RESULTS International (Australia)

www.results.org.au

■ PH 1300 713 037 ■ E info@results.org.au ■ PO Box 7329 Warringah Mall NSW 2100 ■ ABN 75 309 770 578

RESULTS Australia Submission to the Joint Standing Committee on Foreign Affairs, Defence and Trade

Inquiry into the strategic effectiveness and outcomes of Australia's aid program in the Indo-Pacific and its role in supporting Australia's regional interests

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Introduction

RESULTS International Australia is part of an international, non-partisan and non-profit organisation that has been working in Australia for more than 30 years through a combination of staff-led and grassroots-driven advocacy. We work with federal parliamentarians and through the media to generate public and political will to end poverty.

We focus our advocacy on global health issues such as tuberculosis (TB), HIV, malaria, polio, child health, vaccines and nutrition, as well as education and microfinance.

As part of our focus on action to reduce poverty, we welcome the opportunity to make a submission to the Joint Committee on Foreign Affairs, Defence and Trade on the strategic effectiveness and outcomes of the Australian Aid Program.

Given the focus of RESULTS Australia's work, our submission concentrates on the following topics included in the Committee's terms of reference.

- Australia's aid program in terms of Strategic and Development Goals.

- The role Australia's aid program plays in building influence as a trusted development partner.
- Innovation in Australia's aid Program through the InnovationXChange and other programs.
- Business partnerships, social enterprise and community investment.
- Outcomes for Women and Girls.

Recommendations

1. That the Australian Government sets a medium-term goal for increasing official development assistance (ODA) to contribute to achieving the SDGs, which we suggest is to increase ODA to 0.5% of gross national income (GNI) within 10 years.

2. That Australia commits to specific levels of bilateral assistance in Aid Investment Plans and avoids significant reductions in assistance to a country from one year to the next.

3. That Australia promote a more flexible approach to country eligibility and transition by:

    - Using its role on the boards of multilateral agencies to ensure they use multiple criteria, including social indicators and measures of a country's ability to take over funding of services from domestic sources, in deciding when to reduce support for a country.

    - Stating a clear policy on eligibility for and transition from Australian bilateral assistance, also incorporating social indicators in this policy.

4. That Australia increase its current support for medical research and development to assist in meeting the shortfall in global research funding for diseases such as tuberculosis.

5. That Australia consider additional support for innovative funding for health services such as the International Financing Facility for Immunisation (IFFIm) and Debt2Heath exchanges.

6. That the Australian Government increase its support for financial inclusion programs to 0.5% of the aid program in the coming years, including support for bridging programs to assist the poorest become ready for enterprise-based initiatives.

7. That the proportion of Australian aid for health and education programs increase, to support meeting the needs of women and girls who have disadvantages in accessing these services.

Australia's aid program in terms of Strategic and Development Goals

Recommendation 1: That the Australian Government sets a medium-term goal for increasing official development assistance (ODA) to contribute to achieving the SDGs, which we suggest is to increase ODA to 0.5% of gross national income (GNI) within 10 years.

As the Foreign Policy White Paper released in November 2017 notes, the Australian Aid program is intended to meet an obligation for Australia, as a prosperous country, to assist in reducing poverty and achieving sustainable development. The aid program also serves Australia's strategic interest, by reducing the vulnerability and instability of countries in the Indo-Pacific region, as countries which can provide increased economic opportunities for their residents are less likely to experience instability.

The overarching set of objectives for development policy in many countries is set out in the Sustainable Development Goals (SDGs). We note that the White Paper on Foreign Policy includes support for Australia contributing to meeting the SDGs: "In working with partners to achieve the SDGs, Australia will use its overseas development assistance, including through aid for trade, to catalyse sustained and inclusive economic growth to help reduce poverty." However, the White Paper did not include a revised overarching goal for the aid program, or a commitment to increase the overall resources for the aid program in the coming years. In this submission, RESULTS Australia proposes an increase in overall resources as well as priorities in use of this funding.

Increased resources for Development Assistance

The Asia-Pacific region, which is the primary focus of Australia's aid, is home to 60% of the world's hungry and undernourished people. Although significant progress has been made in reducing extreme poverty, significant further action is required in the coming years.

Examples of global progress in reducing poverty are:

- The number of people living in extreme poverty has declined by more than half since 1990.
- Each day, 20,000 fewer children under the age of 5 are dying than in 1990.
- Over the last 20 years, 2.1 billion people have gained access to improved sanitation.

