AUSTRALIA–WHO
Country Cooperation Strategy 2018–2022
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ABOUT THE COVER ARTWORK

Story
The Tingari are a group of ancestral beings of the Dreaming – a mythological time believed in many Australian Aboriginal cultures to be the traditional era of creation. This work relates the stories of the Tingari Cycle, a series of ceremonies and rituals conducted over vast stretches of the country, at sites of particular sacred or practical significance. While the specific details of these events are protected and passed down within traditional communities, the stories recount the sharing of knowledge among the Aboriginal peoples of Australia, particularly from elders to novices. These ancestral stories now form part of the teachings to Aboriginal youths following their initiation into their community, and provide context for contemporary customs. Australia values collaboration and sharing of knowledge among the countries and areas of the Western Pacific Region, in all the diversity of their geography, culture and customs. The Government of Australia donated this art work to the WHO Western Pacific Regional Office, to symbolise the rich and enduring tradition of dialogue, storytelling and information sharing among the Member States of the Western Pacific Region.

The artist
Charlie Tjapangati was born at the site of Tjulurrunya, to the west of Kiwirrkura in Western Australia. In the early 1960s, as a teenager, Charlie travelled to Papunya, a small Indigenous community in the Northern Territory, where he was initiated. Today, Charlie is a highly respected elder of the region who carries the knowledge of the Dreaming stories, particularly the Tingari Cycle. As is tradition, he is responsible for passing these sacred Dreamings on to young Aboriginal men during their initiation years. His works are part of collections across Australia, including in the National Gallery of Australia, as well as the Aboriginal Art Museum of the Netherlands and the University of Virginia in the United States.

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FOREWORD

The Australian Government Department of Health, in collaboration with government agencies responsible for the health portfolio, and the World Health Organization (WHO) Regional Office for the Western Pacific are pleased to present this Australia–WHO Country Cooperation Strategy 2018–2022, the first such strategy between Australia and WHO.

This is the first country cooperation strategy (CCS) to focus on a high-income country in the Western Pacific Region. Better leveraging Australia’s vast experience and technical expertise in health can help deliver on WHO’s mandate and mission in the Region. At the same time, working closely together on issues of mutual importance will help advance Australia’s domestic and regional health interests.

Building on an already exceptionally strong relationship, and in the context of the 2030 Sustainable Development Agenda, this Strategy provides a platform at the regional level to further strengthen and guide collaborative efforts to improve health in the Western Pacific Region and beyond in the next five years. This collaboration is underpinned by three key foundations of cooperation: first, WHO contributes to the health of all Australians; second, Australia, facilitated by WHO, contributes to addressing health priorities in the Region and globally, and; third, Australia and WHO work in partnership to promote better health.

This CCS identifies four strategic priorities as a focus for the partnership over the coming five years: 1) health security; 2) people-centred health systems for universal health coverage (UHC); 3) regulatory strengthening; and 4) working together to support WHO in its efforts to achieve organizational excellence.

Guided by this Strategy, the Department of Health and the WHO Regional Office for the Western Pacific remain committed to improving the health of Australians and the nearly 1.9 billion people of the Western Pacific Region and beyond.

The Hon Greg Hunt, MP  
Federal Australian Minister for Health  
Dr Shin Young-soo  
Regional Director for the Western Pacific  
World Health Organization
### ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
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<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
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<td>AMR</td>
<td>antimicrobial resistance</td>
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<td>CCS</td>
<td>country cooperation strategy</td>
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<td>DFAT</td>
<td>Australia Government Department of Foreign Affairs and Trade</td>
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<td>MRFF</td>
<td>Medical Research Future Fund</td>
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<td>NCD</td>
<td>noncommunicable disease</td>
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<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>TGA</td>
<td>Therapeutic Goods Administration</td>
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<td>UHC</td>
<td>universal health coverage</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WHO FCTC</td>
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EXECUTIVE SUMMARY


Australia’s achievements in health include high life expectancy, a well-established universal health-care system, strong regulatory capacity, demonstrated resilience to health security threats and global leadership in many areas of public health, such as tobacco control. However, Australia shares many common challenges with countries in the Western Pacific Region, including a rising burden of noncommunicable diseases, an ageing population and increasing demands on the health budget.

Australia and WHO have worked together closely for nearly 70 years. Australia is an active WHO Member State contributing to regional and global health through its leadership on a range of priority health issues, collaborating with partners and exchanging expertise to promote best practices and supporting WHO to be a strong and effective organization. Australia is currently home to 46 WHO collaborating centres that work directly with the Organization on a range of technical priorities.

Building on this long-standing relationship, this, the first country cooperation strategy (CCS) between Australia and WHO, is underpinned by three key foundations of cooperation: first, WHO contributes to the health of all Australians; second, Australia, facilitated by WHO, contributes to addressing health priorities in the Region and globally; and third, Australia and WHO work in partnership to promote better health.

