Global Health Governance: A Search for Meaning

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Global Health

• An area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide

• Emphasizes trans-national health issues, determinants and solutions

• Inter- and multi-disciplinary collaboration within and beyond health sciences

• A synthesis of population-based prevention and individual-level clinical care

Koplan, Lancet 2009, 373, 1993-95
Global health governance (GHG)

Defined as the formal and informal institutions, norms and processes which govern or directly influence global health policy and outcomes.
• Current global health challenges
• Landscape of global health governance—can it deal with the challenges?
• Recent developments—thoughts for the future
UN Millennium Development Goals (MDG's) (2000-2015)

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Global partnership for development
WHO declares swine flu pandemic

The World Health Organization (WHO) has declared a pandemic after holding an emergency meeting.

It means the swine flu virus is spreading to the world with rising cases being seen in such areas as Chile.

WHO chief Dr Margaret Chan said the virus was causing more severe illness of its kind.

The swine flu (H1N1) virus first emerged last year and since spread to 74 countries.
Cholera deaths soar in Zimbabwe

The latest figures from the UN and Zimbabwe's health ministry reveal that two-thirds of the victims of the cholera outbreak have died this month.

The death toll at the end of last week stood at 1,564, with 29,131 suspected cases since August, the UN said.

Figures from the health ministry on 1 December put cholera deaths at 464.

The UN has warned the total number of cases could reach 60,000.

As of June 6, 2009
4,300 deaths
100,000 cases
CFR : 4.3%

The UN has warned it could take six months to control the outbreak that has been fuelled by the collapse of the health, sanitation and water services.
Countries with confirmed XDR-TB cases as of June 2008

Based on information provided to WHO Stop TB Department - May 2008
Pandemic (H1N1) 2009 briefing note 1
Viruses resistant to oseltamivir (Tamiflu) identified

8 JULY 2009 | GENEVA -- WHO has been informed by health authorities in Denmark, Japan and the Special Administrative Region of Hong Kong, China of the appearance of H1N1 viruses which are resistant to the antiviral drug oseltamivir (known as Tamiflu) based on laboratory testing.

These viruses were found in three patients who did not have severe disease and all have recovered. Investigations have not found the resistant virus in the close contacts of these three people. The viruses, while resistant to oseltamivir, remain sensitive to zanamivir.

Close to 1,000 pandemic H1N1 viruses have been evaluated by the laboratories in the Global Influenza Surveillance Network for antiviral drug resistance. All other viruses have been shown sensitive to both oseltamivir and zanamivir. WHO and its partners will continue to conduct ongoing monitoring of influenza viruses for antiviral drug resistance.

Therefore, based on current information, these instances of drug resistance appear to represent sporadic cases of resistance. At this time, there is no evidence to indicate the development of widespread antiviral resistance among pandemic H1N1 viruses. Based on this risk assessment, there are no changes in WHO’s clinical treatment guidance. Antiviral drugs remain a key component of the public health response when used as recommended.
Global distribution of relative risk of an EID event (green=low risk; red=high risk)

Nature Feb 21, 2008
Between 1975-2004, 1,556 new drugs were developed. Only 21 (1.3%) were for tropical diseases of the developing world.

Chirac & Tourelle; Lancet 2006, May 12, pp. 1560-61
Figure 1.8 The shift towards noncommunicable diseases and accidents as causes of death*

* Selected causes.

Climate 'biggest health threat'

Climate change is "the biggest global health threat of the 21st Century", according to a leading medical journal.

The Lancet, together with University College London researchers, has published a report outlining how public health services will need to adapt.

It also highlights the consequences of climate-related mass migrations.