The SDGs build on these achievements, and call for the eradication of extreme poverty, including the following targets:

- universal and equitable access to safe and affordable drinking water for all
- free, equitable and quality primary and secondary education for all children
- ending preventable deaths of newborns and children under 5 years of age, with all countries achieving an under-5 mortality rate of no more than 25 per 1,000 live births.

The reduction of Australia's aid budget from approximately $5 billion per year in 2012-13 to 2014-15 to approximately $4 billion in 2015-16 and subsequent years has obviously reduced Australia's capacity to contribute to this progress. Many country programs and contributions to multilateral agencies were reduced by 40% in 2015-16 (remaining at this lower level to date), which has meant a narrowing of the focus of Australia's assistance to individual countries and reduced capacity to complement Australia's bilateral assistance with multilateral programs.

Therefore, Increasing and improving the focus and effectiveness of Australian aid will be a significant component of an increased contributing to reaching the SDGs.

In its submission to the 2018-19 Federal Budget and to the current Senate Committee on Foreign Affairs, Defence and Trade inquiry into the SDGs, RESULTS Australia called for the Australian Government to set medium term and longer-term goals for increasing Australia's aid, both to increase its contribution to achieving the SDGs and to provide a predictable and reliable indication of support to partner countries and partner organisations.

An ambitious but achievable objective for increasing aid would be increase the ratio of aid to GNI to 0.5% over the next 10 years. This would increase the aid program to approximately $15 billion by 2028-29, increasing significantly our scope to provide leadership in assisting countries in our region achieve poverty reduction and sustainable development.

The role Australia's aid program plays in building influence as a trusted development partner

Recommendation 2: That Australia commits to specific levels of bilateral assistance in Aid Investment Plans and avoids significant reductions in assistance to a country from one year to the next.

Recommendation 3: That Australia promote a more flexible approach to country eligibility and transition by:

- **Using its role on the boards of multilateral agencies to ensure they use multiple criteria, including social indicators and measures of a country's ability to take over funding of services from domestic sources, in deciding when to reduce support for a country.**
- **Stating a clear policy on eligibility for and transition from Australian bilateral assistance, also incorporating social indicators in this policy**.

The relationship between Australia and our development partners, and the contribution Australia makes to each country's development, goes beyond the aid program. Australia's policies on trade, migration and environment also have a strong influence on these relationships, as well as adopting common positions in multilateral institutions and processes (for example, where Australia sponsors jointly a resolution at the World Health Assembly with developing countries, and where Australia takes a position on eligibility and transition policies of multilateral organisations which supports continued access to assistance for countries in our region).

Nevertheless, several aspects of aid from Australia are essential in promoting our influence as a trusted development partner:

- Providing assistance that meets the need and objectives of our partner countries;
- Providing a predictable level of aggregate assistance to each country, and meeting commitments to specific projects and sectors.
- Considering multiple factors in assessing each country's need for assistance (including income per capita, measures of access to services, inequalities in access to services and the partner government's financial position), and not withdrawing aid prematurely.

Some further discussion of these criteria is set out below.

Meeting the needs of partner countries

The country programs that Australia undertakes are based on an agreement with the partner country. One of the performance measures that DFAT has used for the Australian Aid Program is the completion of Aid

Investment Plans for each significant country or regional program.[1] These plans include objectives and performance standards that Australia and the partner country have agreed, and obligations for both parties.

While this process should ensure that Australia's assistance contributes to agreed objectives, the trends in assistance to individual countries suggest that the type of aid from Australia is not meeting their most pressing needs. For example, health programs now make up a small proportion of Australian country programs for South-East Asian countries, even though these countries face acute health issues, including significant out of pocket health costs, a high burden of infectious diseases and an increased incidence of non-communicable diseases.

Therefore, Australia's process for agreeing objectives with countries can assist in building the relationship, but the impact of reductions in many country programs can result in the aid program not meeting some crucial needs.

Providing a predictable level of assistance to each country

As well as the country level Aid Investment Plans, many project or sectoral level programs are multi-year projects. The success of these aid programs and projects depends on the continuity of funding. While Australia has often maintained or increased country and regional aid programs from year to year, the implementation of a large cut to the annual funding for many country programs in 2015-16 (40% in one year for many South-East Asian and South Asian countries, and 70% for Sub-Saharan Africa) obviously had a significant impact on the continuity of support and the perception of Australia as a reliable development partner.

