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Mapping the Australian landscape for global health research

Impact Global Health

AUSTRALIAN GLOBAL HEALTH ALLIANCE

Contents

Acknowledgments

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Key messages

- Funding for global health research makes up a tiny fraction of Australia's overall health budget.
- Infectious diseases have been a key focus of funded research, even prior to the COVID-19 pandemic.
- Ongoing health disparities underscore the need for further investment in Indigenous health.
- Funding commitments are insufficiently forward-looking, not focusing on emerging threats such as the implications of climate change on health and food security, and antimicrobial resistance.
- Australia has both the economic capacity and research expertise to become a leader within our region.

- From 2017 to 2023, the Australian federal government's health spending totalled approximately $630 billion. Although still a significant investment, global health research represented only a tiny fraction of the overall health budget, receiving just under $2 billion over the 6-year period.
- The distribution of public sector funding for global health research in Australia is primarily managed by four key agencies: the NHMRC, MRFF, ARC, and DFAT. These agencies collectively influence the national agenda on global health research.
- A significant focus of funded research has been on infectious diseases – with substantial allocations directed largely towards the study, treatment, and prevention of COVID-19, as well as influenza, tuberculosis, and mosquito-borne diseases – as well as Indigenous health, with research largely directed towards health issues which disproportionately impact Indigenous populations, including rheumatic fever and maternal & child health.
- Australia stands out in Indigenous health research funding among high-income nations, with the NHMRC leading compared to equivalent organisations in Canada and New Zealand, both in total expenditure and relative to the size of each country's Indigenous population. However, ongoing health disparities underscore the urgent need for more focused and culturally adapted strategies.
- Funding commitments are insufficiently forward-looking and still, in many respects, represent the funding priorities of recent years, not considering emerging threats such as the implications of climate change on health and food security and antimicrobial resistance.
- There needs to be an increased focus on – and greater strategic coordination of – investment in global health research by the Australian government, the majority (around two-thirds) of which is currently researcher-driven.
- The MRFF has significant potential as a source of strategic investment in global health research, but only a small – and decreasing – fraction of its funding is directed to global health.
- To better align with global health needs and maximise impact, Australia must increase and realign its funding strategies to address and anticipate global health challenges more effectively, especially in underfunded areas such as climate-related health issues, antimicrobial resistance, and pandemic preparedness.

Executive summary

This report, *Mapping the Australian Landscape for Global Health Research*, provides an in-depth analysis of Australia's public sector funding for global health research from 2017 to 2023. As a high-income country, Australia has the potential to play a significant role in addressing global health challenges, especially within the Indo-Pacific region. The report highlights both the strengths and gaps in Australia's global health research funding.

The report focuses on four major public agencies – the National Health and Medical Research Council (NHMRC), the Medical Research Future Fund (MRFF), the Australian Research Council (ARC), and the Department of Foreign Affairs and Trade (DFAT) – as the primary funders of global health research. While each of these agencies have made notable contributions, especially in areas like infectious diseases, sexual and reproductive health, and Indigenous health, the overall scale of funding remains modest relative to Australia's economic capacity.

Key areas of focus in Australia's global health research include infectious diseases, with nearly half of the total global health funding going to diseases like COVID-19, tuberculosis, and malaria. Sexual and reproductive health, particularly in the prevention and treatment of HIV/AIDS and cervical cancer, also received significant investment. Looking at Australian funding for Indigenous health compared to that of Canada and New Zealand, Australia has invested the most in terms of absolute funding and funding relative to Indigenous population size; however, once the GDP of each country is factored in, New Zealand performs the best.

Despite commendable efforts, Australia's investment in global health research lags behind its international peers. This finding underscores a misalignment between current funding strategies and the emerging global health threats. Key areas such as the impact of climate change on health, antimicrobial resistance, and pandemic preparedness are notably underfunded. This oversight suggests that current investment strategies remain anchored in historical priorities and have not evolved sufficiently to address the shifting landscape of global health challenges increasingly influenced by environmental and geopolitical changes. The report advocates for increased funding in these under-researched areas and the realignment of Australia's health funding to reflect better global health priorities in areas where Australia can make a substantial impact.

While Australia has made strides in addressing global health challenges, significant gaps remain. The report highlights the need for increased funding, particularly in areas of emerging importance. By strategically enhancing its global health research investments, Australia can address pressing health challenges at home and abroad, strengthen its role as a global leader, improve regional stability, and build the capacity of Australian researchers and the Australian research sector.

Defining ‘global health’ and the landscape of Australian public funding

For the purposes of this report, ‘global health’ is defined in broad terms as “an area of study, research, or practice that places a priority on improving health and achieving equity in health for all people worldwide.” The term ‘global health’ itself has evolved from the slightly distinct concepts of ‘public health’ and ‘international health’[1], with the key difference being a focus on health issues that transcend borders and promote equity amongst all people.

Australia, a high-income country with a GDP per capita of almost $100,000, has the means to play a crucial role in global health, especially in the Indo-Pacific. This report will analyse the extent to which Australia has risen to that challenge by committing funding and expertise to research targeting the health issues which burden our neighbours and low-income populations across the globe.

Recognising that Indigenous health is a global health priority, this report also examines Australian government funding for Indigenous health research in the broader research funding context, and compares it to that of Canada and New Zealand.

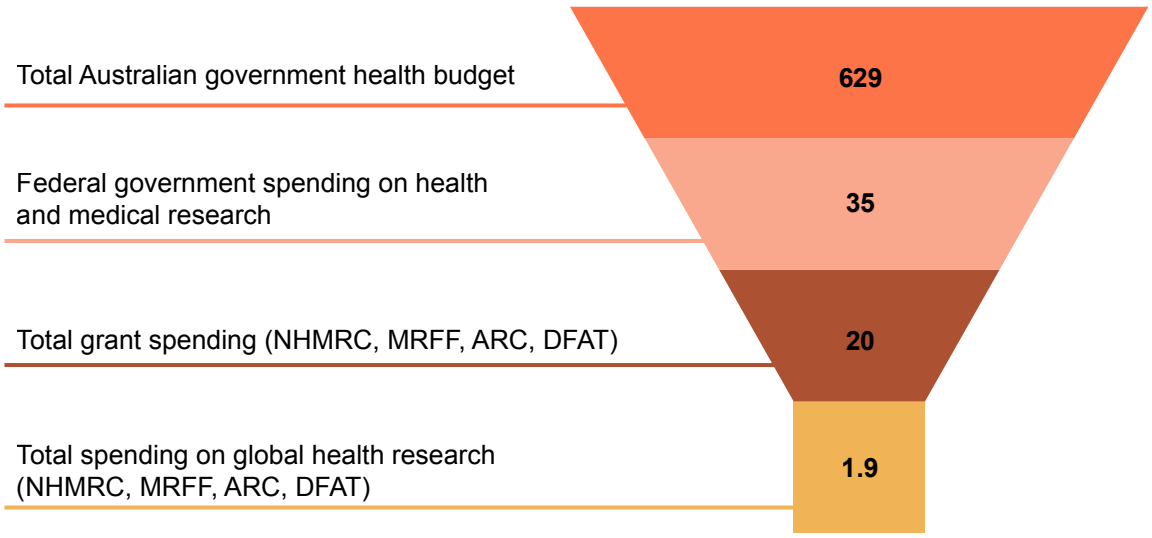
This report will map the landscape of Australian public sector funding for global health research, assessing how effectively this funding aligns with current global health challenges and priorities. It will also compare Australia’s funding to that of its international peers, particularly other OECD countries. The primary focus is on global health research funding provided by four key Australian public sector agencies: *the National Health and Medical Research Council (NHMRC), Medical Research Future Fund (MRFF), Australian Research Council (ARC), and the Department of Foreign Affairs and Trade (DFAT).*

We provide a detailed analysis of the funds distributed by these agencies, examining how resources are allocated across various areas of global health research. This report will evaluate the impact of these investments on global health outcomes, and identify gaps where additional funding and strategic direction are needed. By highlighting the strengths and weaknesses of current funding strategies, the report aims to pinpoint areas with the potential for increased and better-directed funding. This comprehensive overview will support efforts to enhance Australia’s role in global health research, ensuring that investments are effectively targeted to address the most pressing global health challenges.

Australia's global health spending as a share of its overall healthcare budget

The Australian federal government's overall health spending between 2017 and 2023 was just under $630 billion, around $35 billion (6%) of which was spent on health and medical research. The analysis outlined below suggests that, of this $35 billion, around $2 billion was spent on global health research – representing less than half of one percent of total health spending over that period.