Against the backdrop of the 2030 Sustainable Development Agenda, four strategic priorities have been identified to guide the technical areas that will be a focus for ongoing cooperation between Australia and the WHO Regional Office for the Western Pacific:

**STRATEGIC PRIORITY 1**

*Enhancing health security,* with a focus on strengthening resilience to threats such as priority infectious diseases, emerging disease outbreaks and other emergencies with health consequences.
STRATEGIC PRIORITY 2

Promoting people-centred health systems and universal health coverage (UHC), with a focus on exchanging information and expertise in health systems policy.

STRATEGIC PRIORITY 3

Strengthening health regulation, to benefit from Australia’s expertise in this area.

STRATEGIC PRIORITY 4

Working together to support WHO in its efforts to achieve organizational excellence, building on the leadership of the Regional Office for the Western Pacific in making WHO a more transparent, efficient, fit-for-purpose organization.

Implementation of the CCS will be supported by six guiding principles:

1. Technical contribution
2. Agenda shaping
3. Information exchange
4. Multisectoral approach
5. Prioritization of vulnerable groups
6. Open communication
1. Introduction

A country cooperation strategy (CCS) represents the World Health Organization (WHO) medium-term strategic vision for cooperation with a country. WHO has cooperation strategies in place with low- and middle-income countries where a WHO country office is located or where WHO is providing direct support to a Member State.

In an effort to strengthen cooperation with all WHO Members States and to better leverage the expertise and experience of high-income countries, WHO is also seeking to develop CCSs with ministries of health in high-income countries in the Western Pacific Region. Through this new approach to the development of CCSs, the WHO Regional Office for the Western Pacific will strategically engage with those Member States that can draw on their national expertise and experience to make significant regional and global contributions to health.

This Australia–WHO Country Cooperation Strategy 2018–2022 provides a valuable platform for strategic collaboration and builds on the technical expertise agencies responsible for Australia’s health portfolio have on priority health issues.

1.1 Aim

The aim of this CCS is to strengthen and guide cooperation between agencies responsible for Australia’s health portfolio and WHO in areas of mutually agreed priority in an effort to improve the health of all populations in the Western Pacific Region and beyond.

1.2 Foundations of the CSS

This agreement is underpinned by three key foundations that form the basis of cooperation between agencies responsible for Australia’s health portfolio and WHO.
FOUNDATION 1

*WHO contributes to the health of all Australians*

Australia looks to WHO as the pre-eminent leader in global health. International norms and standards set by WHO influence the Australian Government Department of Health’s development and delivery of domestic health policy.

FOUNDATION 2

*Australia, facilitated by WHO, contributes to addressing health priorities in the Region and globally*

Australia is well placed to share its experiences and expertise with other countries, and also learns from other countries in addressing shared health challenges. WHO facilitates sharing of expertise and experience between Australia and other countries.

FOUNDATION 3

*Australia and WHO work in partnership to promote better health outcomes*

Australia and WHO collaborate closely to promote stronger partnerships in support of improving health in the Region and globally. Australia also supports WHO’s ongoing efforts to transform itself into a more efficient, transparent, fit-for-purpose, country-focused organization – and in doing so, to strengthen its leadership and convening role.

### 1.3 Strategic priorities

The following strategic priorities of the CCS will guide the technical areas for ongoing cooperation between agencies responsible for Australia’s health portfolio and the WHO Regional Office for the Western Pacific:

1. Enhancing health security
2. Promoting people-centred health systems and universal health coverage (UHC)
3. Strengthening health regulation
4. Working together to support WHO in its efforts to achieve organizational excellence
1.4 Scope of this CCS

The CCS has been designed to reflect the diverse roles and responsibilities of Australia’s health portfolio agencies, which includes the Australian Government Department of Health and a range of other technical agencies, regulatory authorities, research councils and national data collection bodies.

The Department of Health leads Australia’s engagement with WHO, in close collaboration with several government agencies, in particular, the Australian Government Department of Foreign Affairs and Trade (DFAT). While this CCS presents opportunities for cooperation specifically between Australia’s health portfolio agencies and WHO, Australia has additional engagement with WHO, including through DFAT’s international aid and development programmes.

The strategic agenda contained in this CCS was developed by a small working group composed of staff members of the Department of Health and the WHO Regional Office for the Western Pacific in consultation with key stakeholders in both offices.
2. **WHO: The global guardian of health**

WHO is the world’s independent guardian and monitor of global health. It fulfils this role through the core functions of:

- negotiating international agreements to ensure that they reflect country needs and, in particular, the needs of the most disadvantaged populations;
- providing evidence-based health information for monitoring global health trends and setting priorities;
- bringing together the world’s health experts, governments, civil society and partners to help shape health policy;
- developing norms, standards and guidelines based on the systematic use of scientific evidence, driven by the needs and priorities of Member States; and
- providing high-quality technical expertise and facilitating high-level policy dialogue.