The authors aim to add their voice to the call for carbon mitigation and will focus on making clear the ways in which climate change will affect health.
### Food
- Complex, localised negative effects on smallholders, subsistence farmers, and fishermen
- Tendencies for cereal productivity to decrease in low latitudes
- Tendencies for some cereal productivity to increase at middle-to-high latitudes
- Productivity of all cereals decreases in low latitudes
- Cereal productivity to decrease in some regions

### Coasts
- Increased damage from floods and storms
- Millions more people could experience coastal flooding each year
- About 30% of global coastal wetlands lost

### Health
- Increasing burden from malnutrition, diarrhoea, and cardiorespiratory and infectious diseases
- Increased morbidity and mortality from heatwaves, floods, and droughts
- Changed distribution of some disease vectors
- Substantial burden on health services

**Figure 3: Effects of global average temperature change**

Lancet, May 16, 2009
If global growth falls by 2-3% and agricultural investment by 20%:

- Cereal prices will rise by 30%
- 16 m more children will be malnourished globally

Nature 2008, 456, 701
<table>
<thead>
<tr>
<th>Country</th>
<th>External resources for health as % of total expenditure on health (2005)</th>
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<tr>
<td>Niue</td>
<td>66.3</td>
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<tr>
<td>Marshall Islands</td>
<td>66.1</td>
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<td>Mozambique</td>
<td>60.3</td>
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<td>Malawi</td>
<td>59.6</td>
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<td>Micronesia</td>
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<td>Timor Leste</td>
<td>44.9</td>
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<td>Tonga</td>
<td>34.4</td>
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Data from WHO, World Health Statistics 2009
Many health care delivery systems in the developing world are in a precarious state.
Distribution of health workers by level of health expenditure and burden of disease, by WHO region

Figure 3: Use of basic maternal and child health services by lowest and highest economic quintiles
Data from more than 50 countries. ARI = acute respiratory infection. Reproduced with permission from The World Bank.²⁹

Figure: Target and actual rates of decline in maternal mortality, south Asia

Lancet 2008, 371, 204
Global health challenges

- Impact of financial crisis & globalization
- Multiple, diverse, emerging and inter-sectoral health threats
- Failures in delivery & access to both existing and needed interventions
- Gaps and inequities continue
- Fragile health systems unable to achieve MDG targets
What is the elephant in the room?
What is the dead moose under the carpet?

Even Blind Freddy could see it!
Sticks out like a country dunny!

The elephant in the room is…
"get the health system in good shape…"
WHO Commission on Social Determinants of Health


2008

Highlights great health inequities caused by the social determinants of health

Equity strongly influenced by the way health systems are organized and financed

Champions primary health care (PHC) as a model for a health system that acts on the underlying social, political & economic causes of ill health
"Health systems will not naturally gravitate towards equity and unprecedented leadership in global health governance is needed"

Dr Margaret Chan,
WHO Director-General,
Sept 9, 2008
Address to 61st Regional Committee SEARO
• Current global health challenges

• Landscape of global health governance—can it deal with the challenges?

• Recent developments—thoughts for the future
Global Alliance to Eliminate Leprosy (GAEL)
Initiative on Public-Private Partnerships for Health

Secure the Future

Medicines for Malaria Venture
International AIDS Vaccine Initiative

Global Polio Eradication Initiative

Global Alliance for TB Drug Development

Global Campaign for Malaria and Hope for African Children Initiative

Schistosomiasis Control Initiative

(Figure courtesy of Ian Smith, WHO)
Dramatic growth in DAH from 1990-2007

DAH from 1990 to 2007 by source of funding

Source: IHME DAH Database
Channels of assistance: New actors

DAH from 1990 to 2007 by channel of assistance

Source: IHME DAH Database
United States urged to boost global health funds

An expert committee convened by the US Institute of Medicine has called for the country to increase investment in global health initiatives to $15 billion per year by 2012.

Earlier in May President Barack Obama asked Congress to dedicate an average of $10.5 billion per year over the next six years to a global health initiative, with $8.5 billion of that funding dedicated to the HIV/AIDS programme PEPFAR (see Nature 457, 254–256; 2009).