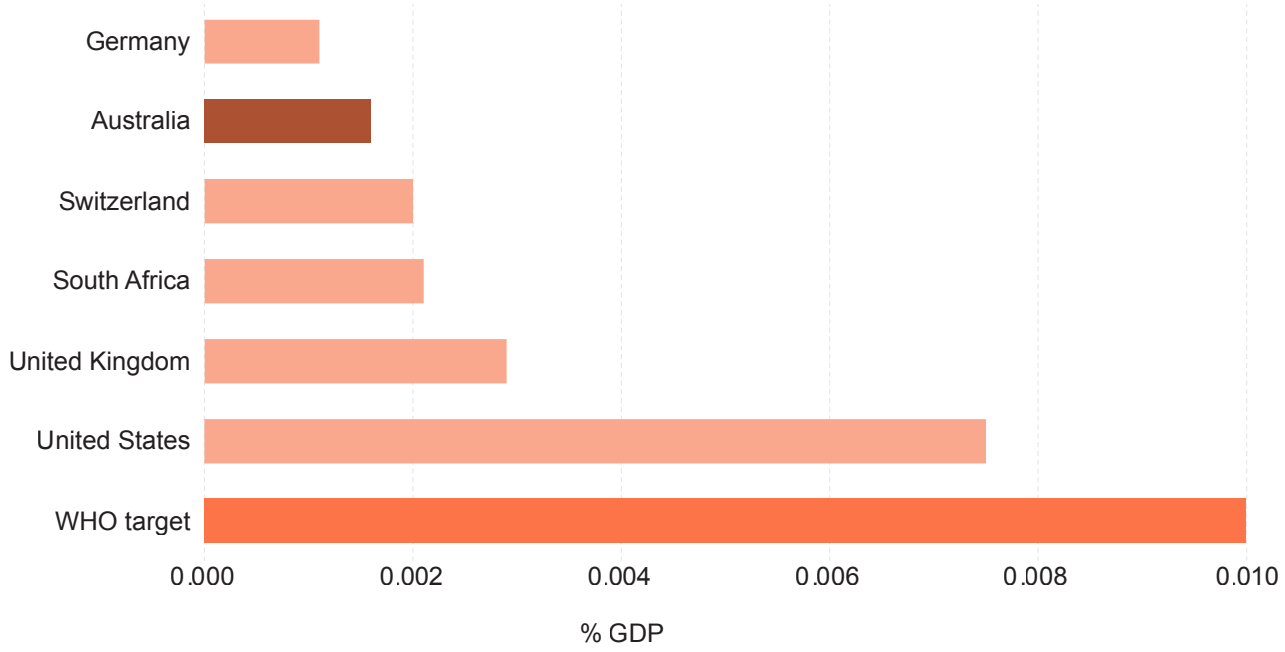
Figure 1. Australian government spending 2017-2023 (AUD billions)



Australian spending on health and global health research in relation to GDP

Between 2017 and 2023, Australia allocated $1.9 billion to global health research. Annualised, this figure translates to around $12.2 per $100,000 of GDP, or a little more than 0.015% of GDP per year. Focusing specifically on R&D for neglected diseases[1], the G-FINDER survey, which provides detailed international comparisons, reveals that Australia dedicated around $1.6 per $100,000 of GDP (0.002% of GDP) in 2022. This level of investment ranked Australia as the eighth-largest contributor relative to GDP, trailing the United States, Czechia, the United Kingdom, South Africa, Switzerland, India, and Sweden. The World Health Organization's Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property (GSPOA) recommends that member states, including Australia, allocate at least 0.01% of their GDP to research targeting the health needs of developing countries, a target Australia has not come close to meeting.

Figure 2. Percentage of GDP invested in neglected disease R&D – comparison between Australia, other countries and the WHO target



1 All references to neglected diseases within this report refer to neglected diseases as defined by the G-FINDER neglected disease scope

Australia's key funders of global health research

Federal funding of global health research in Australia is disbursed by four key public sector agencies: NHMRC, MRFF, DFAT, and ARC. Figure 3 shows the share of the global health research funding by organisation and is followed by a deep dive into the funding priorities of each of them.

Figure 3. Share of Australian public funding for global health research by agency 2017-2023 (AUD)

The National Health and Medical Research Council

The National Health and Medical Research Council (NHMRC) is Australia's primary funder of health and medical research. It provides funding to research bodies and advises the Australian Government on matters relating to health research. The current research priorities of the NHMRC[2] include: strengthening resilience to emerging health threats, including climate change, antimicrobial resistance (AMR), and pandemics; addressing inequities in Indigenous health; and prevention & management of chronic conditions.

Figure 4. Total versus GHR spending

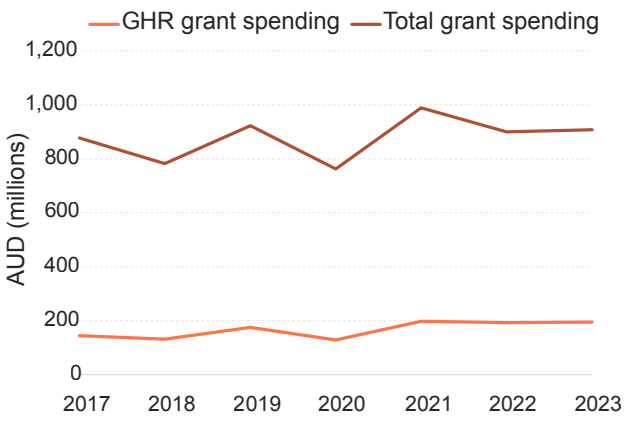
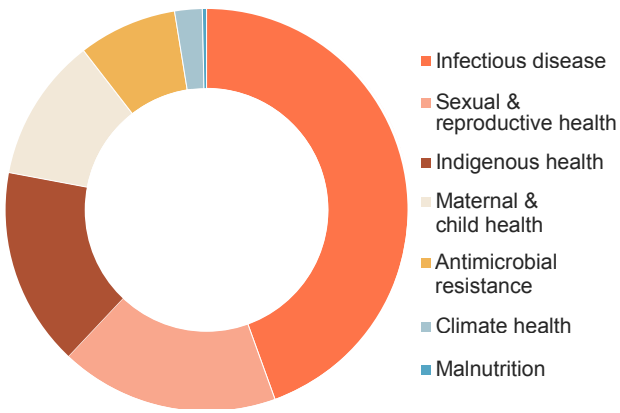


Figure 5. Share of GHR spending by health area



Total NHMRC grant spending between 2017-2023 was $6.1 billion, a large proportion of which was for non-communicable diseases (cancer 20%, cardiovascular disease 12%, mental health 12%, dementia 7%, diabetes 5%).[3] Only around a fifth of the NHMRC funding was invested in global health research (roughly $1.2 billion). The NHMRC's investment in global health research has been relatively consistent across the years, with a significant (COVID-driven) increase in 2021, which has been sustained in the years since.

Almost half of the NHMRC's $1.2 billion in global health funding has been spent on infectious disease research, a broad category which includes hepatitis, malaria, tuberculosis, COVID-19 and neglected tropical diseases. A significant proportion of NHMRC's global health research has also been invested in sexual and reproductive health (17%), a category which is also dominated by infectious diseases, in which we include HIV and other sexually transmitted infections.[2] According to the broad areas of global health we have used to categorise this data, the next largest focus areas of the NHMRC are Indigenous health[3] and maternal and child health, followed by smaller investments in antimicrobial resistance (AMR), climate change-related health issues, and malnutrition. This small amount of investment into climate related health issues between 2017-2023 comes despite climate change being listed as one of the current research priorities of the NHMRC. Looking forward, however, as of March 2024 the NHMRC has released a Targeted Call for Research into "Climate-related health impacts and effective interventions to improve health outcomes"[4] with funding of $10.7m over five years – a relatively small investment, but a step in the right direction.

NHMRC funding is awarded through Administering Institutions, which include universities, hospitals and medical research institutes, that meet defined research governance requirements. Over a third of its total funding for global health research between 2017 and 2023 was received by just three universities – the University of Melbourne, University of New South Wales (UNSW) and Monash University – with the remaining 62% distributed among a further 56 institutions. Most NHMRC funding is disbursed via relatively small individual grants (usually less than $5m), with the occasional exception of large, one-off grants. The latter group includes a $16m grant to the University of Melbourne to address major challenges in HIV vaccine and cure research; grants to UNSW focused on drug-use related hepatitis C infection ($9.1m), and $6.5m for testing and treatment for latent tuberculosis infection via a randomised control trial in Vietnam; and, to Monash, $5.0m for the discovery of new antimalarial drugs to overcome the issue of resistance emerging in current antimalarials.

Due to the methods for data collection within this survey – involving largely disease-based key word searches of grant databases – the roughly $1.2 billion over seven years quoted within this report as the global health research investment of the NHMRC captures funding for both domestic and international research. Some of the search terms used to identify what are often seen as global health issues – such as HIV and COVID – will have picked up funding for research which is focused on Australian populations, as well as the spending on Indigenous health research described elsewhere within this report. Over $350m of this total was for grants which contained "Australia/n/s" in the grant description.

2 While there is some conceptual cross-over between these categories (e.g. some SRH conditions are also infectious diseases), for the purposes of this analysis, we have assigned each condition and, therefore, each grant, a primary global health area (GHA). For more detail on the funding included within each area, see the analysis by GHA on page 14.

3 The shares of spending on Indigenous health within this section of the report underrepresent the true spending of each agency, to avoid double counting of funding applicable to multiple global health areas. See page 22 for a comprehensive analysis of funding for Indigenous health.

The Medical Research Future Fund

The Medical Research Future Fund (MRFF) is a research endowment fund established by the Australian Government in 2015 as a $22 billion long-term investment to support Australian health and medical research. Every year, the Government uses some of the returns generated by the endowment to support Australian health and medical research.

