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Helen Evans Interview

ROBIN: Welcome to the Development Policy Centre Podcast. I'm Robin Davies, and I'm the Associate Director of the Centre. In this episode, I interview Helen Evans, who returned to Australia in 2014 after a decade working in Geneva. Helen was the Deputy Chief Executive of the Global Alliance for Vaccines and Immunisation, known as the Gavi Alliance, or just Gavi, from 2009 to 2014.

For five years before that, she was the inaugural Deputy Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria. During a 20-year career in Australia's federal public service, Helen specialised in communicable diseases and indigenous health. Prior to her move to the Global Fund, Helen was a long-serving head of the Office for Aboriginal and Torres Strait Islander Health.

Earlier, she managed the development and implementation of Australia's second national HIV/AIDS strategy, and she led the process to set up Australia's first national childhood immunisation register. Helen was also Australia's senior representative in the negotiations which led to the establishment of the Joint United Nations Programme on HIV and AIDS, or UNAIDS. She subsequently served on the board of UNAIDS.

So Helen, I want to start not in a chronological way, because a lot of your career has been spent in office blocks in Canberra or Geneva. So, in a way, I want to go to the other extreme and take you straight to the field and focus a bit on your time with the Global Fund and Gavi. And I'm interested in, from your decade or so with those two organisations, what would be your most vivid, satisfying recollections from visits to the field, whether it's capitals in developing countries, or whether it's getting further out into rural areas.

HELEN: And I think you're absolutely correct. A lot of my time was spent in offices, because we were a funding agency, not a service delivery agency. But it was actually the country visits and the field visits, and it was actually meeting and talking with people, and their direct experiences, and learning about the differences that the two organisations I worked with could make and had made in their lives that really made it real for me and was what gave me the inspiration in terms of what we were doing.

So a couple—I mean I had many visits; I really felt it was important to get out, and to get out, as you say, beyond capital cities—perhaps I can just give a couple of examples. One was a meeting that I had with a group of women from rural areas in Kigali in Rwanda, who were running a Global Fund-funded peer support network for HIV-positive women.

And these were women who were—many of them were HIV-positive through rape in the genocide, who had children who were the product of that rape who were also HIV-positive, or who were HIV-positive because their husbands were positive but often didn't accept that it was—that was where the infection came from.

And they were just extraordinary. We sat around the table and they talked about their experiences of supporting each other, but also then of reaching out to women in rural communities to encourage them to be tested so they at least knew what their status was, because now there was a possibility of having treatment and also having support all around, and also of taking their husbands with them, which was another step along the way.

And I was just so impressed and moved by these women. I thought if I'd been in that situation, if I'd been through the genocide like that, if I had a child through rape, would I have this strength? And this strength to reach out and support each other, and to be humorous and cheerful, etcetera?

So it was a very profound experience for me. And then at the end, we were standing around talking, and a woman came up and said to me, "I just wanted to thank the Global Fund for giving me back my life." And she showed me a photo, and she said, "That was me 12 months ago." She was skeletal, with advanced AIDS.

But because of the Fund, she was now on the ARV [anti-retroviral] treatment, which turns it from a death sentence, turns AIDS to a manageable chronic disease. And she said, "Now I can live a productive life, and what's most important to me, I can live to see my children grow up." So that's pretty inspirational stuff.

If I can give you one other example, which was from my experience working with Gavi, the Vaccine Alliance, we had launched the pneumococcal vaccine with the President of Kenya, in Nairobi. And the next day I went out to visit clinics. And I went to the big clinic, which is next door to Kibera, which is the huge slum in Nairobi. Some say it's the biggest slum in Africa.

And the nurses were just so excited about the fact that this pneumococcal vaccine was going to be available, because they said it was respiratory diseases that were overwhelmingly, those and diarrhea, that were overwhelmingly loading the clinic and causing death and disability amongst small children.

They said, "Maybe now we've got the pneumococcal vaccine, that load will go down. And then maybe if we get the rotavirus vaccine next year, then we'll be able to really proactively do things, and we'll be preventing these diseases."

But the women were flooding in with their children, and I was surprised. They were flooding in to have their children immunised, and I said to the nurses, "Do you usually have this many women coming in?" They said, "No, but they saw all the publicity on the TV, because the President was doing the launching"—which is why we do it, because it gets publicity.

