

Australia's New International Development Policy

McCabe Centre for Law & Cancer Submission

30 November 2022

Summary of recommendations

Prioritise health: Australia's new international development policy should explicitly reference and prioritise health as a vital component in all aspects of international development.

Noncommunicable diseases are a key development challenge: Investments in health must reflect the severe and growing burden of noncommunicable diseases in the Indo-Pacific Region and their economic impacts of lost productivity, healthcare costs, lost household income, disability, and premature death, which have been exacerbated by the COVID-19 pandemic.

Support for universal health coverage: Investment in health system governance through technical and political support for countries to progress universal health coverage (UHC) will deliver sustainable long-term change and reap long-term health, economic and development benefits.

Meaningful partnerships: Sustained investment in noncommunicable disease prevention and control in the region will leverage other investments and activities and foster deeper and broader relationships with our partners in the Indo-Pacific Region.

About the McCabe Centre for Law & Cancer

The McCabe Centre for Law & Cancer (McCabe Centre) is working for a world free from preventable cancers and in which all people affected by cancer have equitable access to safe, effective, and affordable cancer treatment and care.

The McCabe Centre is a Melbourne-based initiative of Cancer Council Victoria, the Union for International Cancer Control based in Switzerland and Cancer Council Australia, with Regional Managers based in Fiji, The Philippines and Kenya, and a Strategic Advisor based in New Zealand. We conduct world-leading legal research, policy development, and capacity building programs to promote the use of law as an effective and essential tool in the prevention and control of cancer and other noncommunicable diseases (NCDs) in Australia and globally. The McCabe Centre is a World Health Organization (WHO) Collaborating Centre for Law and Noncommunicable Diseases, and a Knowledge Hub on legal challenges to the implementation of the WHO Framework Convention on Tobacco Control.

Thanks in part to previous funding support from the Australian Department of Foreign Affairs and Trade, we run an International Legal Training Program that builds the capacity of governments in the Indo-Pacific Region to prevent and control NCDs through law, with a focus on achieving coherence between health, trade, investment, sustainable development and human rights. The Program is conducted in collaboration with WHO Headquarters, Regional and Country Offices, and Pacific regional organisations. Since we established the Program in 2014, we have had more than 320 participants from 80 countries. Our alumni have gone on to implement and defend a range of impactful legal and regulatory changes in their home countries, such as tobacco plain

packaging and smoke-free environments, leading to improved health, economic and development outcomes in their countries.

Submission

The McCabe Centre welcomes the opportunity to provide this submission on Australia's new international development policy. We are pleased to note the focus in the Terms of Reference on sustainable development, States' and community resilience, connecting partners and collective action; and we support the proposed First Nations approach to foreign policy, underpinned by a commitment to ambitious climate action, poverty reduction, human rights, and gender equality, disability and inclusion. Health is fundamental to honouring this commitment. This submission outlines the essential role of health in an effective development policy grounded in the Sustainable Development Goals, and specifically, the importance of addressing the impact of NCDs in the region.

Prioritise health

Health is critical to all aspects of international development. While healthy populations are essential to drive economic growth, trade, productivity, and poverty reduction, poor health imposes substantial and sometimes catastrophic costs on governments, families, and individuals, and undermines investments in other international development priorities.

The UN Sustainable Development Goals (SDGs) affirm the interdependence of health and development, with the specific commitment to address, protect and promote health in SDG3: *Ensure healthy lives and promote well-being for all at all ages*. However, health is a precondition to the achievement of all the SDGs; such that reliable, long-term investment in health has positive implications for achieving most of the SDGS. Australia's new international development policy should acknowledge health as a cross-cutting development need, the relevance of health to climate action, poverty reduction, human rights and gender equality, disability and inclusion, and accordingly prioritise investment in health for sustainable development.