Since its foundation in 2017, the MRFF has distributed grants totalling $3 billion. This funding has been disbursed under a set of initiatives – referred to as 'missions' – which guide the research into specific areas, including the Australian Brain Cancer Mission, Cardiovascular Health Mission, Global Health Initiative, Indigenous Health Research Fund, and the Dementia, Ageing & Aged Care Mission. Of this $3 billion in total spending, around $430 million (14%) has been invested in global health research. While MRFF funding for global health research peaked in 2020, the overall focus of MRFF funding on global health has declined over time, comprising 31% of their total grant investments in 2017, and just 1% in 2023, reflecting both an increase in their overall spending and a reduced focus on global health research.

Figure 6. Total versus GHR spending

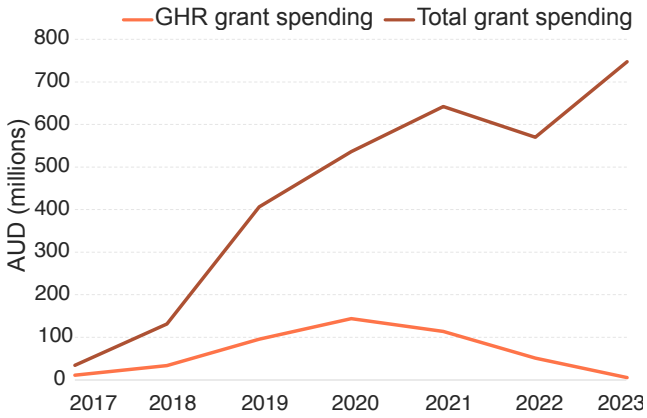
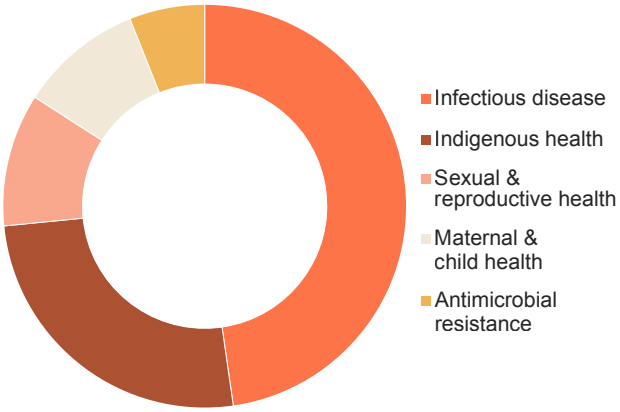


Figure 7. Share of GHR spending by health area



And while as much as $430 million of MRFF funding since its establishment can be considered global health research, only a very small portion of this funding was disbursed via its 'Global Health' initiative ($16m, 4% of the total), all of which was focused on antimicrobial resistance. Unsurprisingly, a much larger proportion was spent under its Coronavirus Research Response mission – $124m in 2020 and 2021 alone, including funding for therapeutic, vaccine and diagnostic development, genomics, public health activities, and COVID-19 related mental health research. A similar amount was invested in global health through the Indigenous Health Research Fund, the makeup of which is described further in the Indigenous Health Funding section of this report. Most of the remaining global health funding was disbursed through the Emerging Priorities and Consumer Driven Research mission (focused on endometriosis and Indigenous maternal & infant health) and the Clinical Trials Activity mission (a mixture of focuses including preterm birth, acute respiratory infections, and other infectious diseases like hepatitis C, Q fever, HIV and scabies). A notable absence from MRFF funding is that for climate health – which was also not specifically listed within their funding priorities for 2022-2024.[5]

An additional $30m is slated to be provided under the Global Health initiative over ten years, starting from 2024-25.[6] However, compared to the $100m that has been committed to the Cardiovascular Health and the almost $90m to the Dementia, Ageing and Aged Care Missions, in just five years from 2024-25, the scale of the commitment to global health is small. While our data from 2017 to 2023 shows funding for global health issues can also fall under other programmes, the fact that just $3m per year out of an overall budget of $650m has been allocated specifically to the Global Health initiative is telling – particularly given the breadth of the problems it is meant to identify and address.

As with NHMRC funding, the majority of MRFF funding goes to universities and university-affiliated research institutes, with the top three recipients – the University of Melbourne, the University of New South Wales and the University of Western Australia – receiving almost half of the total funding. Unlike the NHMRC, the MRFF provides some of its funding to private companies, including small pharmaceutical companies.

Department of Foreign Affairs & Trade

Australia's Department of Foreign Affairs and Trade (DFAT) provides the majority of its global health research investment via its Indo-Pacific Centre for Health Security (IPCHS). DFAT also invests significantly in global health and health security through funding multilateral organisations, and regional health initiatives, however these are predominantly focused on capacity building efforts and commodity supply.

DFAT's Health Security Initiative disbursed around $300m between 2017-2022. Through this initiative, significant support was given to the product development partnerships (PDPs) – including the Innovative Vector Control Consortium (IVCC), Medicines for Malaria Venture (MMV), Foundation for Innovative New Diagnostics (FIND), TB Alliance and the Coalition for Epidemic Preparedness Innovations (CEPI) – who each received around $19m for the development of new drugs, vaccines, diagnostics and vector control products. Also under the Health Security Initiative was a $16 million "Stronger Systems for Health Security" applied health systems research grants program, including research and capacity building activities to address key health security challenges in our region, and invests in Australian research.

DFAT has also invested significantly in support for research outside of product development, including implementation and operational research. This funding is predominantly provided to medical research institutes who work with partner organisations in the Indo-Pacific, and includes programs such as PRIME-TB – focused on innovations in micro-elimination of tuberculosis in Indonesia and PNG ($6.2m) – the Tropical Disease Research Regional Collaboration Initiative – which involves strengthening research capacity and operational research to respond to drug-resistant TB and malaria ($2m), and vivaxGEN – for research into developing new molecular surveillance tools for elimination of P. vivax malaria. Other examples of global health research come through country-specific initiatives, such as funding to the Australia-Indonesia Institute for improving tools for diagnosis of malaria.

As of 2024, the IPCHS has commenced a $620m (five-year) initiative – Partnerships for a Healthy Region – which expands on previous infectious disease-focused programs to include NCDs and mental health, an encouraging shift towards a more holistic focus on global health. This includes projects such as STRIVE – a partnership between the Burnet Institute and PNG Institute of Medical Research ($4.5m), focused on implementation research and systems strengthening to improve surveillance of vector-borne diseases.

The Australian Research Council

The Australian Research Council (ARC) is an entity within the Australian Commonwealth Government, established in 2001. It provides funding for a broad range of research through its National Competitive Grants Program. Unlike the organisations profiled above, the ARC is not exclusively health-focused and explicitly excludes pre-clinical and clinical medical research from its mission.

Its exclusion of clinical and pre-clinical funding means that ARC focuses less on global health research than the other Australian public funding organisations, investing around $30m out of overall spending, totalling around $5.7 billion since 2017, or just 0.6% of its total budget. Over half of their global health funding has been for research on infectious diseases, specifically mosquito-borne diseases, which accounted for almost 40% of the total. Much of the remainder was funding for antimicrobial resistance research, primarily through the ARC's Research Hub to Combat Antimicrobial Resistance. The ARC has also invested a significant share of its global health funding in climate change-related health issues, including estimating the climate-attributable burden of disease and the intersection of planetary health and global health equity, though the dollar value of this investment is still quite low (around $7m).

Figure 8. Total versus GHR spending

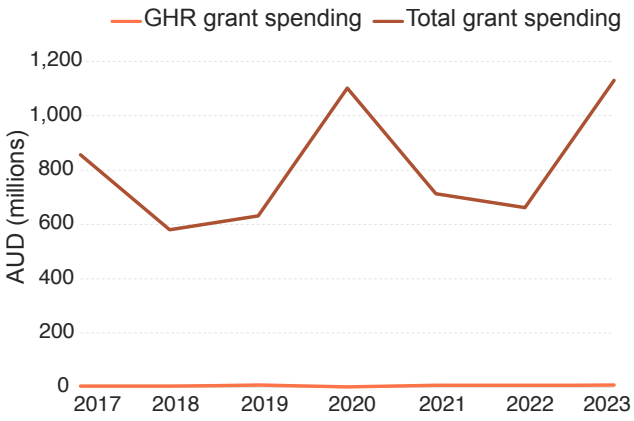
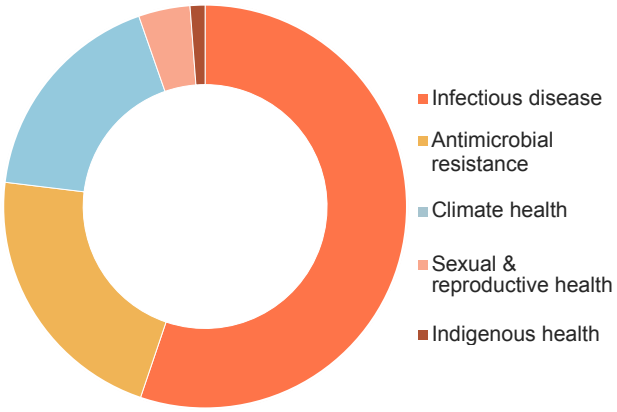


Figure 9. Share of GHR spending by health area



Other government agencies and initiatives

Outside of these four major agencies, there are other government agencies which play an important role in the Australian health landscape. The CSIRO (Commonwealth Scientific and Industrial Research Organisation) is Australia's national science agency, and plays an important role in funding and conducting scientific research in Australia – some of which falls under global health research, including the development of vaccines for COVID-19 and rotavirus. The CSIRO generates much of its own revenue, as well as receiving funding from the Australian government ($1 billion in 2023-24)[7].