And they were flooding in because there was a bit of a misunderstanding that maybe this was a time-limited opportunity, and they were flooding in to have their children vaccinated.

And I said, “But how do they know about how important the vaccine is?” And the nurses said, “Well, most of them will have either lost a child themselves or had a close family member lost a child through pneumonia.

“And also, many of them will work in the houses of wealthy Kenyans who have actually been buying this vaccine through private healthcare, and they in fact have often taken their employer’s children to be vaccinated, but can’t afford the vaccine for their children.”

So those sorts of experiences really make it very real about the differences that the programs you’re responsible for can make to people’s lives.

ROBIN:

So I recall that, I think toward the end of your time with Gavi you made a visit to Indonesia, which I believe is a country on the cusp of graduation, or in the process thereof. What was your experience in dealing with the Indonesian government and people in the field in Indonesia? Did you feel that there was a sense of a job that had been well done and completed, or a job that was still largely undone, and yet there was some sort of risk that Gavi was moving out too quickly simply because of the economic growth of the country?

HELEN:

I think that there was a work in progress. There was still a lot more work to be done. And I think that there—there is a whole issue about this, because as a country’s income grows, and there are income cutoffs, as you know, whether these programs are going to be sustainable. And that’s something that’s really exercised both Gavi and the Global Fund, because the ultimate measure of the success of these programs is if they’re sustainable after the two funds move out.

So in Indonesia, they had actually held off introducing the pentavalent vaccine, which is the five basic childhood vaccines, because they wanted a local vaccine. They wanted one that was manufactured by Biofarma, which is the pharmaceutical company in Indonesia, government owned.

And so when I was in Indonesia, we were actually launching the pentavalent vaccine. It was really exciting, because it was a WHO-approved, because Gavi only funds WHO-approved pentavalent vaccine. So that was great. But it had been very delayed. And then rolling it out across the 600—whatever it is— islands in the archipelago was going to be a huge exercise.

And I think the health system there, as you know Robin, is very patchy and has a long way to go, and that’s to do with the capacity and training of health workers. So what Gavi’s been doing is looking at these transition arrangements and trying to build in, in this sort of five-year transition period before their funding actually ceases, to try and look at where those

big gaps are and what it is that as a program, collectively with the Indonesian government, they can do to try and ensure sustainability.

So yes, I think it's a country where Gavi is still working. I think it's not clear at this stage about how wide and how sustainable the coverage is. At that time, Ibu Nafsiah [Mboi] was the Health Minister, and she was a pediatrician by training, and passionately committed to this. Ministers change, and there's a new Minister there. So I guess we will just keep working away and hope that there's a commitment there.

ROBIN: And when you did these various field visits, I imagine it was very motivating for you as an individual. It must be quite difficult for staff in general, sitting in Geneva, for the most part, and operating primarily as investors without the kind of direct link to the field that you have when you're an implementing organisation. How do you manage that?

HELEN: Well, I think that's a very good point, and we have country program responsible officers, but they are all based in Geneva. And that was a very strong decision that, in fact, it was, if you're really in partnership, if this is really about countries and NGOs implementing, you should be stepped back.

Because there is a danger when you're in-country all the time, that you actually take over, or you run the risk of too much hands-on interference. If you've talked to Health Ministers in countries as I have, sometimes they spend as much time at donor meetings, and really would like to get on with the job.

So, finding the balance. But you need to have your finger on the pulse so the country—there are country officers who have responsibility for particular countries, and they keep very close contact and keep close links. Also, on the ground, the UN agencies, WHO and UNAIDS, UNICEF, depending on whether it's Gavi or the Global Fund, also have a shared responsibility, because they are partnerships, Global Fund, and Gavi is an alliance, to actually provide that hands-on support.

But there's no substitute, and I was always very clear with staff, not just the country program staff, but the staff, the back room staff, the staff in the finance area, the staff in the HR area, and the data area, the policy area, they needed to go out and spend time talking and listening so that they could hear first-hand from people what was working and not working.

Because I think one of the really exciting things about working for these two organisations, was that they really—we really did believe in learning by doing, and about adjusting when things weren't working, then adjusting and having the flexibility to do that and try and recoup and make things more appropriate and better impact.