TOBACCO CONTROL

Tobacco use remains one of the world's leading causes of death and disease globally, killing at least 8 million people per year, and is a significant contributor to health care costs and lost workforce productivity. Australia is a global leader in tobacco control; however, across the Indo-Pacific region much more can be done to ensure comprehensive tobacco control strategies and implementation of the WHO Framework Convention on Tobacco Control (FCTC). There is an ongoing need to support countries to reach their targets as part of planning for sustainable development; in particular, building capacity for developing and defending tobacco control legislation in the context of new and emerging tobacco products. For example, the investment case for Samoa demonstrates that enacting and enforcing five WHO FCTC interventions in the country would, over the next 15 years, save 952 lives and reduce the incidence of disease, avert more than USD53.5 million in economic losses, and lead to USD2 million in savings through avoidance of tobacco-attributable healthcare expenditures. Australia has a wealth of experience to offer the region, including as the first country to adopt tobacco plain packaging, and through its support for the FCTC2030 project and the McCabe Centre's work as a Knowledge Hub on legal challenges to the implementation of the WHO FCTC.

Noncommunicable diseases are a key development challenge

NCDs are responsible for an estimated 86% of deaths in the WHO Western Pacific Region and 65% of deaths in the WHO South-East Asian Region.ⁱⁱ In Pacific islands countries and territories NCDs are the leading cause of death, disease and disability, and have been recognised as a 'human, social and economic crisis'.ⁱⁱⁱ The World Bank has estimated that by 2040 the economic burden attributable to four of the major NCDs (cancer, diabetes, cardiovascular disease and chronic respiratory disease) in 11 Pacific Island countries will range from 8.5% to 15.1% of GDP.^{iv} Additionally, the burden of NCDs amplifies the causes and impacts of climate change, poverty, and food security. Air pollution, which is linked to climate change, is associated with 7 million premature deaths from NCDs^v; and more than a third of low- and middle-income countries are affected by the double burden of undernutrition and obesity.^{vi}

Prior to the COVID-19 pandemic, fewer than 20 countries worldwide were on track to reduce premature NCD deaths, vii and the serious disruptions to essential health services during the COVID-19 response has intensified the NCD crisis in most countries. People living with NCDs are also at higher risk of contracting Covid-19 and suffering more severe consequences.

NCDs are a neglected development priority, despite their devastating social and economic burden and the availability of affordable, cost-effective and evidence-based interventions—the NCD Best Buys. WHO modelling for investment in the NCD Best Buys projects a return of up to USD7 for each dollar invested, and up to 7 million lives saved by 2030. There is a powerful economic argument for increased and sustained investment in NCD prevention and treatment so that people can work more productively, reducing social and economic exclusion, and improving the health resilience of populations.

Australia's new international development policy should ensure investments in health match the severe and growing burden of NCDs in the Indo-Pacific Region and their immediate and long-term development impacts of lost productivity, healthcare costs, lost household income, disability, and premature death, which have been exacerbated by the COVID-19 pandemic.

CLIMATE CHANGE, UHC AND NCDS

The SDGs are interconnected and dependent. While SDG 13 requires 'urgent action to combat climate change and its impacts', major NCD risk factors, including air pollution'ii and unhealthy diets and physical inactivity, 'a are driven by many of the same underlying causes as climate change. The WHO estimates that a quarter of the global disease burden is linked to known avoidable environmental risks. 'Rising temperatures, more frequent extreme weather events and air pollution are all related to increases in the disease burden from NCDs, as well as other health conditions. 'Similarly, the effects of climate change—increased burden of disease, displaced populations, increased poverty and disruption to health services and infrastructure 'make achieving UHC increasingly difficult. Meaningful action on climate change will be hampered without investment in UHC and health system strengthening, and vice versa. Action on NCDs and action on climate also offers opportunities for double duty actions that improve both human health and the environment.