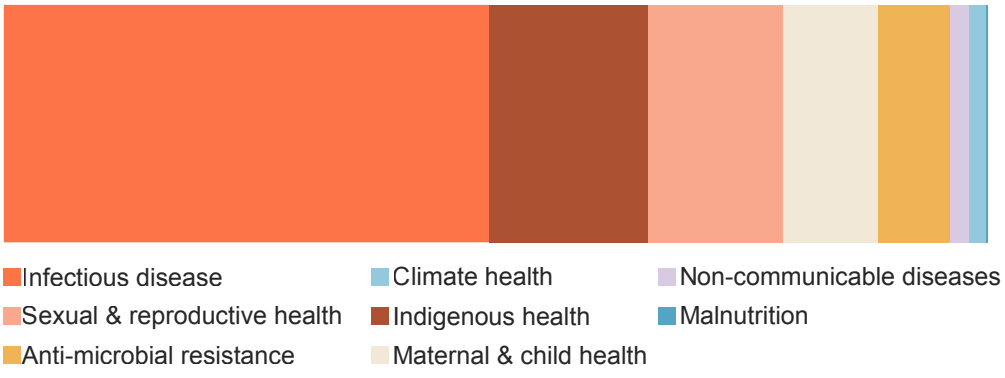
The NRF (National Reconstruction Fund) was established in 2023, and will invest $15 billion over the seven years from 2023 across seven priority areas, including medical science. The medical science pillar will likely focus on medical manufacturing, including manufacturing of medicines, medical devices and vaccines, and support the broader ecosystem of medical research in Australia.

The Australian government is also in the process of establishing an Australian Centre for Disease Control (CDC), and is investing $250m over four years in its establishment. The Australian Government identified the need for a CDC following recent public health emergencies, including the COVID-19 pandemic and the emergence of mpox. The Australian CDC will work to strengthen Australia's response and preparedness to future public health emergencies.

Analysis of Australia's public funding for global health research overall

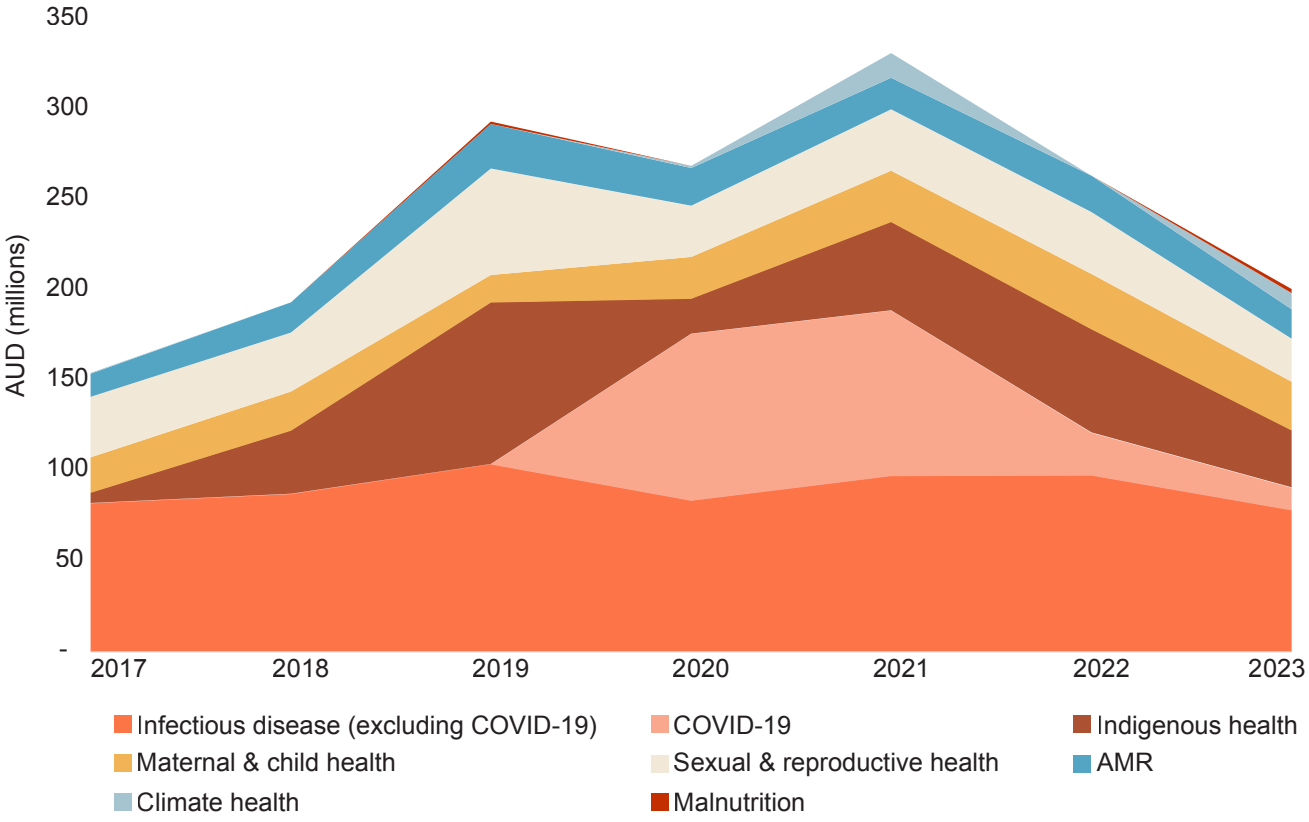
Based on our search of publicly available databases, global health-related **infectious diseases** have received around $880m of Australian Commonwealth funding from 2017 to 2023. Of this, around $220m was disbursed in response to COVID-19, though infectious disease research still dominated pre-2020 funding (as shown in Figure 11 below). A large proportion of this funding focused on research and development, including the development of vaccines, therapeutics and diagnostics. However, funding also went towards a broader suite of activities, including strengthening surveillance systems, evaluating vaccination policy and infection control measures and supporting neighbouring countries in the Asia-Pacific. Beyond COVID-19, Australian infectious disease funding has also focused on influenza, tuberculosis, malaria and rheumatic fever, with funded research tackling several areas, including public health strategies for achieving malaria and tuberculosis elimination and addressing the social determinants of rheumatic heart disease. As with COVID-19, a large proportion of funding in these disease areas also focused on biomedical product R&D and included funding to the product development partnerships (PDPs) Medicines for Malaria Venture and TB Alliance. For a more precise measure of Australian public investment into biomedical product R&D for neglected diseases, emerging infectious diseases and sexual & reproductive health, see the spotlight on page 20.

Figure 10. Australian public funding by global health area



The share of Indigenous health funding represented in Figures 10, 11 & 12 is an underestimate of the true spending on Indigenous health, and only includes research with a primary focus of improving the health of Indigenous Australians where it doesn't otherwise overlap with another category. This is to avoid double counting of funding that is applicable to multiple global health areas. A comprehensive analysis of funding for Indigenous health can be found on page 22.

Figure 11. Funding by global health area, with COVID-19 spending split out from other infectious diseases



Sexual & reproductive health accounted for the next largest share of funding, receiving around $250m from 2017 to 2023. More than half of this funding went towards sexually transmitted infections. There was a particular focus on HIV/AIDS, including funding for implementation research as Australia moves towards the elimination of HIV transmission. Indeed, Australia has become a global leader in this endeavour, virtually eliminating HIV transmission in the parts of Sydney that were previously the centre of the AIDS epidemic.[8]

Similarly, Australia is a world leader in the quest to eliminate cervical cancer. Around 10% of Australian sexual & reproductive health funding went towards control of cervical cancer and the human papillomavirus (HPV) which is often responsible for its spread, with particular attention given to Indigenous populations and to supporting HPV control in neighbouring countries. More recently, and not yet captured in our figures, DFAT announced a $12.5m grant to a consortium of Australian and international organisations designed to further accelerate the World Health Organisation's strategy for the elimination of cervical cancer.[9] Beyond sexually transmitted infections and cervical cancer, Australian sexual & reproductive health funding also went towards endometriosis, fertility regulation, menopause and polycystic ovary syndrome.

Over the same period, around $160m of Australian public funding went towards **maternal & child health**. Around half of this funding was dedicated to research on preterm labour and birth. One of the largest single disbursements was a $5.0m grant from the MRFF to Charles Darwin University

for a First Nations-led study that aims to improve safe and culturally appropriate maternity care in rural and remote Australia, focusing on preventing preterm birth. Overall, across all maternal & child health funding, at least $30m was dedicated to improving maternal & child health in Indigenous populations, remote settings or low- and middle-income countries.

Antimicrobial resistance received around $130m of Australian public funding. In line with the diverse funding response to AMR called for in Australia's National Antimicrobial Resistance Strategy, this funding supported a broad range of activities – from developing diagnostic tests and therapeutic alternatives to antimicrobials to promoting appropriate antimicrobial use in animals and building capacity to monitor antimicrobial use and resistance.[10] The National Strategy also calls for the use of diverse funding models, including product development partnerships (PDPs) and public-private partnerships (PPPs). However, so far, all Australian public funding to tackle AMR has gone to academic research institutions, with the sole exception of the ARC's Research Hub to Combat Antimicrobial Resistance, which includes partnerships across industry, researchers and end-users.