2.1 **Global role and vision**

WHO’s objective is the attainment by all people of the highest possible standard of health. Work towards this objective is carried out by a network of more than 150 country offices, six regional offices, and a headquarters in Geneva, Switzerland, working with 194 Member States. These Member States come together annually at meetings of the WHO governing bodies: the Executive Board, the World Health Assembly and the regional committees.
Through the WHO General Programme of Work, the Organization sets out its strategic priorities. The Thirteenth General Programme of Work, covering 2019–2023, was being developed at the time of publication of this CCS for consideration of endorsement at the Seventieth World Health Assembly in May 2018. In line with WHO’s mission of keeping the world safe, improving health and serving the vulnerable, the strategic priorities outlined in the draft concept note for the development of the Thirteenth General Programme of Work include:

- preventing, detecting and responding to epidemics;
- providing health services in emergencies and strengthening health systems;
- helping countries to achieve universal health coverage (UHC);
- leading on health-related Sustainable Development Goals (SDGs) including women, children and adolescents, climate and environmental change, and communicable and noncommunicable diseases; and
- providing a global platform for collective decision-making in health.

In addition, through a biennial Programme Budget, WHO’s priority areas of work are agreed upon with Member States, using a clear results chain to show the links between the work that WHO will do and its contribution to outcomes and the impact on public health.

2.2 WHO in the Western Pacific Region

The Western Pacific Region, the largest and most diverse of the six WHO regions, is home to nearly 1.9 billion people, or roughly one fourth of the world population. There are 37 countries and areas in the Region, stretching from Mongolia and China in the north and west, to Australia and New Zealand in the south, and French Polynesia and the Pitcairn Islands in the east. The Region includes both highly developed countries and fast-growing economies in transition. Based in Manila, Philippines, the WHO Regional Office for the Western Pacific is focused on responding to the needs and priorities of each Member State in the Region.
3. Health in Australia

Australia is a country of more than 24 million people. The majority of Australia’s population is concentrated in the south-east of the country. Around 70% of the population lives in major cities, 18% in inner-regional areas, 9% in outer-regional areas, 1.4% in remote areas and less than 1% in very remote areas.

In general, Australia’s population experiences relatively good health, with among the highest life expectancy globally. In 2015, life expectancy was 84.5 years for females, and 80.4 for males. In 2014–2015, 85% of Australians aged 15 and over rated their own health as “good” or better. However, noncommunicable diseases (NCDs) are the leading cause of death and present one of the greatest challenges to Australia’s health. Australia also faces challenges around health inequity with people of socioeconomic disadvantage and those of Aboriginal and Torres Strait Islander descent being associated with poorer health outcomes.

3.1 Australia’s health system

Universal health coverage

Australia has a universal health-care system known as Medicare. Medicare is based on the principles of choice, access and universality, and it combines free access to public hospital services and subsidized access to medical services and pharmaceuticals, with higher subsidies for those using a higher volume of services and people with low incomes. It includes targeted assistance for particular groups,

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1. Inner-regional Australia is defined in the remoteness structure as those areas where geographic distance imposes some restriction upon accessibility to the widest range of goods, services and opportunities for social interaction, according to the Australian Bureau of Statistics.

2. Outer-regional Australia is defined in the remoteness structure as those areas where geographic distance imposes a moderate restriction upon accessibility to the widest range of goods, services and opportunities for social interaction, according to the Australian Bureau of Statistics.
such as funding community-controlled health services for Aboriginal and Torres Strait Islander peoples.

Although Medicare is a successful and integral part of Australia’s health system, it was never intended to stand alone. It was designed in the context of being complemented by a private health-care system, primarily funded through a private health insurance system. This insurance system is partially subsidized by the national Government. In this way, the Australian Government is committed to ensuring both universal access to health-care services, as well as a choice of health-care alternatives for all Australians.

Australia maintains that a mixed model of balanced private and public health services is integral to the provision of universal access to high-quality, affordable health-care services for all Australians.

**Three levels of health care**

Australia’s health system is structured around three levels of care:

- **Preventive services** to delay or avoid the onset of illness, through activities such as immunization, screening and programmes to reduce risk behaviours.

- **Primary and community health care** to provide early intervention and treatment, and to help prevent and manage ill health. Primary health care is provided by general practitioners, nurses, pharmacists and other allied health professionals. General practitioners are generally self-employed and operate as gatekeepers, referring patients to specialist medical services where needed.

- **Specialist and acute care** in public and private hospitals and associated specialist providers to provide surgical, medical and emergency services. Hospitals also provide subacute care services, such as specialized rehabilitation and palliative care, and non-subacute care services.

**Division of roles and responsibilities at the national and subnational levels of government**

The Australian health system is a complex matrix of services, providers and structures involving all levels of Government and the private sector. Responsibility for health is shared across all levels of Government, with different, and often shared, roles as funders, policy developers, regulators and service deliverers (Fig. 2).
Health workforce

Australia has a highly skilled and motivated health workforce with policies and investments to train and retain increased numbers of health professionals, with the ultimate goal of achieving self-sufficiency. The biggest challenge for Australia’s health workforce is the unequal distribution of health professionals between inner-metropolitan and rural/remote areas. To address this issue the Government has introduced a range of strategies including rural training pathways, incentives for health workers to relocate to rural areas and international recruitment, as well as support for telehealth and outreach services.