Support for universal health coverage

NCDs are both a cause and consequence of poverty, impacting individuals, communities and governments. In the region, around 105 million people suffer financial catastrophe and more than 70 million are impoverished due to health care costs. XIII Poor health and out-of-pocket spending on health care pushes many households into poverty, which consequently impedes economic

progress.xiv Conversely, there is a positive correlation between good health, and growth in GDP, such that increased life expectance increases GDP.xv

SDG 3.8 aims to 'achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all'. All countries have agreed to achieve UHC by 2030; yet the latest global monitoring report shows progress towards UHC has declined.**

The outbreak of COVID-19 overwhelmed most health systems and disrupted health services in almost every country, emphasising the importance of health system strengthening in all countries, not just in preparation for another pandemic, but in response to all health crises. Good health and UHC can only be achieved and sustained through well-functioning health systems that enable effective prioritisation, regulation, and financing; and ensure coherent and mutually reinforcing policies and practices across different parts of government and different sectors of society.

Australia has world-leading expertise in health system governance that is invaluable to other countries in the Indo-Pacific Region seeking to achieve UHC. In the McCabe Centre's area of expertise (law and regulation) this includes preventing disease by regulating NCD risk factors; regulating the delivery of health care and the safety, quality and efficacy of health products and services; containing health care costs; preventing mismanagement and corruption in health systems; and applying a human rights-based approach to health systems. Human rights and the right to health are an integral part of UHC and improving health system governance, through ensuring access to affordable and effective cancer prevention, screening and treatment, and reducing discrimination, including gender-based inequality, and inequities in access to cancer services, especially for vulnerable and disadvantaged populations. Our expertise also lies in facilitating policy coherence across different areas of law and governance, such as achieving mutually reinforcing outcomes in health, trade and investment policy.

Australian support to partner countries to take a human rights-based approach and build the capacity for effective health system governance (including law and regulation, prioritisation, and financing) will deliver sustainable long-term change, and reap long-term health, economic and development benefits.

CERVICAL CANCER ELIMINATION

The Western Pacific region bears one quarter of the global cervical cancer burden. Cervical cancer is the sixth most diagnosed cancer and the eighth most common cause of cancer death in women in the region. Cervical cancer is a highly preventable and treatable disease, yet the incidence of and mortality from cervical cancer is projected to increase by around 20 per cent globally over the next 12 years. Addressing the burden of cervical cancer is of critical importance to public health and gender equality. In 2020, WHO Member States committed to a global strategy to accelerate the elimination of cervical cancer.

Australia is on track to eliminate cervical cancer as a public health problem by 2028; however, elimination of this disease remains a major challenge for our region. At the 73rd session of the WHO Regional Committee for the Western Pacific, delegates endorsed the *Strategic Framework* for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region committing governments to develop and implement cervical cancer action plans. Australia's world-leading expertise in cervical cancer research and prevention programmes can be used to enhance its investments in health, leading to significant social and economic benefits for the region, including through increased health and well-being of women and girls, and greater participation of women in the workforce.xvii

Meaningful partnerships

Australian Government investment in NCDs in the Indo-Pacific Region will leverage other investments and activities, and foster deeper and broader relationships with our partners in the Region.

The Australian Government's leadership in implementing tobacco plain packaging, and commitment to defending the initiative against legal challenges domestically and internationally, has served as a catalyst for other countries in the region to introduce both plain packaging and stronger smokefree policies. This year marks 10 years since the introduction of plain packaging, and the Australian experience remains a cornerstone of the McCabe Centre's International Legal Training Program, which has trained representatives of more than 80 countries on tobacco plain packaging. Of the 25 countries that now have plain packaging, 18 had representatives at McCabe Centre plain packaging workshops or received other technical support.

Over the last decade, frameworks for sustained progress on NCDs have been put in place with leadership from the Australian Government, and leveraged through partnerships and collaborations with international and regional organizations and forums, including the WHO and its network of WHO Collaborating Centres, Pacific Islands Forum, Secretariat for the Pacific Community, United Nations Development Program, and Australia's world-leading research institutes, universities, and civil society organisations. Through the McCabe Centre's work as a WHO Collaborating Centre on Law and NCDs and the McCabe Centre's International Legal Training Program, we have seen the ways in which Australian Government support has enabled the sharing of Australia's unique expertise, complemented by essential local insights from our Regional Managers on the ground in Fiji, The Philippines and Kenya, to support our partners in the Indo-Pacific Region and beyond to implement lasting legal and regulatory changes. For example, officials working in Papua New Guinea and Niue-alumni of our training-have strengthened tobacco control regulations in their countries; and alumni in Malaysia have defended legal challenges to laws on smoke free environments for outdoor dining. These changes have both substantial short-term impacts and will continue to reduce the burden of NCDs over the longerterm, bringing significant health, economic and development benefits.