Having a coherent approach to transition and eligibility

Australia, like other bilateral aid funders, does not have a fixed set of criteria for determining which countries are eligible for its bilateral assistance. In general, Australia gives the highest priority to countries in the Indo-Pacific region. Many of these countries experience instability or fragility, and in the Pacific have a narrow or variable economic base.

For many national and multilateral development agencies, per capita income is a key criterion for determining which countries would receive assistance. The categories for countries based on per capita income are:

Low-income countries: Per capita gross national income (GNI) up to $US 1,005

Lower-middle income countries: Per capita GNI between $US 1,005 and $3,956

Upper-middle income countries: Per capita GNI between $US 3,956 and $US 12,235

High-income countries: Per capita GNI above $US 12,235.

In recent years Australia has phased out aid to particular countries (such as Thailand or Malaysia), that are now in the Upper-Middle income Category and had indicated they would be able to manage without Australian bilateral aid.

[1] Department of Foreign Affairs and Trade, Performance of Australian Aid 2016-17, page 16.

Some other countries, such as the UK, have decided to focus aid on countries with low per capita incomes. From 2011, the UK Government decided to withdraw the bulk of DFID bilateral aid from several middle-income countries, such as China, India and South Africa, and to consolidate the aid programme into what is now 32 priority countries. This initially meant phasing out bilateral aid in 18 countries.[2]

Multilateral agencies, such as the multilateral development banks and specialised agencies such as the Global Fund to Fight AIDS, TB and Malaria and Gavi, the Vaccine Alliance, have fixed criteria for assistance based primarily on country per capita income supplemented by measures such as disease burden or credit-worthiness. Some countries classified as Lower-Middle Income, can face the withdrawal of support from several of these agencies during the same 3 to 5-year period, a process known as 'simultaneous transition.'[3]

Australia can assist countries to cope with simultaneous transition through the following actions:

- Using its position on the boards of multilateral institutions to influence these institutions to adopt multiple criteria, including social indicators, equality of access to services and capacity of governments to fund services from domestic resources, to determine country eligibility, and adopt longer periods for transition.
- Making a clear statement of Australia's position on eligibility and transition for its bilateral assistance, emphasising that Australia would also use multiple criteria to determine eligibility for assistance, and would work with the country to ensure that it could provide services from domestic funding as Australia reduced assistance.

Innovation in Australia's aid Program through the InnovationXChange and other programs

Recommendation 4: That Australia increase its current support for medical research and development to assist in meeting the shortfall in global research funding for diseases such as tuberculosis.

Recommendation 5: That Australia consider additional support for innovative funding for health services such as the International Financing Facility for Immunisation (IFFIm) and Debt2Heath exchanges.

Innovation in the aid program can take place in multiple ways:

- Supporting the introduction of new technology for (as illustrations) growing food, diagnosing disease or transporting medicines to remote areas.
- Supporting new ways of assessing the needs and priorities of people who are the expected beneficiaries of aid programs.
- Identifying and adopting new ways of engaging members of the public in designing and delivering aid programs.
- Adopting innovative ways of financing service delivery and development.

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[2] Independent Commission for Aid Impact, When aid relationships change: DFID's approach to managing exit and transition in its development partnerships. A performance review, 2016.
[3] ACTION Global Health Partnership, Progress in Peril? The Changing Landscape of Global Health Financing, 2017, p. 6

Therefore, the specific initiatives that the InnovationXChange has funded make up only a fraction of the potential for innovation in the Australian aid program.

RESULTS Australia has a particular interest in two forms of innovation for the aid program:

- Developing improved diagnoses and treatments for infectious diseases.
- Participating in innovative financing for development.

Infectious disease control: In the last five years, Australia has increased investment in medical research, including through the Product Development Partnerships (PDP) initiative.

PDPs are innovative financing structures that aggregate public and private funding for the development of drugs, vaccines and other tools. They particularly target neglected diseases that lack strong incentives for commercial manufacturers. These illnesses disproportionately affect people in developing nations.