To ensure compliance with professional development requirements and standards, all clinical and allied health professionals are required to register with the Australian Health Practitioner Regulation Agency (AHPRA). AHPRA also manages complaints about health professionals in most state and territory jurisdictions.
Quality, safety and regulation

Through the Therapeutic Goods Administration (TGA), Australia regulates the import, supply, export, manufacture and advertising of therapeutic goods, including medicines, medical devices and biologicals to ensure their safety, quality and efficacy. Improvements in the safety and quality of health care are overseen by a national independent authority, the Australian Commission on Safety and Quality in Health Care. The Commission’s priorities focus on patient safety, partnering with patients, consumers and communities; quality, cost and value; and supporting health workers to provide safe and high-quality care.

The Australian Radiation Protection and Nuclear Safety Agency protects the Australian people and the environment from the harmful effects of radiation through understanding risks, best-practice regulation, research, policy, services, partnerships and community engagement.

Health information systems

The Australian Institute of Health and Welfare develops, maintains and enhances national data to support monitoring and reporting on the health and welfare of Australians, covering:

- NCDs, such as cardiovascular disease, diabetes, kidney disease, cancer (including cancer screening), and musculoskeletal and respiratory conditions;
- health-related issues, such as the burden of disease, population (preventive) health, health inequalities, risk factors, social determinants of health, international health comparisons, mortality and chronic disease management;
- the health and welfare of key subpopulations – including indigenous Australians, children and youth, older Australians, veterans and people with disability; and
- use of services within a range of health and welfare sectors – including hospital services, housing and homelessness, and community-based services focused on aged care, child protection, juvenile justice and disability services.

These data are largely drawn from administrative data sources, such as hospital admission records, but are also obtained from surveys and other sources such as clinical registries.

Digital health

Australia is transitioning towards greater integration of digital technology across the health system and is committed to making effective use of digital technologies and
services to improve health. Australia’s expansive geography creates challenges for the cohesion of health and social care provision. To address this, mHealth (mobile health) and telehealth systems are becoming more pervasive, delivering benefits for health-care providers and patients alike.

Digital information is the bedrock of high-quality health care. The benefits for patients are significant and compelling: digital health can help save and improve lives. Australia has developed an electronic health record called My Health Record, which will streamline care, resulting in avoided hospital admissions, fewer adverse drug events, reduced duplication in diagnostic tests, better coordination of care for people seeing multiple health-care providers, and better informed treatment decisions.

**Health and medical research**

Investing in health and medical research brings a range of benefits to Australia’s communities, economy and health system. It also underpins health improvements across the Western Pacific Region. The National Health and Medical Research Council (NHMRC) is the Australian Government’s main health and medical research funding body, disbursing over 800 million Australian dollars every year in research funding. NHMRC invests in health and medical research through a variety of funding schemes, funding high-quality research as assessed through peer review. Each scheme is designed to address strategic outcomes, including the creation of knowledge, translation of research, development of future capability, partnerships and international collaborations.

NHMRC funds a balance of investigator-led and priority-driven research. The National Health Priority Areas designated by the Australian Government underpin much of the work undertaken by NHMRC. Research to address the health challenges experienced by Aboriginal and Torres Strait Islander people remains a key strategic priority. NHMRC commits to spend at least 5% of its funds on Aboriginal and Torres Strait Islander health research and building greater capacity among Aboriginal and Torres Strait Islander researchers.

The Medical Research Future Fund (MRFF) and the Biomedical Translation Fund are also key health portfolio programmes that stimulate discovery, translation and commercialization of great Australian ideas. The MRFF complements the work of the NHMRC by providing grants of financial assistance to support health and medical research and innovation, with the objective of improving the health and well-being of Australians. This assistance draws on NHMRC’s high-quality application and assessment processes and the expertise available to NHMRC through the health and medical research sector. In addition to this, Australian Government investments from the Australian Research
Council, Research Block Grants and the Research and Development Tax Incentive also contribute to overall effort in health and medical research.

### 3.2 National strengths and priorities for health

The Australia Government is committed to ensuring Australians continue to have access to a world-class health system well into the future through a long-term national health plan built on the foundation of UHC, support for hospitals, a priority on preventive health and mental health, and investments in medical research.

Australia continues to have very strong regulatory capacity for medicines and medical products, vaccines, the health workforce, health services, and the quality and safety health care. There are also effective health information systems in place to ensure that government policy is well informed and that there is an established health technology assessment system to inform decisions about public and private health-care funding for health interventions and technologies.

Australia consistently demonstrates a robust and resilient response to emerging threats, from the spread of HIV/AIDS that was quickly contained in the 1980s to more recent threats such as pandemic influenza. Through a robust health system, an all-agencies and all-hazards approach to emergency management, a national incident room and a national medical stockpile, Australia remains well prepared to respond to potential outbreaks and disasters.

Australia is a global leader in many other areas of public health, including tobacco control: in 2012 it was the first country in the world to introduce plain packaging for tobacco products. Through a comprehensive approach implemented at all levels of Government, including strong tobacco taxation, investment in anti-smoking campaigns and other tobacco control measures, Australia now has one of the lowest national adult daily smoking rates in the world – around 14.7% age-standardized as of December 2015.