ROBIN: So, speaking of Geneva, yours was quite an unusual case in that you moved from a government into the international bureaucracy at a very senior level. You'd had lots of international engagement and representative work, but I can't think of too many cases where a senior Australian public servant has jumped into the international system at that level. So I'm curious, how was your experience of moving into the international system from the Australian government at that level, as a woman, and as someone who didn't have a lot of direct experience working within the international agencies?

HELEN: Yeah, I mean it's a very good question. And people asked me, said to me, "This must have been a huge adjustment for me." And surprisingly, Robin, it didn't really seem like that so much. I mean I had been working, as you say, I'd had contact representing the Australian government, which is very different.

But I had managed very large, complex programs in Australia, and they were—I'd managed the National Communicable Diseases program in the early 90s, which included the HIV/AIDS program. So there was a very strong focus in that program on working in partnership, cross-sector collaboration, etcetera.

And then for the seven years before I moved to Geneva, I was managing the Office for Aboriginal and Torres Strait Islander Health, and I actually—I mean I learned a huge amount from working with Aboriginal people about partnership, about working in partnership, about the fact that you may have an ascribed position of authority but really to be effective, you need to earn that authority through trust and respect, that you need to be able to tolerate ambiguity, you need to be resilient, you need to keep focused on the big picture, but make sure everything keeps moving forward.

So the Global Fund was still very much in a startup phase when I got there, so one of the things I was able to do also, one of the things I was appointed to do was actually put in place more procedures.

We were actually operating pretty much on an oral culture of experience. But you're quite right. I was a very unlikely appointment, and people said, "Who is this unknown Australian who's never been in Africa with her sleeves rolled up? How could she possibly know what to do?" But I worked away it.

I think the thing that was one of the, you know, one of the things I really needed to work on was building my networks and partnerships, because this was about partnership, and I had, in Australia for instance, I had extremely strong networks, people across the sector who knew me and trusted me, and who I knew and trusted, a lot of mutual respect.

And so I needed to build credibility and mutual respect and trust, and that takes time. But it happened over time, and I remember someone saying to me about eight months after I

started, “Oh Helen, you know, I must say we’re sort of impressed at how quickly you’ve learned how to manage big programs like that.

And it was—a lot of the learning was transferring from communities and states through to globally. Now there’s some very major differences too. I wouldn’t deny that. But it was—yeah, you know, it was exciting and I think I slipped in more easily than I might have expected and people might have expected.

Being a woman was not so much of a problem, I don’t think, although international organisations, at the very senior level, seem to be largely grey-suited men and still largely grey-suited white men. Probably being a woman had more challenge in some of the countries.

Some of the African countries, for instance. I was wanting to meet with the WHO regional director for Africa, and we had trouble getting an appointment for me to meet with him. This colleague I was working with, who was African, said to me, “Helen, you know why we’re having trouble don’t you?” He said, “It’s because you’re not African, and you’re a woman, and you’re only the Deputy.”

We got the meeting and after a somewhat strained start, we actually developed a really good rapport and relationship. And of course in the Middle East, you have to be very careful about cultural sensitivities and the role of women and appropriate behavior and dress, etcetera.

ROBIN: Actually that phrase “only the Deputy” is interesting. I wanted to ask you about the—I guess how it is working as a Deputy in such organisations. Because I mean always the Deputy role is one where you are propping up someone who is often a visionary leader but who does not have the time, or sometimes even the experience to do the day-to-day management work.

And yet you’re also expected to inject a great deal on the policy side. Was it really difficult stepping into that kind of Deputy role, which must have been utterly different from the sort of role you were playing in Australia?

HELEN: I mean I think you summarised exactly what the role is, and it’s the sort of work that actually I think really plays to my strengths because I think I’m a very good strategic thinker, but I’m very pragmatic, so I’m a strong implementer, and that’s what I like doing and I’m good at networking and building partnerships.

And I’m good at team building and keeping, you know, staff from a wide range of diverse backgrounds together and moving forward. So I actually—I actually enjoyed doing it, and I think it was really important. And I think both organisations, when I went there, I was the inaugural Deputy at the Global Fund, which had only been going for three years.

And in fact, the board had said to the Executive Director, who was incredibly visionary and a leader out there, “You need someone. The organisation’s growing fast. You need someone to manage the place on a day-to-day basis and to keep that vision, but to make sure the vision’s implemented and bring the staff together.”