Climate health received around $40m, with around half of this funding disbursed in 2021 alone. That year, the NHMRC provided $10m to the Australian National University for research on the interactions between climate, the environment and health. Other projects have explored the effects of bushfire air pollution and heatwaves, the impact of climate change in the broader Asia-Pacific, and ways we can reduce the risk of heat-stress aggravated diseases and increase our climate resilience. While a 2021 spike in climate health funding is encouraging, funding specifically for climate health research has been minimal overall. More investment is needed in projects which use the changing climate as a lens through which to analyse project-associated health problems, including the spread of vector-borne diseases (which only accounted for $4m of this funding) and the public health challenges associated with extreme weather.[11] Australia *has* invested in climate change – particularly through the ARC, which has funded at least $400m (2017-2023) in research relating to climate change in fields outside of health and medical research – and through DFAT, providing support for climate resilience to our Pacific neighbours (described below). However, research into the *health implications* of climate change is lacking.

One such health implication is **malnutrition,** which is increasingly becoming a climate health issue as climate change threatens food security and nutrition. A small amount of funding ($4m) was identified for research focusing on the prevention and treatment of malnutrition in children within the Indo-Pacific.

Funding in some of these global health areas is also supported by state government initiatives, which are not captured in the funding totals of this report. For example, the Victorian Medical Research Acceleration Fund (VMRAF)[12], which was launched by the Victorian government in 2017, has contributed over $22m across 122 projects, including in the areas of infectious diseases and maternal & child health. The Queensland government also invested $10m in the University of Queensland's unsuccessful COVID-19 vaccine and its underlying molecular clamp technology, which also received investment from the Coalition for Epidemic Preparedness Innovations (CEPI), the Australian federal government and the Paul Ramsay Foundation.[13]

Emergency preparedness and response

Since the COVID-19 pandemic, the Australian government (through the Department of Health and Aged Care) has been committed to strengthening global health security. This commitment is evident in the government's active engagement with multilateral global health organisations such as the WHO and G20. These engagements aim to negotiate a new pandemic agreement and advocate for changes to the International Health Regulations, ensuring that all stakeholders are involved in the decision-making process.

DFAT plays a pivotal role in Australian funding for disaster and pandemic preparedness and supporting our neighbours in this endeavour. Australia contributes to numerous climate change and disaster resilience programs throughout the Pacific, including $30m to the Climate and Oceans Support Program, $55m towards the implementation of Fiji's Climate Change Act, and $55m for climate change adaptation in Nauru. It also provides funding for health security both through general support to the health systems of neighbouring countries and through specific programs, as in PNG, where Australia invests over $100m per year in their health sector, as well as $26m between 2017-2022 through the Indo Pacific Centre for Health Security for specific health security related programs.

Non-communicable diseases

While we recognise that non-communicable diseases (NCDs) are a critical health issue and – particularly within high-income countries such as Australia – have a huge and devastating impact on health and the burden of disease, the funding data from Australian researchers makes it clear that the vast majority of funding for NCDs between 2017 and 2023 has focused on Australian priorities and populations, and therefore doesn't fit within the definition of global health used within this report. However, looking forward, DFAT's Partnerships for a Healthy Region program (through the IPCHS), announced in 2023, includes investment in NCD prevention and control within the Indo-Pacific – expanding on the previous program (Health Security Initiative, 2017-2022), which focused primarily on *communicable* diseases.

Our data did capture some other funding for NCD-related research, where the population studied, or outcome of the research would reach outside of Australia – around $35m from the NHMRC predominantly looking at cardiovascular disease prevention and management in our neighbouring countries of Indonesia, India, and the Pacific Islands. A lot of NHMRC's global health-relevant NCD funding comes through the Global Alliance for Chronic Diseases, which is focused on NCDs in LMICs and/or disadvantaged populations (such as Indigenous populations) in HICs – around $10m in 2019 and 2021 and has announced a funding call for 2024.

Outside of global health, between 2017 and 2023, the NHMRC has invested $1 billion in research for cancer, $637m for cardiovascular disease, $353m for dementia, $285m for diabetes and $142m for obesity. The MRFF has also invested significantly in NCDs, with its Cardiovascular Health Mission investing $116m since 2018, $75m through the Dementia, Ageing and Aged Care Mission and $33m through the Brain Cancer Mission, and at least an additional $264m for other cancer-focused research, $150m for diabetes and $40 for obesity as identified through a keyword search.

Australian investment in mental health research

As above with the NCDs, we recognise that mental health is an extremely important health issue within Australia and globally and is continuing to grow in importance in the wake of the COVID-19 pandemic and growing concerns around climate change. However, in the context of Australian government funding for mental health research, there is a strong focus on the mental health of specific Australian subpopulations and solutions to improve and support the mental health of these groups, which would not necessarily be applicable or relevant to a global scale. With the exception of $4m invested by the NHMRC through the Global Alliance for Chronic Disease's Mental Health call and $8m towards improving mental health outcomes in refugees, the majority of mental health research is focused on Australian populations, with a strong focus on young people and Indigenous Australians. Between 2017 and 2023, there was around $50m of investment in Indigenous mental health research through the NHMRC and the MRFF.

If, instead of focusing on global health, we look at the broader measure of its funding, the NHMRC has invested over $600m in mental health research between 2017 and 2023, and the MRFF spent $70m via their Mental Health mission (which explicitly identifies a focus on Australians living with mental health issues), and at least another $130m for research focusing on mental health and related disorders. Outside of just research, Australia spends over $12 billion per year on mental health-related services, including state and territory services, Medicare mental health services and pharmaceuticals subsidised under the PBS for its population.

Health systems and policy research

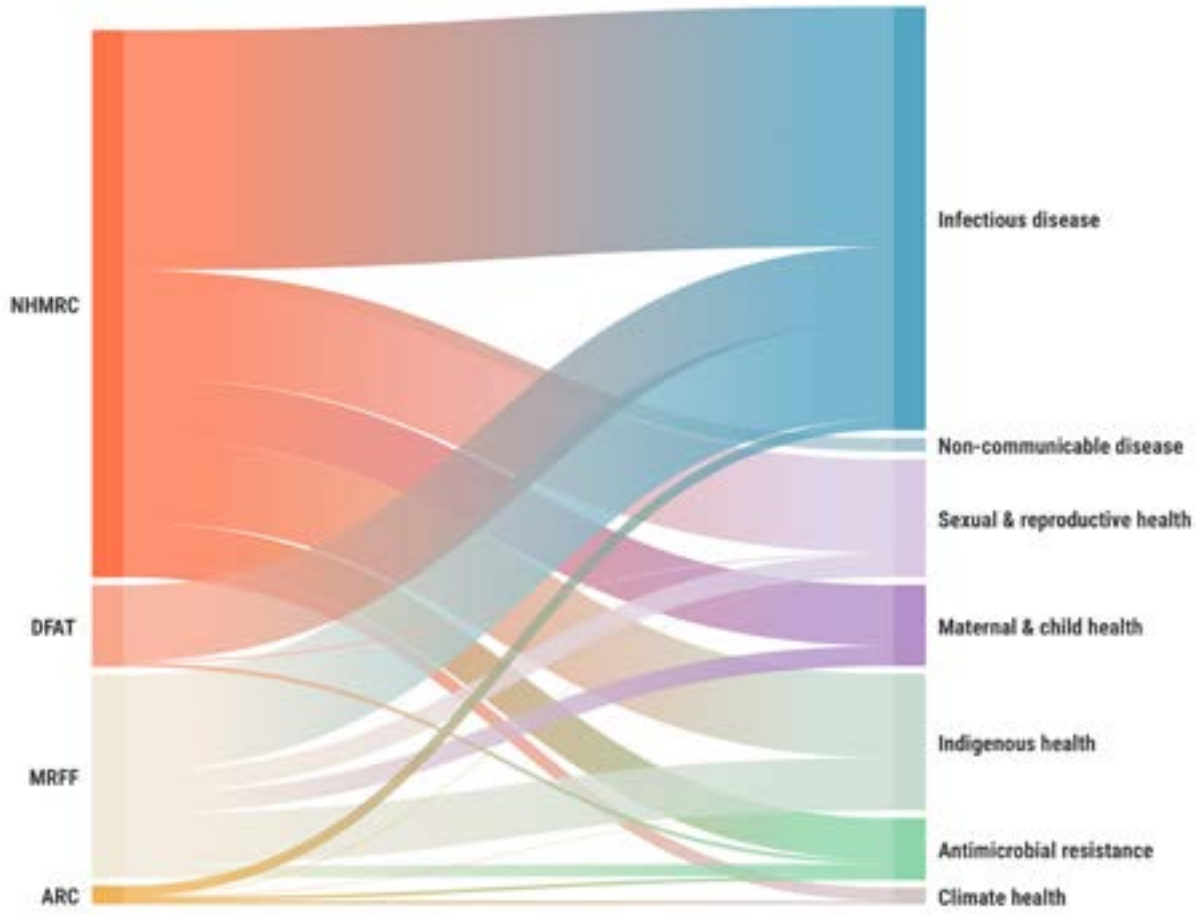
Much of the global health research funding disbursed by Australian public funding agencies – while having a focus on specific diseases and/or populations – also involves the more upstream elements of health research, such as health systems strengthening, operations research and policy, and surveillance. While it can be difficult to isolate funding intended to improve systems and policy, our research identified around $450m of research, which appeared to contain elements of health system strengthening, health policy or surveillance. Of this, around a third (approximately $140m) was focused on improving health services for Aboriginal and Torres Strait Islander populations and strengthening health infrastructure and systems in our neighbouring countries.