Despite these successes, Australia’s health system continues to face challenges common to many other countries: an ageing population; the rising incidence of NCDs; emerging and re-emerging communicable diseases; and poorer health outcomes for subpopulation groups including indigenous people, people living with mental illness, and those living in rural and remote areas. Continuing advances in health technologies create the opportunity for improved systems and treatments. However, these advances also lift consumer expectations and contribute to rising costs that can challenge the sustainability of the health system.
Australia continues to address health inequity by working to improve access to safe, effective and affordable health care for the most vulnerable and disadvantaged subpopulations. Despite Australia’s high life expectancy, Aboriginal and Torres Strait Islander people continue to experience a greater health disadvantage and have a life expectancy of around 10 years less than non-indigenous Australians [4], with the proportion of indigenous people who experience disability being almost double that of non-indigenous people. A sustained effort is required to improve health outcomes for Aboriginal and Torres Strait Islander people.

Australia’s aged-care system is changing and requires constant improvement to keep up with the expectations of consumers. The Government is working collaboratively with the aged-care sector and communities to implement a range of aged-care reforms and is committed to ensuring that aged-care services meet the needs of older Australians, transforming the current aged-care system to one that is sustainable, market based and consumer focused. The re-establishment of aged care into the health portfolio enables a strong policy focus on strengthening the health and aged-care interface to improve connectedness and the continuum of care for older people.

NCDs are increasingly common due to lifestyle factors and an ageing population; people are living longer with illnesses and diseases than in the past. In 2014–2015, more than 11 million Australians (50%) had at least one of eight chronic conditions (arthritis, asthma, back problems, cancer, chronic obstructive pulmonary disease, diabetes mellitus, diseases of the circulatory system, and mental and behavioural problems) [5]. Over the last two decades, Australia has seen an increase in the proportion of the population that are overweight and obese. In 2014–2015, an estimated 11.2 million adults (63%) were overweight or obese, along with one in four children aged 5–17 years (27%, or 1 million) [5].

Australia is committed to action that addresses primary, secondary and tertiary prevention of chronic conditions, recognizing that there are often similar underlying principles for the prevention and management of many chronic conditions. Such action moves away from a disease-specific approach and better caters for shared health determinants, risk factors and multi-morbidities across a broad range of chronic conditions.

Australia continues to implement a comprehensive suite of mental health reforms that seek to achieve more cost-effective, targeted and integrated service delivery to ensure that people can access the right care at the right time. Significant investment by the Australian Government continues to be directed towards the primary health networks that have been established to achieve a more comprehensive and flexible approach to regional mental health planning. A key priority is to be better prepared
to more accurately identify and respond to local mental health needs and service gaps, particularly for underserviced groups and hard-to-reach populations. Streams of reform activity include implementation of a stepped-care model of mental health service delivery to support the more efficient and seamless transition of clients between various levels of care based on changing needs. To support successful implementation, reform efforts have also focused on supporting general practitioners and mental health workforce development, establishing referral pathways, improving data collection, incentivizing telepsychology, and improving awareness of and access to digital mental health services and low-intensity services.
Australia is an active WHO Member State, a leading contributor of voluntary flexible funds to WHO, and a strong contributor to shaping the global and regional health agendas. Australia can share its experiences and also learns from other countries in addressing health challenges and leveraging new technologies in cost-effective ways.

Through these interactions, the Australian Government Department of Health gains valuable information from other countries and global health leaders on innovative approaches to addressing sustained and emerging health challenges.

Australia was a founding Member State of WHO, joining the Organization on 2 February 1948. In 1956, the first WHO Representative Office in the South Pacific was opened in Sydney, Australia. The office was transferred to Suva, Fiji, in 1965, and in 1999, responsibility for cooperation with Australia transferred from the South Pacific office to the WHO Regional Office for the Western Pacific.

**Contribution of Australian WHO collaborating centres**

Australia is currently home to 46 WHO collaborating centres that work directly with WHO to advance the Organization’s Programme of Work in the Region and globally (Fig. 3). These centres are housed by a variety of institutions including state governments and universities. Within the national health portfolio, three agencies host WHO collaborating centres:³

- **Therapeutic Goods Administration** – Two centres: WHO Collaborating Centre for the Quality Assurance of Vaccines and Other Biologicals, and WHO Collaborating Centre for Drug Quality Assurance

³ While the work of Australian WHO collaborating centres contributes significantly to WHO’s work in the Region, the independent agreements established between WHO and the nongovernmental WHO collaborating centres preclude them from the reach of this Strategy.
Australia Institute of Health and Welfare – WHO Collaborating Centre for the Family of International Classifications

Australian Radiation Protection and Nuclear Safety Agency – WHO Collaborating Centre for Radiation Protection

**FIGURE 3.** Areas of work of Australia’s WHO collaborating centres

- infectious diseases*
- environmental health
- mental health
- noncommunicable disease
- HIV/AIDS and sexually transmitted infections
- child and adolescent health
- health workforce
- health information and eHealth
- immunization and medicines quality
- health promotion
- disability and injuries
- bioethics
- health security
- occupational health
- substance abuse
- women’s health

*Including: arboviruses, Buruli ulcer, influenza, leptospirosis, malaria, rickettsiosis, tuberculosis and viral hepatitis.