And I think the staff, on the whole, were absolutely looking for that and relieved. Some weren’t. I mean I make no bones about the fact that the person who actually headed up the country programs area didn’t want a deputy. He certainly didn’t want an Australian who’d never worked in Africa.

And in fact, he decided to resign because he didn’t like the idea of having to work with me as essentially his manager on a day-to-day basis. But, you know, you roll with those things. And yeah, we moved forward. And similarly with Gavi, when I was appointed to Gavi, it was at a similar point, although it had actually been going longer than the Global Fund. It had been quite small for quite some time, and then grew rapidly. And once again, it really needed someone in that Deputy role, as you described it.

ROBIN: The organisation that you moved into at the Global Fund was about as far as you can get from the traditional crusty international organisation. You weren’t going to the World Health Organisation. You were going into something very, very different, a so-called vertical fund, and then you moved later into Gavi, which is another in the same genus. Now, you know, was there something specific about the culture of these organisations that attracted you?

HELEN: Absolutely. That was what attracted me. They were so exciting because—I have to say, there’s been long debates, as you would know, and much written about vertical funds, horizontal funds, diagonal funds, etcetera. I mean one of the reasons I really wanted to go and work there was because it was pioneering.

I mean I’d worked in partnership, as I said, I worked closely—the approach we took with the HIV/AIDS program was very much a partnership. And, absolutely, working with the Office for Aboriginal and Torres Strait Islander Health you had to work in a partnership. If you put these two funds in a context of what was happening in aid and aid effectiveness, we had the Monterrey Consensus, we had the Paris aid effectiveness principles, etcetera.

And they were moving us from this post-colonial, top-down approach to looking at not just the money, but how it’s used with a new paradigm. Ambassador Power, the US Ambassador to the UN, describes the Global Fund as the 21st century model of development, which sort of irritates some people.

But it was really based on partnership rather than a one-way relationship, about country ownership, but country ownership tied with mutual accountability and performance-based

funding, and transparency. And they were really—the Global Fund and Gavi were really pioneering in practice these principles.

And that was what was so exciting about it, they were very different. And I do believe passionately that, you know, the sum is greater than the parts, or whatever it is. I don't think one agency, or one government, can achieve what you can if you put all the key players around the table.

So that was why, you know, I really was excited to go there. It's a pretty—it's a pretty rare experience, and pretty privileged experience, to go and work in a place where you can—you actually know that what you're doing is in fact contributing, only contributing, contributing to saving lives, and at the same time, it's exciting intellectually to actually be able to shape policies and programs and to adjust when you look at things that are working and not working.

And we also attracted to the Global Fund and to Gavi an extraordinary group of people, a much younger profile, very smart, coming from all sectors, going—taking salary cuts, coming from banking and the financial sector, coming from NGOs, coming from countries, coming from governments, but incredibly driven and incredibly inquiring.

And that was, you know, that was a real buzz. So it was very exciting. We made mistakes. There was no doubt about it. But the great thing was we could look at it and say, "Yes, we haven't got this right." Like for instance, support for health systems, what did that mean? Like do you look for attribution, is it always what the Global Fund has funded and achieved, or is it about what you've attributed to national targets, etcetera? And we adjusted and tried to rectify those as we went along.

ROBIN: So I imagine that when you joined the Global Fund there was still almost a startup feel about it, and maybe even in the case of Gavi, though it was a little more mature by the time you joined. And I suppose there are, in terms of how it is as a place to work, I suppose there are big pros and some cons about being in a startup environment.

So in your corporate management role, were there things you specifically had to do to try and stabilise—introduce what might have been some more traditional practices into these very vibrant sort of startup environments?

HELEN: Yeah, exactly. They were startups, and there was a need for a little more consistency in processes and programs, and data collection, and accountability, in HR practices, etcetera. And there were some people who were concerned, said, "Oh my goodness, we're just going to be turning into a traditional bureaucratic organisation."

I mean, I have a very strong belief that processes and policies are there to give some consistency but to free people up to get on with the job, and they shouldn't be processes for

processes sake. And they should have a lot of capacity for allowing initiative while at the same time ensuring there is some consistency around decision-making and that implementing countries can know what the parameters are.

