerships for a Healthy Region program supports initiatives in the region that contribute to the following outcomes:

- Communicable disease prevention and control: Partner countries have improved ability to anticipate, prevent, detect and control communicable disease threats.
- Non-communicable disease (NCD) prevention and control: Partner countries supported to better prevent and control non-communicable diseases.
- Sexual and reproductive health and rights (SRHR): Partner countries supported to advance inclusive sexual and reproductive health and rights, particularly for women and girls.
- Resilient health systems: Partner countries have improved capabilities, resources, regulatory mechanisms and systems to meet their country's health needs.
- Effective partnerships and delivery: Australia's regional health assistance is valued, flexible, responsive and projects Australian expertise into the Indo-Pacific region.

It is encouraging to see the Australian Government investing in supporting Pacific Island nations to strengthen their health systems and address non-communicable diseases. The funding of the Elimination Partnership in the Indo-Pacific for Cervical Cancer (EPICC) Consortium with a grant of AUD$14.48 million) to leverage existing partnerships to accelerate the elimination of cervical cancer is a promising example of the difference that Australia's ODA can make. In PNG for example, one of the focus countries of the EPICC initiative, the age-standardized rate for cervical cancer is 29.2 per 100,000; 5.2 times higher than Australia's and the third highest in the Western Pacific region[xiv]. In PNG, modelling has estimated that the HPV same day screen and test intervention could save 23,000-29,000 lives over the next half-century and has an incremental cost-effectiveness ratio of $460-650 per life-years saved, with 70% national coverage. This is a clear example of how Australia's ODA, properly targeted, can support the achievement of multiple interconnected development goals that enable Pacific Island nations to thrive.

To meaningfully impact NCDs however, more investment is needed. A report prepared by the World Health Organisation in 2018 found that an additional US$1.27 per person is needed to implement the WHO Best Buys in low- and middle-income countries. This investment would yield a return of at least US$7 for every dollar invested by 2030, save 8.2 million lives and reduce premature mortality by at least 15%[xv]. Increasing Australia's investment in NCDs in the region would help Pacific Island nations to improve health outcomes which are an important foundation for economic development. This would in turn strengthen resilience in support of achieving Australia's policy objective of advancing an Indo-Pacific that is peaceful, stable and prosperous[xvi].

The George Institute is delivering one of the flagship non-communicable diseases programs in partnership with the Clinton Health Access Initiative, UNSW Sydney and local partners in Fiji, PNG, Philippines, Vietnam and Cambodia. The program has 3 key outcomes: Strengthened screening, early detection and management of diabetes and hypertension within primary health care; Supportive health system building blocks to enable sustainable provision of quality NCD services and withstand future shocks, and Empowered communities mobilised to demand and drive environmentally sensitive policy and program initiatives for NCD prevention. A strong focus of the program is the focus on reciprocal sharing of knowledge and learning on health and wellbeing from an Australian First Nations context into and within region. It is recognised that there is a shared value placed on the environment and its influence on health, the centrality of culture and community to wellbeing, and an important role of Indigenous knowledge systems within NCD prevention.

Other work in the Pacific includes supporting the evaluation of effectiveness of Health Promoting Schools (HPS), a national government-supported program in Fiji. Launched in 2016 by Ministry of Education (MoE) and Ministry of Health and Medical Services (MHMS), HPS is a cross-sector program delivered through the school curriculum to improve health and wellbeing by addressing common risk factors for NCDs.

We are also working with Fiji National University to strengthen implementation of food policies as part of a 5 year Global Alliance for Chronic Diseases program to scale up programs to tackle diabetes and hypertension.

World Health Organization 'Best Buys' on NCDs

WHO's menu of policy options on NCD prevention and control (also known as the NCD 'best buys' and other recommended interventions or the Appendix 3 of the Global NCD Action Plan) should remain a reference for both population-wide and individual-based interventions that are cost-effective and recommended.

More focus could be brought to out-of-pocket healthcare costs in low- and middle-income countries, It is alarming to note that individuals with NCDs in low- and lower-middle-income countries bear a disproportionate burden of out-of-pocket healthcare costs, which can lead to delayed or foregone treatment due to financial constraints. As highlighted in our report with the NCD Alliance, 'Paying the Price', the consequences of this extend to financial hardships and can impact not only individuals but entire households and subsequent generations[xvii].