The Australian Government has provided support for medical research and development in the aid program since 2013, when it announced Australia's first grants to PDPs under the AusAID Medical Research Strategy. In March 2015, the Minister for Foreign Affairs announced $30m in funding (over three years) to three PDPs: Foundation for Innovative New Diagnostics (FIND), Medicines for Malaria Venture (MMV) and TB Alliance. Through these grants, DFAT funding is pooled with funds provided by other donors and the Bill and Melinda Gates Foundation to support the accelerated development of new tools. These grants are helping to bring to market new diagnostics and drugs for TB and malaria.

The TB product development partnerships funded by DFAT are showing concrete progress. TB Alliance is developing two streamlined regimens, BPaL and BPaMZ that would deliver treatment for all cases of TB in a cost-effective, scalable and affordable manner. These new regimens have the potential to reduce treatment time for all forms of TB, including MDR- and XDR-TB, reduce the number of pills required to one per day, and eliminate the need for injections and hospitalisation entirely.

The key benefit, however, is that trials to date show treatment success rates of 80-90%, compared to a 50% success rate for current MDR-TB treatments. This treatment has been designed and priced for lower-income countries, so a full course will cost 10% of the existing therapy price.

FIND has developed the GeneXpert machine, which can detect both TB and resistance to the most common medication, rifampicin, within two hours. WHO recommended the use of GeneXpert in 2010 as the initial diagnostic test for all suspected cases of TB. More than 100 countries use the test and 6.2 million cartridges (one per test) were procured globally in 2015.

The next-generation GeneXpert machine, named Omni, will fit in a backpack and run on battery power. Omni should make the diagnostic process faster and more accessible, with easier detection of drug resistance.

As part of the Indo-Pacific Health Security Initiative, the Government has allocated a total of $75 million over 5 years to funding for PDPs. In April 2018, the Minister for Foreign Affairs, announced the following PDPs would receive $18.75 million each over the next five years:

- the Medicines for Malaria Venture, to develop and facilitate the uptake of new antimalarial drugs;
- the Foundation for Innovative New Diagnostics, to accelerate the development and adoption of better diagnostic tools and testing protocols for TB and malaria;
- the Innovative Vector Control Consortium, to develop and disseminate vector control technologies for malaria and other deadly mosquito-borne diseases; and

- the TB Alliance, to research new TB drugs and treatment regimens, including for drug-resistant TB.

This continued or new funding recognises that the work of PDPs takes time to lead to new products or processes, and sustained investment is necessary to ensure these breakthroughs can occur.

The Indo-Pacific Health Security Initiative goes beyond infectious disease research and development. Other key components of the Initiative are:

- Health systems and policy research: Up to $16 million will be allocated over three years to high-quality, collaborative, health systems and policy research with a focus on Southeast Asia and the Pacific.
- A new Health Security Corp will support professional placements in non-clinical roles in government agencies, NGOs, international organisations, research bodies and regional institutions.
- A University-based training program will strengthen the capacity of developing country staff to lead and manage surveillance and response to new diseases ($16 million).
- An initiative with the Therapeutic Goods Administration to accelerate the approval of new drugs and therapeutic devices within the East Asia and Pacific region.

Therefore, the Indo-Pacific Health Security Initiative has the potential to promote innovation in health systems, identifying and managing disease outbreaks and accelerating the adoption of new treatments. It will be important to monitor the outcomes of these initiatives to ensure they are achieving the intended impacts.

The funding for this initiative will have the largest impact if it is a genuine addition to current health assistance. Therefore, Australia needs to at least maintain other funding to support national health systems and addressing specific health conditions needs to ensure this initiative has the maximum impact.

The shortfall in the current funding for research and development for infectious diseases also means that Australia would need to step up its medical research and development support beyond the funding from the Indo-Pacific Health Security initiative. For example, the global shortfall in annual funding for tuberculosis (TB) research and development is estimated at $US 1.2 billion. Meeting this shortfall will be a combined public and private sector responsibility, but additional public-sector funding from contributors such as Australia will be essential in prompting additional private research, given the low level of commercial returns from TB testing and treatment.

Another example of innovation in infectious disease control is the **polio eradication** initiative. Achieving sufficient immunisation rates to come close to eliminating a disease has required new practices in the following areas:

Social mobilisation: Over 20 million volunteers have been mobilised globally to deliver and communicate the importance of essential polio vaccines. Volunteers know local conditions and concerns, are trusted by local communities, and can often reach children who could not be reached with regular immunisation efforts or other health services.