So putting those in place was one of my first tasks, working with staff. But sometimes people who are great startup people are not necessarily the right people for an organisation that's moving to the next stage. So some people left. As I said, the country programs director left, and then others came on.

ROBIN: I guess a particularly distinctive feature of the governance of both of the funds is the multi-stakeholder nature of the boards. So you're dealing with not only traditional aid donors, but also philanthropic donors, above all, the Bill and Melinda Gates Foundation, but also experts, drug companies, and then beneficiary governments as well.

It's a very complex environment, lots of stakeholders to manage, many of them, in this case, with decision-making power. So what was it like walking into that situation from an Australian environment where you're essentially answerable to the one government?

HELEN: Yeah, I think—I mean as I said, I was used to working with multiple stakeholders, but I was only accountable at the end of the day to the minister and the government, you're quite right, and so accountable to a board. It was really a stakeholder board. Gavi uses—Gavi's board is a combination of a stakeholder board and a corporate board, because it has nine positions where people are appointed because of their own personal expertise.

Whereas the Global Fund is all constituency representation. And that was—that was pretty challenging, because everybody was feeling their way. I mean, the donor representatives, for them it was a big adjustment. I mean, they were used to—used to being the donor representatives and calling the shots.

So to sit at a board meeting where they had implementing countries or beneficiaries, but also civil society on equal footing to them, that was quite challenging. But actually, they really enjoyed it. Some of them found it difficult, but on the whole, people found it incredibly stimulating. I think for donor representatives, it was difficult, because as you would know, you actually have to refer back to your capital.

We had very senior people, so they were authorised, but sometimes they would have to stick to a government policy position that might not necessarily have been their personal position. I think it was a—the civil society representatives were incredibly active, because this was really the first time in a global forum that they really were sitting around the table as equal decision-makers, and they made great contributions.

I mean they also—sometimes they would take lines that frustrated everybody, but you could usually negotiate a way through. And for the implementing countries, I think one of

the—one of the challenges that you have in the organisation is to ensure that it's actually real voice there.

Because it's a pretty intimidating environment, those big meetings, and these weren't like formal UN ones where everybody has their set piece, etcetera. So it was a lot of give and take, but to really support them so that they could have their voice known. And they were representing often, maybe 10 other countries.

And so providing support to them so they could actually consult ahead of time, so they could actually really fully grasp what the implications were and then make a meaningful input, was also something that we really worked hard on. Some of the countries had difficulties with having civil society at the same table as them.

Some of them were not very supportive of civil society. And then of course the UN agencies were there. At the Global Fund, the UN agencies actually don't have—they're non-voting members, which was a source of really quite considerable unhappiness on their part. At Gavi, they actually—WHO, UNICEF and the World Bank actually have voting seats.

And there was a certain amount of antagonism to the Global Fund. There was the new big kid on the block with all the money. But in fact, the whole intention was the money was available so that the UN organisations on the ground with the countries could actually implement the programs that they didn't have the resources to do.

So yes, the board, and we spent a lot of time on governance because that was essential for the organisations to move forward and to jointly own so that we could deliver. I think if you keep people focused on what are the outcomes, you'll find that actually the outcomes everybody wants are similar, and that's what keeps them together, and that's what helps people to compromise.

People talk about partnerships though, and I think it's really important to realise that, you know, once you make a partnership, it isn't done. It's actually you work on it every day of the week, and it involves everybody giving up a bit of their autonomy. And we're actually, all I think probably, more comfortable just working in our own little zones. So it required everybody to give a bit, to make it work.

ROBIN: I want to ask you about the achievements of those two organisations: the Global Fund and the Gavi Alliance, but from the perspective of what were the big achievements over that decade or so when you were involved in which you take the most personal pride?

HELEN: I think for the Global Fund, I mean getting the resources out there so that major prevention programs for AIDS, TB and malaria could be developed, that people were put on ARV treatment so that they moved from having a death sentence to being able to live and have a future. I mean that's huge.

With malaria, for instance, the massive introduction of bed nets, indoor spraying and rapid access to treatment, we actually saw infant mortality go down. For instance, in Tanzania, we had figures which you could see the infant mortality dropping because malaria was under control.