Health policy research (around $120m) has focused largely on pandemic preparedness and infectious disease control, including vaccination policies and policies guiding progress towards disease elimination, such as the malaria elimination policy at the Centre for Research Excellence in Malaria Elimination, funded through a $2.5m grant from the NHMRC via the Burnet Institute. There is also a focus on health policy for climate change, including a $3.6m grant from the ARC for research into governance for Planetary Health Equity.

Australian funding for the disease surveillance element of health systems (around $180m) has focused on improving systems for infectious disease and antimicrobial resistance surveillance in our neighbouring countries. DFAT has funded numerous disease surveillance programs throughout the Indo-Pacific, including a program to help improve medicines availability and map disease outbreaks and the establishment of Public Health Emergency Operations Centres in Myanmar and Laos to monitor the spread of infectious diseases ($6.8m over five years). Additionally, through funding from DFAT ($6.3m over five years), the CSIRO's Centre for Disease Preparedness has

partnered with laboratories in Indonesia and Myanmar to share expertise and research relating to improving surveillance systems. Surveillance of antimicrobial-resistant priority pathogens has been funded and researched through several projects, including assessments of current antimicrobial use, as well as improved surveillance and reporting of resistant strains.

Figure 12. Funding flows by funding organisation and global health area



Spotlight: Funding for biomedical R&D for neglected diseases, emerging infectious diseases and sexual and reproductive health

The data used within this spotlight is focused exclusively on funding for biomedical R&D under the three global health areas captured within the G-FINDER survey and is not directly comparable to the data used throughout the rest of the report.

From 2017 to 2022, Australian public funders disbursed $480m for neglected disease, emerging infectious disease (EID) and sexual & reproductive health (SRH) R&D. This funding peaked at $112m in 2020 before dropping to $88m over the following two years. Just over 80% ($387m) of the funds disbursed over the six years went to Australian recipients, with the remaining $93m going towards the Coalition for Epidemic Preparedness Innovations (CEPI), and several product development partnerships (PDPs). The vast majority of this international funding was Official Development Assistance (ODA) provided by DFAT, though Australia's initial funding to CEPI (around $2.5m) was provided by the MRFF.

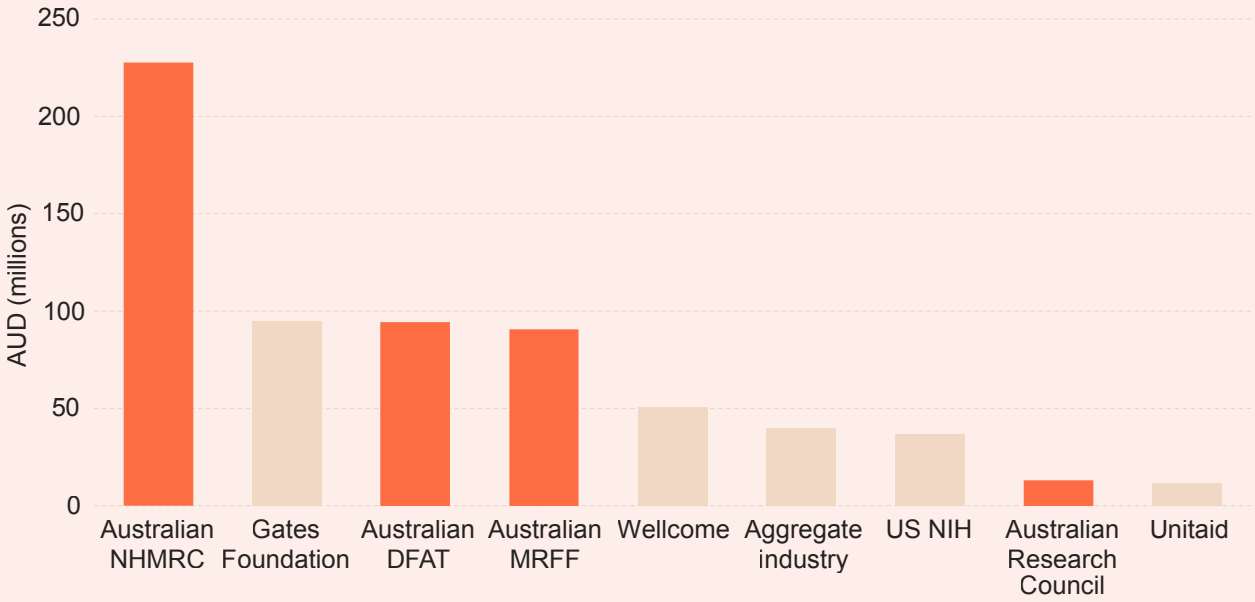
Neglected diseases received the largest share of Australian public funding across the three global health areas covered by the G-FINDER survey ($314m, 65%), compared to $100m (21%) for EIDs and $18m (3.7%) for sexual & reproductive health, with the remaining 10% going to projects applicable to more than one area. Malaria alone received over a quarter of total Australian public funding ($125m, 26%), followed by TB ($43m, 8.9%), and rheumatic fever, which, at $40m, accounted for just under half of global funding for rheumatic fever. As with rheumatic fever, Australian public funding for scabies ($4.6m) and Buruli ulcer ($3.4m), though small in absolute terms, accounted for sizeable shares of total global funding: 65% for scabies and 19% for Buruli ulcer. Australia's focus on these diseases reflects their burden in Australia, mostly on Indigenous populations.

Emerging infectious diseases received just over a fifth of Australian public funding ($100m), of which almost 80% was dedicated to COVID-19 ($77m). On the other hand, sexual & reproductive health R&D – excluding HIV/AIDS and Hepatitis B, which we categorise as neglected diseases – received just $18m (3.7%), mostly for pre-eclampsia and eclampsia ($8.1m) and sexually transmitted infections ($6.7m).

Over half of Australian public funding from 2017 to 2022 went towards academic research institutions ($254m), the largest portions of which went to the University of Melbourne ($90m, 19% of total Australian public funding), Monash University ($32m, 6.6%) and the University of Queensland ($20m, 4.2%). Another one-quarter of Australian public funding went to other research institutions, including the Walter and Eliza Hall Institute ($40m, 8.4%), Telethon Kids Institute ($35m, 7.3%) and Medicines Development for Global Health ($22m, 4.5%) – a not-for-profit pharmaceutical company. PDPs received much of the remaining funding ($79m, 16%). Finally, CEPI received $14m (4.7%) and government research institutions $7.6m (2.9%), almost all of which went to CSIRO. For-profit industry, specifically, received just $0.8m in public funding (0.2%).

In the past six years, funders outside of Australia have disbursed $275m of global health R&D funding to Australian organisations. The Gates Foundation was the largest external funder ($95m, 34%), followed by the UK's Wellcome ($51m, $18m) and industry ($40m, 14%). As with Australian public funding, this external funding was mostly directed towards academic and other research institutions ($245m, 89% of the total), with a large portion going to Monash University for mosquito control R&D (see spotlight). As a result, much of the total external funding was directed to dengue ($48m, 18%) and multi-disease vector control.

Figure 13. Funding to Australian researchers: Australian public funding vs external funding



How Australia's global health researchers are saving lives

In 2009, the World Mosquito Program (WMP), a not-for-profit group owned by Monash University, discovered that natural bacteria called Wolbachia prevent the transmission of dengue and other disease-causing viruses carried by *Aedes aegypti* mosquitoes. Since then, the Wolbachia method of infecting mosquitos with these bacteria has been studied and deployed in several countries over the past decade, resulting in 725,000 averted dengue cases. The World Mosquito Program has received $15m of Australian public funding from DFAT, the MRFF, NHMRC and ARC, alongside $91m of further funding from external funders, including the Gates Foundation, the UK's Wellcome and USAID.

In 2018, the not-for-profit pharmaceutical company Medicines Development for Global Health (MDGH) received US Food and Drug Administration (FDA) approval for its use of the repurposed drug moxidectin for the treatment of onchocerciasis – the parasitic disease also known as river blindness. More recently, MDGH has received a $16m grant from the Australian government to further trial the use of moxidectin, this time for scabies and lymphatic filariasis, and the drug dovramilast against leprosy.

Australian funding for Indigenous health research

Between 2017 and 2023, the Australian federal government provided around $750m in funding for Indigenous health research. This funding came predominantly from the NHMRC (which alone provided a little over half of the total) and the MRFF, with a smaller amount coming from the ARC.

The MRFF's funding for Indigenous health research has been provided mostly via its Indigenous Health Research Fund initiative,[14] which focuses on supporting 'Indigenous-led research to tackle health issues experienced by Aboriginal and Torres Strait Islander people'. It aims to 'improve health outcomes and close the gap in health mortality and morbidity of Aboriginal and Torres Strait Islander people.' MRFF's funding for Indigenous health spiked in 2019, primarily thanks to a single $35m grant for the development of a Group A Streptococcal vaccine for the prevention of rheumatic heart disease, a condition that – within Australia – disproportionately affects Aboriginal and Torres Strait Islander people, who accounted for 81% of total diagnoses as at December 2022.[15] Much of MRFF's Indigenous health funding focuses on Indigenous-led and culturally informed programs across areas where Indigenous Australians bear a disproportionate proportion of the health burden. This includes maternal and newborn health ($10m), diabetes and other NCDs ($16m), eye and ear health ($6m), and mental health ($26m).