Investment in health should aim to reduce out-of-pocket spending in alignment with national disease burdens. It is essential to note that merely reducing these expenses may not necessarily indicate meaningful progress in addressing impoverishment.

There are strong links between implementing actions to address the burden of NCDs and women's health, which is also a key priority of Australia's International Development Policy. Pregnancy presents a unique opportunity for the integration of services that can have lifelong outcomes for women. The George Institute is currently trialling a digital clinical decision-making support tool, SMARThealth Pregnancy, that can be used by community health workers to screen and treat women for high-risk conditions during pregnancy and for the first year after birth. Through investing in programs that embed the prevention and management of NCDs into health systems infrastructure, benefits are two-fold: reducing the burden of NCDs among women and improving maternal health, where progress is stalling.

Evidence shows that NCDs and pregnancy are intrinsically linked. For instance, pre-eclampsia increases the risks of cardiovascular complications, and 50 per cent of women who experience gestational diabetes will develop type 2 diabetes within 5-10 years. Further, breastfeeding has been found to be a significant protective factor against diabetes and stroke. These findings highlight both a critical need – to identify women at risk and reduce premature deaths – and an opportunity: to integrate health services, where they may have the greatest impact[xviii].

We strongly support transformative action on the intersection of climate change and health, which is also a key priority for Pacific nations. The George Institute is a member of the WHO Civil Society Working Group on Climate Change and Health and stands ready to assist in advancing toward this goal. We support interventions that are community-led and adopt a systems approach that addresses community-identified priorities, including the social determinants of health and food and water insecurity.

Our work with the Yuwaya Ngarra-li Partnership, a collaboration between the Dharriwaa Elders Group and the University of New South Wales, has been developing Aboriginal

community-led solutions in the remote town of Walgett. These community-led solutions have focused on establishing resilient food and water systems and present a model of community-university collaboration to improve community health and wellbeing outcomes and increase the broader evidence base. The Traditional Knowledges of First Nations and Tribal Peoples and the voices of other communities experiencing marginalisation are crucial to reversing and responding to the ongoing impacts of climate change on health and equity.

Our research on climate change and health in other countries in the Indo-Pacific may also have wider applicability to Pacific Island nations. For example, research with urban communities experiencing poverty in India shows that climate change may result in young people and adolescents experiencing a loss of agency and sense of hopelessness. We need to address the systemic barriers that prevent people from fully exercising their agency - particularly people who are marginalised – and support communities to build their resilience to cope with the stress and challenges posed by adverse climate events.

The NIHR Global Health Research Centre for Non-Communicable Diseases and Environmental Change, that we established with support from the UK National Institute for Health Research (NIHR) is working in India, Bangladesh and Indonesia on 3 initiatives: strengthening primary health care to improve detection and management of hypertension, cardiovascular disease, chronic kidney disease, diabetes and COPD through a digital platform developed by TGI deployed by community health workers; empowering people and communities through co-production and collaborative engagement activities; and developing and implementing locally-driven multisectoral interventions for heath protection from certain environmental issues. The Centre focuses on four key environmental challenges: salinity of the water supply in Bangladesh; air pollution and plastics burning in Indonesia; exposure to extreme heat, and nutritious + environmentally sustainable food aid baskets – both in India.

About The George Institute for Global Health

The George Institute for Global Health (The George Institute) is a leading global medical research institute, founded in Sydney, Australia, and with major centres in China, India and the UK. Our mission is to improve the health of millions of people worldwide, particularly those living in resource-poor settings, by challenging the status quo and using innovative approaches to prevent and treat non-communicable diseases.

Authors

Veronica Le Nevez, Head of Impact and Engagement, Australia
With input from:
Georgia White, Policy and Advocacy Advisor
Prof Jacqui Webster, Head, Public Health Advocacy and Policy Impact, Food Policy
Keziah Bennet-Brook, Program Head, Guunu-maana (Heal) Aboriginal & Torres Strait Islander Health

Contact: impact@georgeinstitute.org

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