Australia’s global health ODA

Health is one of Australia’s development priorities, but overall health funding has declined in the past 5 years

‘Health and education’ together form one of the six priority areas of the government’s development strategy. In 2016 (the latest year for which complete data is available), Australia invested US$372 million on official development assistance (ODA) for health, equivalent to 11% of total ODA. This is higher than the average health ODA spent by other members of the Organisation for Economic Co-Operation and Development’s (OECD) Development Assistance Committee (DAC; the average is 8%). This makes Australia the eighth-largest donor to health in relative terms.

Health ODA as a proportion of total ODA is estimated to be 14% in fiscal year (FY) 2019/20, an increase from 11% in FY2018/19. This makes it Australia’s fifth-largest investment priority in FY2019/20. Health ODA in absolute terms, as with other components of the development portfolio, has suffered from budget cuts in recent years, decreasing by about a third between the FY2014/15 and FY2019/20 budgets.

Australia’s five priority areas within health are:

1. health systems strengthening (HSS); including maternal, newborn and child health (MNCH), and family planning services;
2. cross-border health threats (including HIV, tuberculosis, and malaria);
3. effective global health response (including through engagement with global health funds);
4. access to water, sanitation, and hygiene (WASH) and nutrition; and
5. health innovation (including research and development (R&D)).

In 2016, Australia delivered almost half of its health ODA multilaterally (49%, or US$182 million), which is lower than the DAC average (56%). The Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) and Gavi, the Vaccine Alliance (Gavi) were the two main recipients of Australia’s multilateral health ODA, receiving 40% and 26% of multilateral health funding, respectively.

At the Global Fund’s 2016 replenishment conference, Australia increased its 2017 to 2019 pledge by 10% to A$220 million (US$169 million). Australia’s commitment to Gavi is similar in size at A$250 million (US$238 million according to the organization) for 2016 to 2020. In June 2017, Australia announced an A$18 million (US$14 million) contribution to the Global Polio Eradication Initiative (GPEI) for 2019 to 2020. This makes a total of A$104 million (US$80 million) that Australia has contributed to GPEI since 2011.

In February 2017, Julie Bishop, then minister for foreign affairs, announced A$9.5 million (US$7 million) in financing to the International Planned Parenthood Federation to deliver the Sexual and Reproductive Health Program in Crisis and Post-Crisis Settings (SPRINT) in the Indo-Pacific region over three years. At the London Family Planning Summit in July 2017, Australia also committed A$30 million (US$23 million) to family planning in the South Pacific over four years, partnering with the United Nations Population Fund (UNFPA). This was complemented by two contributions in 2017 of A$3.5 million (US$2.7 million) to support UNFPA Supplies and A$2.5 million (US$1.9) to support UNFPA’s work in Myanmar. Australia’s commitment to promoting gender equality was noted by the latest OECD Peer Review on Australia, published in 2018.

In 2017, (the latest year for which bilateral data is available) Australia’s bilateral ODA to health amounted to US$190 million, according to data from the OECD. This was the same level as in 2016 and corresponds to 8% of Australia’s total bilateral ODA (and above the DAC average of 6%).

Despite being one of Australia’s strategic development priorities, the priority given to health in many bilateral programs has reduced in recent years, particularly for HIV and reproductive health care.

Australia’s bilateral development financing focuses on the Indo-Pacific region (39 countries in the Pacific, South-East and East Asia, South and West Asia, and the African East Coast), with health specifically focused on Southeast Asia and the Pacific. The largest share of bilateral
health investments in 2017 was for basic health care (22%), followed by health policy and administrative management (19%), infectious disease control (9%), personnel development for population and reproductive health (9%) and sexually transmitted disease (STD) control, including HIV/AIDS (7%).

In October 2017, the government launched the Indo-Pacific Health Security Initiative and committed A$300 million (US$230 million) in ODA over five years for tackling emerging health-security risks. The initiative will be the vehicle for continuing funding of product development partnerships (PDPs), policy analysis on future emerging infectious disease programs, capacity building, and expert placements through a new Health Security Corps, including A$75 million (US$57 million) for the current round of PDP funding.

The Development Policy Division in DFAT leads on policy development within global health

Australia’s development investments in health are guided by the ‘Health for Development Strategy 2015-2020’. Funding to meet the goals of the strategy comes from country, regional, and global programs, and are delivered through the regular budget process. Priorities and delivery strategies are set by the relevant program areas, while considering partner countries’ priorities.

The Development Policy Division of DFAT is the driver of health development policy and provides operational guidance to assist with the implementation of the strategy, for example, on health systems reform, regional health security, private sector engagement, nutrition and health, and WASH. It works closely with the Indo-Pacific Centre for Health Security, other DFAT programs, and external partners. The Indo-Pacific Centre for Health Security itself has a close involvement with the Department of Health, ACIAR, and the Therapeutic Goods Administration on regional health initiatives.
RECIPIENTS OF AUSTRALIA’S HEALTH ODA, 2016
Total: US$372 million

- Bilateral: 51.2% (US$190.4m.)
- UNFPA: 4.5% (US$16.7m.)
- IDA: 5.2% (US$19.4m.)
- GAVI: 12.8% (US$47.6m.)
- Other: 8.8% (US$29.4m.)
- Global Fund: 19.5% (US$72.5m.)

OECD CRS and imputed multilateral contributions to the health sector. DAC secretariat estimates. In 2017 prices.

AUSTRALIA’S KEY GLOBAL HEALTH COMMITMENTS
US$ millions


Data from government and listed organizations.
TOP 10 DAC DONORS TO HEALTH, 2016
Total health ODA; US$ millions; in 2017 prices; incl. bilateral and multilateral funding

United States: 10,487
United Kingdom: 2,359
Germany: 1,194
France: 971
Japan: 871
Canada: 799
Netherlands: 589
Norway: 568
Sweden: 530
Australia: 372

TOP 10 DAC DONORS TO HEALTH, 2016
Health ODA as % of total ODA

United States: 28.1%
Canada: 19.2%
Luxembourg: 15.8%
United Kingdom: 13.3%
Ireland: 13.2%
Norway: 12.3%
Netherlands: 11.1%
Australia: 10.6%
Korea: 10.4%
Sweden: 10.3%

OECD CRS and imputed multilateral contributions to the health sector (DAC Secretariat estimates)