**4.1 Department of Health’s contributions to global health**

Department of Health is actively engaged in various global health fora, many of which intersect with the work of WHO both in the Region and globally. International engagement priorities for Department of Health include:

- Providing leadership at the regional and global levels to achieve positive health outcomes for all by engaging in the development and implementation of global norms and standards to further domestic and regional health outcomes and ensuring that international agreements are based on the best available evidence.

- Collaborating with partners through international mechanisms to prepare, manage and respond to disease outbreaks that have the potential to affect many populations, including within Australia. Australia also contributes to international efforts to support the safety, efficacy and quality of therapeutic products and the safety of food.

- Engaging with international expertise to ensure Australia’s health system remains at the forefront of global best practices.
4.2 Australia’s contribution to regional development

Australia’s aid programme is managed by DFAT and includes health policy and programmes with a focus on prevention and strengthening primary health care. DFAT’s *Health for Development Strategy 2015–2020* prioritizes investments in countries’ core public health capacities and combatting health threats that cross national borders. The aim of this approach is to assist in building country-level systems and services that are responsive to people’s health needs and to strengthen regional preparedness and capacity to respond to emerging health threats. A strong focus on disease prevention, health promotion, people-centred and community-based care, vulnerable populations and the lowest-income groups is critical to achieving these aims.

4.3 Significance of the Sustainable Development Goals for Australia

The Australian Government is committed to the *2030 Agenda for Sustainable Development* and the SDGs. Achieving the 2030 Agenda will contribute towards lasting national, regional and global prosperity, productivity and stability, benefitting Australia and the Region. While SDG 3 is focused on health, health is embedded across a range of other goals and targets. Achieving the health goals of the 2030 Agenda cannot be realized in isolation of the full agenda; many of the targets will influence health outcomes.

Australia is taking a coordinated whole-of-government approach to achieve the 2030 Agenda, recognizing the need to achieve progress equitably across all population groups – especially marginalized and disadvantaged groups – to ensure no one is left behind.

Multisectoral cooperation is a key to achieving the SDGs. The Australian Government is committed to maintaining strong engagement and coordination with all levels of government, business, academia and civil society stakeholders in progressing towards the 2030 Agenda.

The Government is also advancing the 2030 Agenda through its international engagement by advocating for the agenda’s effective integration in WHO, the broader United Nations System and other key fora.
5. Australia–WHO strategic agenda for cooperation

The Australian Government Department of Health and WHO are jointly committed to this strategic agenda for cooperation, underpinned by three foundations for cooperation and guided by four strategic priorities. These priorities will be implemented in line with the principles of cooperation outlined in the next chapter on implementation.

5.1 Foundations

Three foundations form the basis of cooperation between Australia’s health portfolio agencies and WHO.

FOUNDATION 1
WHO CONTRIBUTES TO THE HEALTH OF ALL AUSTRALIANS

Australia looks to WHO as the pre-eminent leader in global health, in particular for guidance on international norms and standards that help to shape Australian health policy.

As a Member State of WHO, Australia benefits from international health treaties and instruments negotiated under the auspices of WHO, such as the International Health Regulations (2005), or IHR (2005), and the WHO Framework Convention on Tobacco Control (WHO FCTC). International agreements such as these support new policy approaches and the development of effective, efficient and resilient health systems. International standards are also critical in ensuring that health products are regulated to consistent standards across different countries, thus facilitating access to new products and technologies in Australia and across the Region.
FOUNDATION 2
AUSTRALIA, FACILITATED BY WHO, CONTRIBUTES TO ADDRESSING HEALTH PRIORITIES IN THE REGION AND GLOBALLY

Australia is well placed to share its experiences and expertise with other countries and global health institutions to help improve the health of all populations. WHO can facilitate the exchange of information and technical expertise with other countries, thus helping to enhance Australia’s contribution to the health of the Region and beyond.

Australia also learns from other countries in addressing health challenges and leveraging new technologies in cost-effective ways. WHO can also facilitate information exchange with other countries in the Region in areas of shared interest and priority.

FOUNDATION 3
AUSTRALIA AND WHO WORK IN PARTNERSHIP TO PROMOTE BETTER HEALTH OUTCOMES

Australia and WHO collaborate closely to promote stronger partnerships in support of improving health in the Region and globally. This is especially important in the context of the 2030 Sustainable Development Agenda, where WHO’s leadership and convening role in facilitating these partnerships will be crucially important in delivering on the health-related SDGs.

In order to achieve this, Australia also supports WHO’s ongoing efforts to transform itself into a more efficient, transparent, fit-for-purpose, country-focused organization. Australia’s contribution to WHO as an engaged and constructive Member State is well recognized, often advocating for regional health interests in international fora.
STRATEGIC PRIORITY 1

Enhancing health security

Strengthen national systems against infectious disease threats and support regional emergency preparedness, surveillance and response including compliance with the International Health Regulations (2005) and the regional implementation of the WHO Health Emergencies Programme.