But the committee, which included former National Institutes of Health head Harold Varmus, recommended that $13 billion be invested in fulfilling health-related Millennium Development Goals put forward by the United Nations, with another $2 billion for combating injuries and non-communicable conditions, such as heart disease. In addition, it advised that an inter-agency global health committee be created and located in the White House to coordinate such activities.
EXHIBIT 4
Total Health Spending As Percentage Of Gross Domestic Product (GDP) In India And China, 1988–2004

Spending as percent of GDP

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<td>India</td>
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<td>China</td>
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SOURCES: Data on India are based on the authors’ calculations. Data on China are from Ministry of Health, China Health Statistical Yearbook, 2006.

Yip & Mahal, Health Affairs 2008, 27, 921-932.
Development aid from authoritarian regimes

An (iron) fistful of help

Jun 4th 2009

From The Economist print edition

China, Iran, Russia and Venezuela have been doling out largesse. Should Western democracies be worried?

CONGO and the International Monetary Fund are in for a tough discussion, a rising Chinese presence in Africa and the country’s economic policy, but how exactly Congo secured last year from China.

China’s deal with Congo, and the disputes arising from it, are part of a growing trend. Authoritarian governments are using aid as a tool for obtaining self-interest abroad. Sometimes the money comes as a complement to hard power, frequently, as both. These flows are changing the terms of international aid, as attempts by Western countries to improve their reputations lead recipients to play donors off against each other.

Some donors give more and more...
Foreign aid from China, yuan bn

Source: Li Xiaoyun, China Agricultural University
Misguided aid • Diego Lencioni, Jessica Oyugi, Imran Aziz and Timothy Kyanakama

The money flows, the boy dies

In July 2005, 22 heads of state gathered in Gleneagles, Scotland, and promised to double aid to Africa by 2010. Last week, nearly two years later, while traveling on the Mbanda-Tirinyi highway in Uganda, we saw first hand that such bold pledges to increase aid flows are simply missing the point.

Varied volumes of money are currently flooding Uganda. However, instead of representing prioritized contributions to sustainable change, funds are simply fueling an “aid industry” of fragmented assistance. At the end of the day, yet again, it is Uganda’s rural poor who suffer the most.

Our journey started in Sipi Falls, one of Uganda’s best kept secrets at the foothills of Mount Elgon. Having left the town of Mbale and proceeded towards Kampala, we saw a young boy lying unconscious by the side of the road.

We turned the car around to assist as a crowd gathered. In the confusion and anger at the apparent hit-and-run accident, we found the mother and, together with a neighbor, put the child in our car and rushed back to Mbale. The boy was unconscious, clearly battling for his life.

During the 35 minute drive, we made numerous calls trying to alert the Mbale Regional Referral Hospital, one of the regional hospitals in Uganda. We hoped that our personal and professional contacts developed over years of working for the Ministry of Finance, in close collaboration with the Ministry of Health, the U.S. Agency for International Development, Mulago Hospital and the Infectious Disease Institute would help us save the boy’s life.

Our hopes were shattered. At the casualty wing of the hospital, the medical staff was apathetic. There was no oxygen, no blood pressure monitor, not even a basic flashlight. No medical officer was present. When the boy died, the hospital staff seemed more concerned with disposing of the body than with the fact that a young life had just ended before us.

Yet this was the same regional referral hospital that had been recently cited by the state minister for health, Emmanuel Otabil, at the first to be renovated with “adequately trained staff [and] enough equipment and drugs” through financing from the Japanese government.

The only evidence that we saw of this aid was a freshly painted and refurbished X-ray unit, locked, with a plaque noting the Japanese donation.

What was the problem at Mbale Hospital? Was it a staff that received only $6,500 for training over the past two years from the badly stretched national budget? Was it because only $30,000 was allocated for medical supplies over the same period?