And similarly with TB, I mean you asked me earlier about field visits. I remember going out with a mobile clinic into sort of deep into the poorer areas in New Delhi, where they had little health outposts, a single health worker with a microscope, and they were providing DOTS [directly observed treatment, short-course] treatment for TB.

So I think that the—really the saving lives and the prevention, and the treatment and care were huge. I mean there are major, massive figures, figures like 20 million lives for the Global Fund, and the drop in AIDS, TB and malaria that you can see that's happened since the year 2000.

In Gavi, similar figures. I mean vaccines are probably the best buy—I'm talking about value for money—that any public health system can invest in. And particularly when health systems are so fragile, making sure kids get their basic immunisations saves millions of lives. And it has an effect on the entire family, too.

So I think enormous satisfaction in seeing the achievements and seeing those—the data and the drop in the diseases, both through the vaccines from Gavi and the programs that were funded by the Global Fund. But because these are all team efforts, the Global Fund simply provided the resources and the policy and program shaping around it.

But the real unsung heroes are people like the health workers out in remote districts who work away every day, and the civil societies who work out with communities who are distrustful of governments and who don't accept services. So yeah, I think seeing that progress was incredibly, incredibly rewarding.

Another aspect which gave me enormous personal satisfaction was the number of women who came to me and said how much it meant to them having a woman in an executive leadership role, and the confidence it gave them to have as a role model someone who seemed to be comfortable with themselves in this role and comfortable not to have to feel like they needed to behave like a man, etcetera. So it's actually that, I guess yeah, helping women, that gave me a lot of satisfaction.

ROBIN:

And are there, I guess on the other side of the coin, are there some areas where you think, just looking back, that there were missed opportunities or perhaps too much effort directed to certain things? One point that springs to mind is [Gavi's] Advance Market Commitment for pneumococcal vaccines.

Very interesting, innovative initiative. But question have been raised about whether it really did stimulate research and development as was the intention. So whether you wish to comment on that particular initiative or anything else, are there things that you would like to have seen done differently given your time over?

HELEN:

I think probably more—I think probably earlier work on health systems, on the underpinnings of the health system and where AIDS, TB and malaria fitted with that. I think there was, in the early stages, perhaps too much, it was very big, I mean the Global Fund puts very big money out, and I think there was a danger that it skewed the system a bit, because that was where the money was and maybe it was too focused.

But as I've said, I think we recouped on that. And the other thing was that by providing the focus on AIDS, TB and malaria, particularly on HIV at that stage, which was really drowning the countries, it was pushing development right back with the number of people who were dying.

It was totally overwhelming what were already fragile health systems. But I think we probably could have looked at that earlier and perhaps worked on that better. I think with—I mean the Advance Market Commitment's an interesting one. I won't get into the details because it's quite complex for people to understand.

I think that by making the pneumococcal vaccine, brought it forward—I would agree that it didn't actually upstream fund the research, because that was already done. But what it did do was to provide capital to make it worthwhile for the pharmaceutical companies to actually expand their capacity and actually build large factories to produce the volume that we were wanting to be able to provide the pneumococcal vaccine.

So yeah, I think similarly with Gavi, with health systems, there's been a question about whether in fact, while it's the countries themselves who initiate the request for the vaccine, whether in fact some of them have really had the capacity to fully roll out vaccines. And I think PNG, for instance, is a good example.

And then there's the question of well, what comes first? Do you actually get it out there and then try and make sure that it's available and working, or do you hold back until everything's in place? I mean you're building the system while you're actually sailing—we used to talk about sailing the ship while you're building it.

And someone said to me, "No, Helen. It's more like driving a Ferrari down a freeway and changing the wheel." But I think it's actually being prepared to take those risks. Look at minimizing them, but daring to have vision and to see what you can do.

ROBIN: On that question about achievements, would you give a different answer if you were looking back over your entire career, including your work in Australia on HIV/AIDS and Aboriginal and Torres Strait Islander Health?

HELEN: No, I don't—well in many ways, it was a sort of culmination. As I said, I was a surprising appointment to development, but I actually drew on many of the things that I had learned over the years in Australia. And I think working with the HIV community and civil society on HIV programs in particular, I learned a huge amount about real partnership as distinct from token partnership.

And certainly I learned a huge amount from working in Aboriginal and Torres Strait Islander Health. I think it was enormously satisfying to be able to do it on a global scale, because the impact is, I guess, much broader. And I think—and I don't in any way undervalue or underestimate the need in Australia.