The NHMRC lists 'improving the health of Aboriginal and Torres Strait Islander people through research that addresses health inequities' as one of their priorities based on the major national health issues. Their funding is guided by a strategic framework, which has identified priority areas of focus to have the biggest impact on Aboriginal and Torres Strait Islander health outcomes The NHMRC also has a specific priority for Indigenous-led research, and is currently meeting it's target of 3.4% of annual grants awarded to lead investigators of Aboriginal and Torres Strait Islander descent.

The NHMRC has identified three such priority research areas: the first being research focused on the health system and social & cultural determinants of Aboriginal and Torres Strait Islander health. This priority area includes maternal and child health, healthy ageing, diet and nutrition, and the intersection of culture and the health of Aboriginal and Torres Strait Islander people. It has, for example, led to the investment of more than $100m in maternal and child health of Indigenous people, including numerous maternal and neonatal immunisation programs designed to prevent transmission of infections to and in infants.

The NHMRC's second Aboriginal and Torres Strait Islander health priority focuses on general public health issues where there is a significant burden of disease in Aboriginal and Torres Strait Islander communities or a disproportionate burden of disease on Aboriginal and Torres Strait Islander people. Conditions meeting these criteria range from mental health conditions, including dementia, to chronic NCDs, such as cancer, diabetes, kidney disease and cardiovascular disease. Around $100m in NHMRC spending on Indigenous health research has been invested in NCDs, with many projects focusing on achieving equity in health outcomes between Indigenous and non-Indigenous Australians and just over $20m towards mental health-related projects.

The third research focus of the NHMRC is on specific diseases that (within Australia) almost exclusively impact Aboriginal and Torres Strait Islander communities. This includes diseases such as rheumatic heart disease (which has received around $20m of funding under this priority), neglected tropical diseases such as scabies (around $10m), and eye and ear conditions like otitis media and trachoma. It includes specific programs in the Kimberley region of Western Australia to improve the detection, treatment and prevention of skin sores and scabies in Indigenous children.

The ARC invested around $15m in Indigenous health between 2017 and 2023. While this is much lower than the funding provided by other agencies, the ARC does invest significantly more in other areas of Indigenous wellbeing, including education, culture and environmental knowledge. The existing ARC funding for Indigenous health has been disbursed under its Discovery Indigenous scheme, which provides grant funding to Aboriginal and Torres Strait Islander researchers and has a strong focus on the health and wellbeing of Aboriginal children.

Spotlight: A comparison of funding for Indigenous health across Australia, Canada and New Zealand

Indigenous populations around the globe experience lower levels of health and well-being than non-Indigenous populations in the same country. Many such countries, including Australia, are now working towards improving the health of their Indigenous people and closing the gap between Indigenous and non-Indigenous outcomes. Canada and New Zealand are two other high-income countries with significant Indigenous populations, enabling a rough comparison between the initiatives and funding in place in each country to improve Indigenous health and how they can cooperate and learn from each other.

Since 2002, the National Health and Medical Research Counci of Australia (NHMRC), the Canadian Institutes of Health Research (CIHR) and the Health Research Council of New Zealand (HRC) have shared a commitment[16] to work between and within agencies to improve the health of the Indigenous peoples of each nation – the Aboriginal and Torres Strait Islander peoples in Australia, the First Nations, Inuit and Métis Peoples in Canada and the Māori people in New Zealand. While there are other agencies and sources of funding for Indigenous health within each of these countries, this section is intended to specifically analyse and compare the funding from the NHMRC, CIHR and HRC as the key agencies involved in this collaboration. A broader look at Australia's funding for Indigenous health can be found elsewhere within this report.

Australia: Aboriginal and Torres Strait Islander Peoples

As of the 2021 census, an estimated 984,000 First Nations people were living in Australia, representing 3.8% of the overall Australian population. This was an increase of 23% (185,600 people) from the 30 June 2016 estimate of 798,400.

As described elsewhere within this report, Australia has numerous funding initiatives in place to improve the health of Indigenous people through research, as well as the Indigenous Australians' Health Programme (IAHP), which funds health care, as well as many programs, including the Aboriginal and Torres Strait Islander mental health program, Addressing trachoma, and the Care for Kids' Ears program. The Australian Commonwealth Government has increased funding for Indigenous-specific health initiatives to $4.1 billion over four years from 2019-20 (up from $3.7 billion in the four years from 2017-18), more than half of which is spent on primary health care.

Canada: First Nations, Inuit and Métis Peoples

According to Canada's 2021 Census, more than 1.8 million people in Canada identify as Indigenous, representing 5% of Canada's total population. Indigenous peoples are the fastest-growing population in Canada, having risen by 9.4% between 2016 and 2021. The Canadian Constitution recognizes three groups of Indigenous peoples: First Nations, Inuit, and Métis.

The Canadian government continues to invest significantly in improving the health and wellbeing of its Indigenous people, particularly since 2015, when it announced a renewed commitment to working towards reconciliation. Between 2015 and 2025, the Canadian government's budget for spending on Indigenous Priorities has nearly tripled, from $11 billion to $32 billion. This includes $7.2 billion in primary care and public health in First Nations communities, $5.6 billion for health benefits and mental health care, $43.7m to eliminating tuberculosis in Inuit Nunangat, and $867m to support mental health care and monitoring and treatment of chronic diseases in Metis communities – as well as many other investments in areas that impact health such as food security, housing and education. The 2024 budget continues this investment, including $2 billion for a distinction-based Indigenous Health Equity Fund, $630m to support Indigenous people's mental health, $562m to support medically necessary services, and $167m to combat anti-Indigenous racism in healthcare.

Aotearoa New Zealand: Māori people

In the 2023 Census, New Zealand counted 887,493 people (17.8% of the population) as Māori, an increase of 111,657 people since 2018.

In 2022, funding to Māori health providers was $524m, an increase of almost 70% since 2019, although this is still only 2.5% of Vote Health funding (the main source of funding for New Zealand's health system). 2022 also saw the New Zealand government announced a record investment in Māori health, of around $72m, roughly a third of which was focused on priority areas for Māori health (maternal and infant health, and people living with cancer, chronic health conditions and mental distress).

Comparison of spending on Indigenous health via the NHMRC, CIHR and HRC

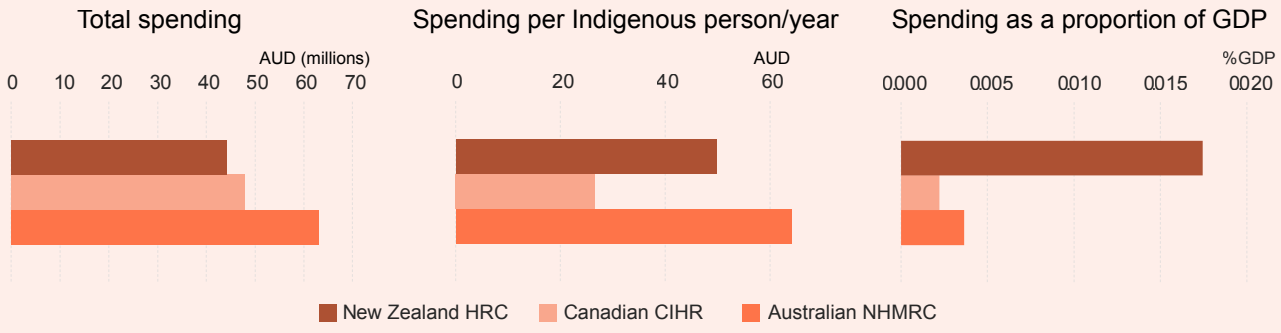
To conduct this analysis, we downloaded the entire grant datasets of each organisation from 2017 to 2023, and applied search terms to identify grants relating to Indigenous health. All funding amounts were converted to AUD for ease of comparison.

According to this data, The NHMRC has invested the largest amount in Indigenous health across this period, as well as the largest dollar amount per Indigenous person per year. The

Australian NHMRC invested $442m in research for Aboriginal and Torres Strait Islander health between 2017 and 2023, an average of $64 per Indigenous person per year. This funding fell sharply in 2020, likely as priorities shifted to COVID-19, but was followed by an even bigger increase in 2021.

In second place, in absolute terms at least, was the CIHR, which invested $335m, an average of $27 per person per year. CIHR Indigenous health funding peaked in 2019 and has trended downwards in the years since. While the New Zealand HRC invested the lowest amount based on dollar value – $310m – this amount is spread across a much smaller Indigenous population, meaning that its per capita funding, at $50 per person per year, is almost double that of the CIHR, though still substantially below that of the Australian NHMRC. HRC funding has also followed a different trend to the other organisations, increasing in recent years and peaking in 2022 and 2023, at a level in line with that of the CIHR and NHMRC, despite those organisations serving far larger Indigenous populations. Another element to take into consideration is the GDP of each of these countries (see Figure 14 below). As of 2023, the GDP of Canada was 2.14 trillion, Australia 1.72 trillion and New Zealand 253 billion. Taking this into account, despite having the lowest absolute dollar value of the investment, New Zealand is committing the largest share of its national output to Indigenous health.