We drove the dead boy home in silence. As we drove, we realized that in fact we had been surrounded by millions of dollars of medical assistance. A stone’s throw...
### Exhibit 4

**Perilous paperwork**

Number of full days per quarter spent writing reports by district medical officer (Morogoro district, Tanzania)

<table>
<thead>
<tr>
<th>Reports prepared for</th>
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<tbody>
<tr>
<td>Japan International Cooperation Agency</td>
<td>2</td>
</tr>
<tr>
<td>Ministry for Foreign Affairs, Finland</td>
<td>2</td>
</tr>
<tr>
<td>Axios</td>
<td>2</td>
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<tr>
<td>UNICEF</td>
<td>2</td>
</tr>
<tr>
<td>World Vision</td>
<td>2</td>
</tr>
<tr>
<td>Tanzania Ministry of Health</td>
<td></td>
</tr>
<tr>
<td>- Tuberculosis</td>
<td>3</td>
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<tr>
<td>- Malaria</td>
<td>3</td>
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<tr>
<td>- AIDS</td>
<td>3</td>
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<tr>
<td>- Immunization</td>
<td>3</td>
</tr>
<tr>
<td>- Maternal health</td>
<td>3</td>
</tr>
<tr>
<td>- Weekly disease reports</td>
<td>0.25</td>
</tr>
</tbody>
</table>

**Total** 25.25
"When I asked for a briefing on malaria, I was given a briefing by funding streams.............
I asked myself: Is WHO dealing with a different strain of malaria to the Global Fund??"
Figure 4: Cambodia—alignment of donor assistance to country needs during 2003-05
(A) What Cambodia wanted. (B) What Cambodia was given. Reproduced from WHO and Ministry of Health of Cambodia with permission. STDs = sexually transmitted diseases.
Global health governance

• Multiple, diverse players
• Fragmentation, lack of coordination
• Top down, donor driven, negative impact on countries with fragile health systems
• Plenty of money…
• …but imbalance in allocation to "big" diseases (vertical) but not to health system strengthening (horizontal)
• Lack of evaluation, accountability-sustainability?
• Players
• Models
Major Players

- International organizations (WHO, UNAIDS, UNICEF, World Bank)
- Multilateral entities (G8, G20, G24)
- Multilateral initiatives (GFATM, GAVI)
- Bilateral initiatives (PEPFAR)
- Philanthropies (Gates, Carso)
- Global public-private partnerships
- Private sector-industry
- Civil society
Models & Mechanisms

- Market-driven, global PPP's-GPG
- Global Health Innovation Systems
- Cross-sectoral "global action networks"
- Trans-governmental platforms
- Global Agenda Councils (WEF)
- European Council on Global Health
- Framework Convention on Global Health
- "World Development Organization"
Global Health Law: A Definition and Grand Challenges

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As a consequence of rapid globalization, the need for a coherent system of global health law and governance has never been greater. This article explores the health hazards posed by contemporary globalization on human health and the consequent urgent need for global health law to facilitate effective multilateral cooperation in advancing the health of populations equitably. It sets forth the first definition of the emerging field of “global health law.” After explicating the central features identified in the definition, the article examines the “grand challenges” to reaching the full potential of global health law to advance human health in just and effective ways.
Features & Challenges

- Features: mission, key participants, sources, structure, moral foundations
- Challenges to be overcome for global health law to be effective:
  - State-centricity in the international legal system
  - Skewed priority setting
  - Flawed implementation and compliance
  - Fragmentation, duplication, poor coordination
There has been a significant increase in use of 'harder' instruments in recent years

(Slide courtesy of Ian Smith, WHO)
Japan’s Efforts towards the Achievement of the Millennium Development Goals

Ministry of Foreign Affairs of Japan
September 2008 (Ver. 3)
1-1. Health
(Outcomes of the G8 Hokkaido Toyako Summit)

- Strengthening health systems
  → e.g., increase health workforce coverage towards a ratio of 2.3 health workers per 1,000 people in the countries of Africa experiencing a critical shortage of workers.
- Improving maternal, newborn and child health
  (for which achievement of the MDGs is seriously off track)
- Strengthening countermeasures against infectious diseases
  → Aim to provide 100 million mosquito nets against malaria by 2010.