Outbreak response: The ability to quickly identify cases of polio and respond efficiently to an outbreak is a key feature of Global Polio Eradication Initiative partners' work. Emergency operation response teams and units for polio, including their extensive micro-planning and rapid response systems, are already being built

on in some countries for other diseases, routine immunisation, and wider global health security. [4]

As we reach the stage of eliminating new cases of polio (likely within the next 12 months), it is vital that these lessons and resources be applied to other health services.

Innovative financing with multilateral agencies: Multilateral institutions have adopted in recent years new ways of supplementing grant funding from aid providers to support expanded or accelerated programs.

For example, the World Bank Group has record funding of $US 75 billion available for the International Development Association (IDA) for the 2017 to 2020 period by supplementing contributions from its member countries with access to low-interest loans from capital markets. IDA made its first bond issue in April 2018, raising $US 1.5 billion at an interest rate of 2.9%.[5]

Australia has also supported innovative funding measures by multilateral health initiatives:

Gavi, The Vaccine Alliance: The International Finance Facility for Immunisation (IFFIm) is an early example of social impact bonds. Through IFFIm, Gavi issues bonds which enable it to provide increased levels of support for vaccine programs, and contributions by Gavi supporters over an extended period cover the costs of repaying the bonds. Since 2006, IFFIm has provided one fifth of total funding to Gavi. Australia has committed to provide $288 million over 20 years to support the IFFIm.

Gavi is considering additional initiatives which IFFIm funding could support, including the scale-up of current vaccines. As Gavi has not been as successful in scaling up vaccine coverage as it has been in supporting the introduction of new vaccines, Australia could use its position as a Gavi Board member to promote the use of IFFIm resources to expand vaccine access.

The Global Fund to Fight AIDS, TB and Malaria: In addition to the funding the Global Fund provides to members from grant contributions, the Global Fund has adopted several innovative ways of raising funding. One measure for which Australia was an early supporter is the Debt2Health initiative.

Debt2Health is an innovative financing mechanism that is designed to encourage domestic financing in health by converting debt repayments into investments in health programs. Under individually negotiated 'debt swap' agreements, a creditor nation foregoes repayment of a loan when the beneficiary nation agrees to invest part or all the freed-up resources into a Global Fund-supported program. Up to the end of 2017, debts swapped under Debt2Health agreements total close to $300 million, with the support of Australia, Germany and Spain.

In Australia's case, the debt agreement was with Indonesia, and involved the cancellation of repayments of $75 million in trade credits from Australia. Indonesia invested half of this amount in TB programs which the Global Fund supported.

The latest Debt2Health agreements, between the government of Spain and Cameroon, the Democratic Republic of Congo and Ethiopia were finalised in 2017. These agreements will allow Cameroon, the

[4] RESULTS UK and RESULTS Australia, A Balancing Act: Risks and Opportunities as Polio and its Funding Disappears, 2017.

[5] World Bank Group media release, IDA Makes Historic Capital Market Debut with Inaugural US$1.5 Billion Benchmark Bond, 17 April 2018.

Democratic Republic of Congo and Ethiopia to invest a total of $24 million of their resources in the fight against AIDS, tuberculosis and malaria and to strengthen health systems.

As the six-year period of the Debt2Health agreement between Australia and Indonesia has now concluded, it is essential for DFAT to report on the benefits of this initiative and identify if Australia would have any further opportunities to convert debt payments by other countries into measures to fight HIV, TB or malaria.

Business partnerships, social enterprise and community investment

Recommendation 6: That the Australian Government increase its support for financial inclusion programs to 0.5% of the aid program in the coming years, including support for bridging programs to assist the poorest become ready for enterprise-based initiatives.

RESULTS Australia has had a long-term interest in access to financial services as way of supporting both enterprise development and poverty reduction objectives.

Despite action over several decades to increase access to financial services, 2 billion people are still unable to obtain these services[6]. This adds to the vulnerability of poor people, as they are unable to obtain credit on reasonable terms to start or grow small enterprises, obtain insurance to protect against unexpected costs or loss of income, or have a safe place for savings.

The Microcredit Summit Campaign reported that the number of very poor people with access to credit and financial services had increased strongly from 82 million in 2005 to 114.3 million in 2013. However, growth in the number of very poor clients has slowed and even reversed in recent years.

To reach the World Bank's goal of full global financial inclusion by 2020, emphasis needs to shift to understanding the geographical, cultural and economic context of the financially excluded, and designing relevant products and services that will be used and valued by people living in poverty and extreme poverty.