But I think the scarce resources and the poverty, people living on less than \$2 a day, their child gets sick, or one of them gets malaria or TB and just pushes them down into poverty—further poverty that they will never get out of. So I think the impact of working in these two organisations, I could feel that the impact was much greater.

ROBIN: So you took your Australian experience to Geneva, but eventually, in 2014, you took your international experience back home. Now how was coming home? Did you come back with a completely different perspective on Australia's policies around your areas of expertise? And more broadly, how did you find the environment had changed?

HELEN: I must say that it was more difficult coming back than I should have probably—I should have probably anticipated it being more difficult. It was more difficult for a couple of reasons. I mean first of all, I had retired from what was going to be my last full-time job, and it was a job that I—with Gavi—was a job that I absolutely loved and that I sort of worked in overdrive all the time.

So just that adjustment of coming back. We were always going to come back to Australia. Australia is home. My three children are here. But I then needed to look at, "Well, what am I going to do for the next 10 years?" I decided I wasn't going to look for another full-time job, and there's some considerable pressure from family around that.

But I had learned so much in the 10 years in Geneva but also in the years working before then, the years working in communicable diseases and in Aboriginal and Torres Strait Islander Health, that I wanted to be able to contribute back, and how did I do that? So working out that was quite an adjustment.

But I do have to say that I really am, when I came back, and still I think, struggling with where we are as a nation. I don't consider myself particularly nationalistic, but I've always

been very proud of being Australian, and I really have always felt that we did have a strong commitment to a fair go.

And then quite soon after—and then I came back to Australia where this didn't seem to be the case anymore. There was a piece that I read quite soon after I came back which said "Australians have always been known for our tolerance, open-hearted energy and egalitarianism."

And I used to talk about our commitment to a fair go. But have we really just become selfish and fearful, and self-centred? This is what the article said. And I guess that encapsulated a bit how I felt. And I don't just mean political—politicians or political parties. I mean actually as individuals.

I'm not sure, you know, the fact that the—our development—our aid budget was able to be slashed massively and AusAID was absorbed into DFAT, etcetera. There's arguments about whether that was a good thing or not. But there was barely a murmur from the community, and in fact, some of the murmur was, "Yes, charity begins at home".

And I think that really, I'd heard Tim Costello from World Vision the other day saying, really in Australia we have so little idea of how profoundly blessed we are. And I think that's the case. I do feel concerned about where we're going, and I found it quite a challenge coming back.

ROBIN: You've thrown yourself into board roles with the Fred Hollows Foundation, the Macfarlane Burnet Institute. You've got an honorary position with the Nossal Institute in Melbourne. You're clearly very actively applying your international experience and knowledge within Australia.

HELEN: I'm pleased, because I do think I have a—I've got a pretty good grasp of how the global health and development architecture works. I've got an extremely good network, having not had one when I went there, an extremely good network across that. And I think that—because I think Australia is quite isolated and tends to get forgotten.

It was one of the things that really struck me when I was in Gavi that—when I went to Geneva, sorry—that Southeast Asia in particular tends to fall off people's agenda and people's focus. Africa, the problems in Africa are so huge. I understand that, and the Middle East. We tend to forget.

But I think that I can bring an understanding of the global trends that are impacting on global health and development, and I have a network there that can help. And I think that, I hope that's a contribution to the two boards that I'm working on, both of whom are working significantly in international areas.

So I think that is a contribution that I can make, both knowledge and understanding, and the networking. Combined with my experience at senior levels in the Australian government. So I, although it's now 10 years out of date, I've got a reasonably good idea about how the system works at the national level.

ROBIN: And that's where we left our conversation. Helen is now living and working in Melbourne, and she's as busy as ever. She's an Associate Professor at the Nossal Institute for Global Health at the University of Melbourne. She's the special representative of the Gavi CEO in the Asia-Pacific.

She's a director of the Fred Hollows Foundation and of the Macfarlane Burnet Institute for Medical Research and Public Health. And she's a member of the Advisory Council of the Pacific Friends of the Global Fund. You can also find a written profile on Helen by going to the DevPolicy website: devpolicy.org, and looking for Aid Profiles/Helen Evans.

Thanks for listening.

[End of transcript]