New commitments

Fulfill existing commitments

Proposal of the “Toyako Framework for Action on Global Health”

- Fulfill commitments of US$60 billion over 5 years, which addressed infectious diseases, strengthened health systems, etc.
- Establish a follow-up mechanism

Policy recommendations for comprehensive efforts compiled by the G8 Health Experts Group

World Health

Global Health Governance and Multi-Level Policy Coherence: Can the G8 Provide a Cure?

HEIDI ULLRICH

Working Paper No. 35
July 2008

An electronic version of this paper is available for download at:
www.cigionline.org

Addressing International Governance Challenges
The World Health Organization (WHO)

Kelley Lee
CHALLENGES FOR WHO

INTERNAL FACTORS

- biomedical vs social medicine approaches
- debate between vertical and horizontal approaches
- inadequate resources (zero real/nominal growth)
- unclear priorities among multitude of programmes
- weak leadership and accusations of waste & corruption

EXTERNAL FACTORS

- declining commitment to multilateral action/UN after end of Cold War
- primacy of international financial institutions (World Bank)
- political pressure exerted by powerful member states and corporate interests
- growing calls for social justice amid accelerating economic globalisation

(Slide courtesy of Kelley Lee)
Development trend in the composition of WHO income

(Slide courtesy of Anne-Marie Worning, WHO)
Indonesia’s avian flu holdout

Indonesia sent a chill through the World Health Organization recently when it refused to supply any more samples of the avian flu virus that has killed scores of its people. The move, which seemed aimed at gaining access to vaccines at an affordable price, threatens the global effort to track the virus and develop vaccines. But Indonesia has raised a valid point that needs to be addressed: if a pandemic should strike, poor countries would be left without protection.

The WHO relies on a global network of laboratories to provide virus samples so experts can determine which are most likely to spread. These strains are then used to develop the seed stocks that are given — at no cost — to manufacturers to use in making vaccines.

operating with the WHO and started negotiations to send future samples to another vaccine maker in return for technology that would allow Indonesia to make its own vaccine.

That may be good for Indonesia but could be harmful to global health — especially if other countries follow. Clearly Indonesia, which is in discussion with WHO officials, needs to rejoin the global network. Unfortunately, the organization has no good answer to the inequities Indonesia has spotlighted.

If a pandemic struck, the current vaccine makers could produce only 500 million doses of vaccine per year if they ran 24 hours a day. That is far short of what would be needed to vaccinate all 6.7 billion people in the world. Thus there seems no doubt that in a crisis, the countries that are...
WHO: Comparative Advantages

• Normative function
• Direct reach into ministries of health
• Independence, impartiality, neutral broker, convenor & coordinator
• Political legitimacy & credibility
• Global reach
• Gives a voice to, and champions the health of poor people
"The only organization with the political credibility to compel cooperative thinking is the WHO"

Laurie Garrett
"The challenge of global health"
Foreign Affairs 2007, 86, 4-38

"...the need for a strong, well-funded, and politically supported WHO has become a much sharper and convincing argument today than for many years"

Richard Horton, June 20, 2009
6-1. The U.S. government should support WHO as a leader in global health by paying its fair share of the organization’s budget and providing technical expertise to the WHO, as requested. But it should also request a rigorous external review of the organization to develop future-oriented recommendations that maximize its effectiveness. (See Chapter 6 for more detailed recommendations.)
WHAT NOW?
• Current global health challenges
• Landscape of global health governance—can it deal with the challenges?
• Recent developments—thoughts for the future
PARIS DECLARATION ON AID EFFECTIVENESS
Ownership, Harmonisation, Alignment, Results and Mutual Accountability

Five principles:

1. **Ownership**: Partner countries exercise effective leadership over their development policies, and strategies and co-ordinate development actions
2. **Alignment**: Donors base their overall support on partner countries' national development strategies, institutions and procedures
3. **Harmonisation**: Donors' actions are more harmonized, transparent and collectively effective
4. **Managing for Results**: Managing resources and improving decision-making for results
5. **Mutual Accountability**: Donors and partners are accountable for development results
Facilitation by the Health 8 agencies

Health 8 (H8) is an informal group of eight health-related organisations, WHO, UNICEF, UNFPA, UNAIDS, GFATM, GAVI, Bill and Melinda Gates Foundation, and the World Bank created in mid-2007 to stimulate a global sense of urgency for reaching the health-related MDGs. It focuses on better ways of working, particularly within institutions, which can lead to the MDGs being achieved more quickly. And it has a remit to ensure systematic and robust knowledge management and learning around the MDGs, and to seize opportunities presented by renewed interest in health systems.