Recently, the largest financial inclusion initiative in the Australian Aid Program has been support for the Pacific Financial Inclusion Program (PFIP), which Australia funds jointly with the Government of New Zealand and European Union, and which aims to increase access to financial services and improve livelihoods for people in the Pacific Island countries. The mid-term review of the PFIP notes some promising results in the number of clients reached, the level of usage of financial services and the proportion of women among savers in the region. However, the review recommended increased attention to measuring how the program would improve the livelihoods of participants, to gain a better indication of its impact.[7]

Australia should increase and diversify its support for enterprise development and financial inclusion, which would allow for support for enterprise-based programs, as well as bridging programs, which have proved effective in Bangladesh and other countries at reaching those living in extreme poverty and helping them to develop livelihoods and financial capability. Measures to assist the poorest people to move towards enterprise-based microfinance include cash transfers, an asset donation, training and mentoring.

[6] According to the World Bank's Global Findex data, 2014
[7] Pacific Financial Inclusion Programme (PFIP) II Mid-term internal programme review, 2017, page 43.

Outcomes for Women and Girls

Recommendation 7: That the proportion of Australian aid for health and education programs increase, to support meeting the needs of women and girls who have disadvantages in accessing these services.

One of the strategic objectives for the current aid policy is to ensure that "more than 80 per cent of investments, regardless of their objectives, will effectively address gender issues in their implementation."

The performance of Australian Aid report 2016-17 notes that the aid program falls short of this target, with 77% of current aid investments addressing gender quality in their implementation. The report notes that projects or programs that have started since 2014 perform better at integrating gender equality objectives, with 82% of these projects addressing gender equality.[8]

While the Government's approach of incorporating gender equality into all sectors and types of projects is a valuable model, outcomes on gender equality would also be improved by concentrating on types of programs of particular importance to women and girls. For example, women and girls make up the majority of people without access to education and who are disadvantaged in accessing health services.

To illustrate obstacles for women in health services, both men and women face a number of barriers in accessing tuberculosis services, and the following barriers can be greater for women:

- Stigma - Women expect more stigma in family and reported more isolation, psychosocial consequences, fear of divorce, losing spouses, or compromised marital prospects for unmarried children; TB in women is associated with loose and immoral behaviour, leading to greater burden of stigma and more difficulty getting married; women are more likely to hide their diagnosis or delay seeking treatment because of stigma.
- Health literacy - Higher proportion of females displaying prejudice towards TB due to limited knowledge; women and children have less knowledge than men and the elderly; women are more likely to regard TB as fatal or incurable; women with limited knowledge in how to seek health services.
- Sociodemographic barriers - Women need to ask permission from husbands or elders to seek treatment; treatment of children and men is prioritised; diagnosed women receive less family support than men; women are expected to care for husbands with TB, whereas men are not expected to care for wives with TB; more males report that family members have a positive attitude towards their disease.
- Provider/system level barriers - Women are more affected by lack of privacy in health facilities; women are more likely to perceive female health care workers as sympathetic and adhere to treatment; women are more likely to consult traditional healers, self-medicate, or use private physicians over government facilities.[9]

The level of funding from development assistance programs would not have a large impact on these barriers, but the conditions on donor funding and demonstration of inclusive practices in externally-funded programs can change these perceptions.

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[8] Office of Development Effectiveness, Performance of Australian Aid 2016-17, published May 2018, p 11.
[9] L. Krishnan, T. Akande, A. Shankar, K. McIntire, C. Grounder, A. Gupta and W. Yang, *Gender-Related Barriers and Delays in Accessing Tuberculosis Diagnostic and Treatment Services: A Systematic Review of Qualitative Studies*, Tuberculosis Research and Treatment, 2014.

In recent years, the proportion of Australian aid for the health and education sectors has declined – in 2018-19, Education makes up 16% of the aid program and health makes up 11% of the aid program. This is partly due to a temporary drop in Australia's contributions to multilateral health and education initiatives, and partly from a reduced emphasis on health and education in Aid Investment Plans.

Therefore, increasing investment in education (including a focus on basic education and providing suitable school facilities or girls) and on health (particularly accessible primary health services, attention to infectious diseases and vaccination of children) is an essential part of improving the outcomes of the aid program for women and girls.

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