While Australia does not share any land borders, rapid air travel and trade mean that outbreaks of new and re-emerging diseases in one country can become global concerns in a matter of hours. In Australia’s immediate vicinity, the Western Pacific Region faces a range of health security threats: infectious diseases including drug-resistant forms of tuberculosis and malaria; emerging infectious diseases such as avian and pandemic influenza; natural disasters, including earthquakes, droughts and cyclones; and global threats such as antimicrobial resistance (AMR). Close cooperation with WHO on protecting and promoting regional health security is in Australia’s domestic and regional interests.

IHR (2005) is the global legal framework for safeguarding health security. Australia played a lead role in the negotiation and drafting of IHR (2005) and has been a leader in legislative amendments to ensure IHR (2005) compliance. Australia notified WHO of its compliance with IHR (2005) by the original deadline of 15 June 2012, and since then has actively promoted IHR (2005) as the primary vehicle to enhance country capacity to prevent and respond to disease threats and emergencies.

A key player in regional and global health security, Australia has provided valuable support for WHO’s work on health security and emergency preparedness and response, including the development and implementation of the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies that is a vital component of the regional implementation of the WHO Health Emergencies Programme. Australia also strongly supports WHO’s work on AMR.

WHO will support Australia in protecting the health of Australians, as well as facilitate the provision of Australia’s expertise in health security to other countries – with a focus on adaptation of best-practice principles to national contexts and through support for capacity-building activities for other countries in the Region.
STRATEGIC PRIORITY 2

Promoting people-centred health systems and universal health coverage (UHC)

Exchange information and expertise to build people-centred health systems and public health capacity, with a focus on health systems policy towards UHC.

Many countries in the Region are grappling with how to build stronger health services to move towards UHC – especially in the face of ageing populations, rising rates of NCDs and the need for stronger frontline primary health care services.

Australia’s health system is shifting from a disease-oriented approach towards people-centred care, focusing on an individual’s overall physical and mental well-being and effectively engaging with communities. Australia is focusing on addressing primary, secondary and tertiary prevention of chronic conditions, recognizing that there are often similar underlying principles for the prevention and management of many chronic conditions.

Domestically, Australia prioritizes NCDs, mental health and ageing and has much to share and learn from the Region in these areas. In addition, Australia’s expertise in service planning and delivery models, health workforce policies, and health information systems can be shared with other countries in the Region.

Australia strives to strengthen health systems policy to ensure that the right systems are in place to facilitate coordinated, efficient, effective and high-quality health care. For example, Australia has been using eHealth mechanisms to improve service delivery in regional and remote areas. More recently, there has been investment in a national electronic health record system to improve coordinated care across the various levels of health services. Australia is a leader in health technology assessments with established mechanisms in place to assess the clinical effectiveness, safety and cost-effectiveness of medicines and medical services. Another example is tobacco control, where Australia uses policy instruments to address key risk factors for health, such as legislative instruments used to implement effective tobacco control measures that comply with WHO FCTC obligations.

WHO will facilitate collaboration between Australia and other countries in areas of health systems policy where Australia’s technical expertise and experience can benefit other countries. WHO will also facilitate the exchange of information between Australia and other countries in areas of shared interest and priority.
STRATEGIC PRIORITY 3

Strengthening health regulation

Support regulatory strengthening for health services, health workforce, radiation, food safety and health products and technologies.

Strong national regulation in each country is in the Region’s interests. The need for effective regulation is compounded as people and products increasingly cross borders. This requires promotion of strategies to align with international standards and norms, engagement with internationally recognized bodies and networks, promoting robust regulatory practices, and strengthening governance and legal frameworks.

Australia has significant expertise in building robust standards and strengthening regulatory systems across a range of areas. This includes experience in:

- national improvements in the safety and quality of health care;
- registration and accreditation of health workers;
- radiation protection and nuclear safety;
- food safety including composition, processing aids, food additives, primary production and processing standards, maximum residue limits, contaminants, and labelling requirements; and
- medicines, medical devices and other therapeutic goods, ensuring they are safe and suitable for the Australian market.

WHO will facilitate collaboration between Australia and other countries in health regulation, leveraging Australia’s experience to support strengthening regulatory systems in other countries, in line with best practices. WHO will also facilitate dissemination of information, best practices and experiences between Australia and other countries, drawing on existing global and regional networks of national regulatory authorities.
STRATEGIC PRIORITY 4

Working together to support WHO in its efforts to achieve organizational excellence

Build on the WHO Regional Office for the Western Pacific’s ongoing efforts to ensure that the Organization is fit for the future.

In line with requests from WHO’s governing bodies, the WHO Secretariat is continuing its efforts to achieve organizational excellence. These efforts include strengthening country focus, continuing to increase responsiveness, transparency, accountability and efficiency, further strengthening WHO’s capacity to fulfil its leadership and convening role, and improving resource mobilization and funding flexibility to support more clearly defined priorities.

Both Member States and the WHO Secretariat have a role to play in continuing to advance this organizational development agenda and to respond to any new priorities and directions for WHO that are identified in the Thirteenth General Programme of Work, which was still under development at the time of publication of this CCS.