Figure 14. Spending on Indigenous health research relative to population size and GDP



Discussion

Between 2017 and 2023, Australia invested at least $1.9 billion in global health R&D, focusing on critical areas such as infectious diseases, antimicrobial resistance (AMR), and maternal and child health. Four key organisations were the primary drivers of these investments: the National Health and Medical Research Council (NHMRC), the Medical Research Future Fund (MRFF), the Australian Research Council (ARC), and the Department of Foreign Affairs and Trade (DFAT). Despite these commendable efforts, the report identifies several areas that warrant increased funding.

Australia's global health funding should be seen in the context of a broadening array of health threats and increased opportunities to ensure stability and growth in our region. The rise of non-communicable diseases in low- and middle-income countries, coupled with the increased range of formerly tropical diseases, has meant that these countries are experiencing a double burden of disease. At the same time, the warming climate and consequent increase in floods and deforestation are causing an increase in the incidence of water- and vector-borne infectious diseases. The rising domestic burden of infectious diseases and their impact on our near neighbours' health systems, economies and societies suggest that Australia should focus more resources on building tools to prevent, manage and (hopefully) eliminate infectious diseases.

An increased focus on global health reflects the increasingly global scope of many health issues. Climate change will change the distribution and prevalence of diseases like dengue fever and malaria. Simultaneously, the overuse and misuse of antibiotics in humans, animals, and agriculture are accelerating AMR, making infections more challenging to treat and placing a greater burden on health systems. And the COVID-19 pandemic starkly illustrated how quickly local outbreaks can escalate into global crises.

Given these global challenges, Australia must collaborate with its partners, including lower-income nations, to share knowledge, resources, and strategies to prevent, detect, and respond to health crises. This united front involves building robust surveillance systems, investing in research and development of new diagnostics, vaccines, and treatments, and strengthening health systems. Diversifying the sector which funds global health research within Australia is also necessary. Currently, this lies almost entirely with the public sector – which, as discussed in this report, has shortfalls. A diverse range of funders, which includes substantial funding from the philanthropic and private sector agencies within Australia, will ensure more stability and help to fill the gaps that cannot be addressed by the public sector alone.

Australia – like other high-income countries with a legacy of colonialism – must also address the disparities in health outcomes experienced by our Indigenous Aboriginal and Torres Strait Islander people. Indigenous communities face poorer health outcomes, including lower life expectancy, higher rates of maternal and infant mortality, and higher rates of both communicable and non-communicable diseases. Many Indigenous communities face health conditions which are otherwise most often seen in low-income countries, and which are best viewed through the lens of global health.

Shortfalls in Australian global health research funding

One of the most significant shortfalls identified in the report is the insufficient funding specifically earmarked for climate change-related health issues, an increasingly critical driver of health problems. Warmer temperatures and altered rainfall patterns can threaten clean water supplies and are expanding the habitats of disease vectors such as mosquitoes, leading to the spread of diseases like dengue fever and malaria. Increased incidence of extreme heat events presents a major challenge to under-resourced public health systems. Despite this, Australia's investment in explicitly climate change-related health research remains inadequate, especially given its susceptibility to extreme weather events and their health impacts. Australia's investment in controlling vector-borne diseases, for example, is a welcome reaction to their growing geographic spread; but these kinds of projects would benefit from identifying climate change as the root cause and building climate change modelling and mitigation into strategic decision making.

Similarly, malnutrition – closely linked to climate change through its effects on food security – demands more focused investment. Australia's current funding levels do not reflect the urgency of this issue, which disproportionately affects the most vulnerable populations, and which can permanently stunt the prospects of affected individuals and their entire communities.

Finally, the report highlights the large share of Australia's health spending, which goes towards predominantly domestic concerns such as cardiovascular disease, diabetes, cancer, and Alzheimer's. While these diseases make up a significant share of Australia's public health burden, their huge share of existing high-income country and industry funding and their relative intractability mean that they typically offer less of a return on investment relative to less prominent but more widespread health problems. Australia has the economic capacity to increase its funding overall; the country can afford to maintain its strong investments in domestic priorities while also allocating more of the increase in resources to global health challenges.

The domestic benefits of investing in global health

Australia has a clear responsibility to address global health inequities, especially considering its historical contributions to climate change. This extends to identifying and mitigating the health impacts of climate change on vulnerable populations in LMICs, and at least considering the global impact of how we allocate our domestic research dollars. But, beyond moral obligations, there is a clear strategic imperative for health funding which promotes regional stability and growth while potentially also operating as a first line of defence against health crises at home. A healthier region will also be richer, more stable and more resilient; but helping our neighbours handle epidemics, heatwaves, and shifting rainfall is also good preparation for when those same problems inevitably reach our shores. Australia's health funding strategy ought to view investments in health – both foreign and domestic – as investments in the infrastructure of growth and stability. Policymakers should adopt the kind of patient approach to measuring future returns typically enjoyed by the physical infrastructure of growth – by ports, bridges, and railways. Health and the systems that provide it form the building blocks of societal well-being and economic development. Improved health outcomes facilitate better educational and economic opportunities, creating a virtuous cycle of development and prosperity.

Building research capacity and promoting economic development at home and across the region

At least 90% of all funding the Australian government directs to global health research goes to Australian researchers and organisations. This investment builds the capacity of Australian researchers and the Australian research sector, and stimulates the domestic economy, creating and maintaining jobs. It is estimated that every $1 of public funding for basic research will generate $5.67 in additional economic activity17, and leverage an additional $0.57 in investment by the private sector (or $8 per $1 over the long-term), and that each $1m invested in R&D supports the creation of 2.9 long-term jobs18. Investment by the Australian government in global health research is thus not only a productive investment in terms of health impact, equity and the promotion of regional security, but is also an investment in the Australian research sector and the Australian economy. At the same time, the fact that such an overwhelming share of the Australian government's funding for global health research goes to Australian researchers – despite the focus of much of this research being on the health challenges that disproportionately affect lower-income countries in our region and globally – is notable, and demonstrates the scale of the opportunity (and perhaps imperative) to increase the volume of global health research investment that is given to regional partners.

Challenges in Indigenous health

Australia's funding for Indigenous health compares relatively favourably to that of comparable high-income countries. However, despite these efforts, spending on Indigenous health research remains a small share of Australia's health budget. The largest health problems faced by non-indigenous Australians – mostly noncommunicable diseases like cancer and diabetes – are well supported by public and private sector funding in Australia and across the world. The problems which disproportionately affect Indigenous Australians – such as rheumatic fever and trachoma – by contrast, are neglected globally and represent a far higher per capita burden. As with the allocation of health funding between global and purely domestic concerns, funding for Indigenous health issues should reflect both the moral imperative to aid the least fortunate and the opportunity to provide game-changing contributions to areas of near-universal neglect.

Forward-looking commitments and strategic directions

Looking ahead, the Australian government has committed to enhanced funding in critical areas of global health, including climate change-related health research, pandemic preparedness and neglected tropical diseases. These future investments should reflect the scale of the challenges they seek to address and begin treating global health as a form of regional infrastructure and as an investment in our own future health security. Strengthening regional health systems lays the foundation for their economic development. Improved health outcomes support educational attainment and economic productivity, helping to build a stable and prosperous society. Helping to understand the impacts of climate change and to control outbreaks in neighbouring countries helps us to prepare for doing the same thing in Australia while hopefully reducing the likelihood that we will ultimately need to.

In May 2024 the Australian government announced changes to the way health and medical research is funded and includes $1.89 billion of investment under the “Health Research for a Future Made in Australia” package and includes focuses on women’s health and reducing health inequities.

A National Health and Medical Research Strategy – with the goal of strengthening Australia’s health and medical research sector – is currently in the early stages of development. It will be open for public consultation in the near future, and stakeholders are encouraged to provide input into the strategy to help shape the future of health and medical research in Australia.

Conclusion

This report demonstrates that Australia has made significant strides in addressing global health challenges, particularly in infectious diseases, antimicrobial resistance, and maternal and child health. However, notable gaps and funding disparities remain, especially in climate change-related health issues, malnutrition, and neglected diseases.

Despite commendable efforts, Australia's global health research investment falls short of international targets. Meeting the WHO recommendation of 0.01% of GDP dedicated to research for the health needs of developing countries would require a sixfold increase in our existing spending—a goal that is far from being met and well within our means. There is a need for Australia to significantly increase its global health funding to meet its commitments and align with the efforts of other OECD peers who are currently leading in this area.

The health of Indigenous Australians is another area requiring urgent attention. Although significant funding has been directed towards Indigenous health research, the persistent disparities in health outcomes indicate the need for continued and increased investment. Above, we make the moral case that the gap in health funding should properly reflect the degree of disparity in health burden, but also the realist case: that the Australian government should be clear-eyed about its ability to make meaningful contributions to global funding for, say, cancer and diabetes, relative to its ability to completely transform the global research landscape for diseases that affect the least fortunate. Even if the case for assuming moral leadership is not persuasive, Australia should seize this opportunity to become a world leader in areas other rich countries have overlooked.

The case for investing in global health alongside Indigenous health looks very similar. Australia bears at least some moral responsibility for the coming impacts of climate change and the inherent responsibility of a neighbour to those in need. But, even if national interest remains the decisive factor in our health spending, that same national interest tells us to help build a stable and prosperous region, one that can operate as a bulwark against future health threats or at least help us sharpen the tools that will be needed for a domestic response.

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