Collaboration in health fosters and strengthens deeper and broader relationships with our partner countries and is a powerful way to strengthen government-to-government, institution-to-institution, and people-to-people relationships, with benefits beyond health. Building genuine and meaningful partnerships and relationships in the region requires dependable, long-term funding for key projects and personnel. In the *2050 Strategy for the Blue Pacific Continent*, leaders have committed to ensuring the health and well-being of people in the region, and human rights and equity for all, delivered through regional cooperation and strategically beneficial partnerships. The Australian Government's substantial investment in partnership and network building for action on NCDs provides an existing and valuable platform to implement the vision outlined in the 2050 Strategy.

Conclusion

Investment in health should be a strategic priority of Australia's new international development policy. Australian support to partner countries to build capacity for effective health systems will deliver change that can be sustained in the longer-term and reap lasting economic and development benefits well beyond the health sector.

We would be happy to provide further information or to participate in further activities relating to this important discussion. Please do not hesitate to contact us.

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ⁱ Investment Case for Tobacco Control in Samoa (UNDP, the WHO FCTC Secretariat, WHO and the Samoa Ministry of Health), 2021, available at https://www.undp.org/samoa/publications/investment-case-tobacco-control-samoa.

[&]quot; 'Disease Burden and Mortality Estimates' *World Health Organization* (Health Statistics and Information Systems, 2016) https://www.who.int/healthinfo/global burden disease/estimates/en/>.

iii 42nd Pacific Islands Forum Leaders Meeting, 'Forum Communiqué' (7-8 September 2018) Annex 2 http://www.pireport.org/articles/2011/09/12/42nd-pacific-islands-forum-leaders-meeting-forum-communiqu%C3%A3%C2%83%C3%A2%C2%89.

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^v 'Air Pollution' https://www.who.int/health-topics/air-pollution>.

vi 'DBM overview-1576256828390.Png (1024×938)'

https://www.thelancet.com/pb/assets/raw/Lancet/stories/series/malnutrition-burden/DBM_overview-1576256828390.png.

vii NCD Countdown 2030: Efficient Pathways and Strategic Investments to Accelerate Progress towards the Sustainable Development Goal Target 3.4 in Low-Income and Middle-Income Countries' (2022) 399(10331) The Lancet viii 'NCD Countdown 2030: Efficient Pathways and Strategic Investments to Accelerate Progress towards the Sustainable Development Goal Target 3.4 in Low-Income and Middle-Income Countries' (2022) 399(10331) *The Lancet* 1266.

ix Ibid.

^x 'WHO Global Strategy on Health, Environment and Climate Change: The Transformation Needed to Improve Lives and Wellbeing Sustainably through Healthy Environments' https://www.who.int/publications-detail-redirect/9789240000377 ('WHO Global Strategy on Health, Environment and Climate Change').

xi RN Salas and AK Jha, 'Climate Change Threatens the Achievement of Effective Universal Healthcare' (2019) 366 *The BMJ*.

xii Ibid.

xiii 'Universal Health Coverage : Moving towards Better Health : Action Framework for the Western Pacific Region' https://www.who.int/publications-detail-redirect/9789290617563 ('Universal Health Coverage').

^{xv} Norwegian Ministry of Foreign Affairs, Norwegian Ministry of Health and Care Services 'Better Health, Better Lives' Strategy (2020)

xvi World Health Organization., 'Tracking Universal Health Coverage: 2021 Global Monitoring Report.'

xvii 'Universal Health Coverage: Moving towards Better Health: Action Framework for the Western Pacific Region' (n 13).