Australia has a strong history of supporting the ongoing process of WHO organizational development at the global and regional levels. During the period covered by this CCS, Australia will continue to work with WHO to support these ongoing efforts through regular processes and alongside other Member States and relevant stakeholders. Given the contextual importance of the SDGs, two areas of particular interest are continually improving WHO’s impact in countries and strengthening WHO’s leadership and convening role for health.
6. Implementing the agenda

The four strategic priorities outlined in this CCS will be implemented in line with the principles of cooperation outlined in this chapter.

6.1 Principles of cooperation

Principles for cooperation and strategy delivery include:

**Technical contribution**

- The Australian Government Department of Health to support engagement in relevant regional meetings, workshops and technical advisory groups facilitated by the WHO Regional Office for the Western Pacific.

- Foster partnerships and collaboration among technical experts across the Region to support capacity-building.

- Pursue opportunities for joint field visits, depending on resource availability.

- Support visits of health experts for research, training and development with appropriate institutional entities.

**Agenda shaping**

- Continued participation in regional WHO governing body meetings.

- Engagement in the development of regional guidance documents.

- Proactive support for better governance and policy development in the Region.
Information exchange

- Exchange of health resources including data, research, conceptual frameworks and public information.
- Exchange of information through direct engagement between the WHO Regional Office for the Western Pacific and the Australian Government through the focal point at Department of Health.
- Exchange of staff between WHO and Australian health portfolio agencies, where it is determined that the arrangement would be mutually beneficial and adequately resourced.

Multisectoral approach

- Ensure efforts align with a multisectoral approach and are guided by the 2030 Agenda for Sustainable Development.

Vulnerable groups

- Activities will promote active participation by vulnerable population groups, incorporating strategies for gender equality and disability inclusion.

Open communication

- Regular and transparent engagement with WHO headquarters, regional offices, other Member States and country offices in the Region.
- Consistently share the outcomes of cooperation activities, including monitoring and evaluation findings where appropriate.

6.2 CCS annual brief

Following adoption of the CCS, consistent with WHO practices, Australia and WHO will develop a CCS brief. A CCS brief is a two-page document, updated each year in advance of the World Health Assembly, summarizing the country’s health situation, policies, systems, cooperation for health and CCS strategic priorities. This process will ensure that the CCS remains responsive to political, social and environmental changes that can affect the national, regional and global health agendas.
6.3 Review

The working group established to develop the CCS, composed of staff members from the Department of Health and WHO Regional Office for the Western Pacific, has committed to review the implementation of the strategic agenda. The review process will adopt a principle-based approach, assessing the successes and areas for improvement against the principles of cooperation. The working group will determine the review methods against each of the principles. The aim of the review will be to ensure that the strategic priorities continue to be aligned with the national health policy context and to assess the outcomes as a result of CCS implementation. The review will take place sometime before the end of the period covered by the CCS. It will provide an opportunity to reflect on the effectiveness of this CCS before considering development of future strategies.
REFERENCES


# ANNEX – Core health indicators

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>BASELINE (2015) currently in CCS draft</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (millions)</td>
<td>24.2 (2016)</td>
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<tr>
<td>Population under 15 years (%)</td>
<td>18.9 (2016)</td>
</tr>
<tr>
<td>Population over 60 years (%)</td>
<td>19.4 (2016)</td>
</tr>
<tr>
<td>Life expectancy at birth (years)</td>
<td>84.5 (Female) (2016)</td>
</tr>
<tr>
<td></td>
<td>80.4 (Male) (2016)</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100 000 live births)</td>
<td>6</td>
</tr>
<tr>
<td>Births attended by skilled health personnel (%)</td>
<td>99.3 (2013)</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1000 women aged 15–19 years)</td>
<td>13.8</td>
</tr>
<tr>
<td>Under-5 mortality rate (per 1000 live births)</td>
<td>3.8</td>
</tr>
<tr>
<td>Infant mortality rate (per 1000 live births)</td>
<td>3.1</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>2.2</td>
</tr>
<tr>
<td>DTP3 immunization coverage (%)</td>
<td>94 (2016)</td>
</tr>
<tr>
<td>Physicians, nursing and midwifery personnel per 1000 population</td>
<td>15.718 (2013)</td>
</tr>
<tr>
<td>Total expenditure on health as % of gross domestic product (GDP)</td>
<td>9.7 (2014)</td>
</tr>
<tr>
<td>General government expenditure on health as % of total government expenditure</td>
<td>15.3 (2013–2014)</td>
</tr>
<tr>
<td>Out-of-pocket expenditure as a % of total expenditure on health</td>
<td>18.82 (2014)</td>
</tr>
<tr>
<td>Safely managed (or basic) water status (%)</td>
<td>100 (Total)</td>
</tr>
<tr>
<td>Population using improved sanitation facilities (%)</td>
<td>100 (Total)</td>
</tr>
<tr>
<td>Children under 5 years who are stunted (%)</td>
<td>1.8 (both sexes) (2007)</td>
</tr>
<tr>
<td>Human development index rank out of 188 countries</td>
<td>2</td>
</tr>
</tbody>
</table>

**Sources:** WHO Global Health Observatory [http://apps.who.int/gho/data/node.imr](http://apps.who.int/gho/data/node.imr) (accessed on 29 August 2017).


4. World Bank Adolescent fertility rate (births per 1,000 women ages 15-19).