Current status of activities

The members of the H8 group
IHP+ International Health Partnership and Related Initiatives

High Level Taskforce on Innovative International Financing for Health Systems

At the UN High Level Event in New York on 25 September 2008, world leaders called for an additional US$30 billion to save 10 million lives – 3 million mothers and 7 million children. Stronger health systems are critical to saving these lives and building these systems will also require more resources from the international community. For this reason, a High Level Taskforce on Innovative International Financing for Health Systems (Taskforce) was announced. Read more about the Taskforce...

Mozambique signs Country Compact

16 September 2008 | Maputo

The US Government expresses its support to the IHP - "The United States welcomes the contribution of the International Health Partnership and supports the principles on which..."
The Role of IHP+, country level

Development Partners
- H8 Agencies
- Civil Society
- Donors
- Bilaterals/multilaterals

Existing country mechanisms

Country Compact
- One common M&E and mutual accountability framework
- Fix health systems bottlenecks
- One costed, results-oriented national health plan and budget
- One common review process/validation
- Inter-agency country health sector teams

Scaling Up Effective Coverage

Improved Outcomes for MDGs 1b, 4, 5, & 6
High Level Taskforce on Innovative International Financing for Health Systems

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Objectives of the Taskforce

To contribute to filling national financing gaps to reach the health MDGs through mobilizing additional resources; increasing the financial efficiency of health financing; and enhancing the effective use of funds.

The Taskforce will

1. make recommendations on the mix of innovative international financing mechanisms needed to deliver the extra resources required;
2. promote international support for these recommendations to ensure they are implemented.
High Level Taskforce on Innovative International Financing for Health Systems

Launched on September 2008 in New York and closely linked to the International Partnership for Health (IHP+) launched on September 2007, the taskforce comprises high level leading figures.

It is directed by M. Gordon Brown, United Kingdom’s Prime Minister and M. Robert Zoellick, President of the World Bank. The other members of the taskforce are:
Paris Meeting culminates in Taskforce report on key innovative financing recommendations

The report of the Taskforce on International Innovative Financing for Health Systems, co-chaired by Gordon Brown, UK Prime Minister and Robert Zoellick, President of the World Bank, was completed on 29th May at the third Taskforce meeting held in Paris.
Main recommendations

• Expand mandatory solidarity levy on airline tickets
• Explore feasibility of new voluntary solidarity contribution schemes (e.g. levies on tobacco and currency transactions)
• Expansion of IFFIm and Debt2Health
• Build and maintain effective health systems
• Align resources with a comprehensive national health strategy/plan
• Sustainable domestic financing
INNOVATIVE FUNDING FOR HEALTH

THE AIR TAX A JOURNEY TO ACCESS
IFFIm and the World Bank team up to raise funds for GAVI immunisation programmes in 70 developing countries.
Learn more >>

Why IFFIm?

The Challenge
In the developed world, protection from disease through immunisation is taken for granted. But every year in poorer countries, some 24 million children miss out on vaccinations against the most common diseases, making them vulnerable to sickness, disability and death.

Every year, approximately 2.3 million children die from easily-preventable diseases such as diphtheria, pneumonia, diarrhoea and yellow fever — a massive and inexcusable loss of human potential.
Innovative Financing of the Global Fund

DEBT2HEALTH
 "The Government will also fulfill its election commitment for a **debt to health swap** with Indonesia through this Budget. Australia will cancel debt owed by Indonesia in parallel with Government of Indonesia investment in programs combating Tuberculosis".
Innovative financing for development the goal of new 1-8 Group

20 May 2009

UN Secretary-General is in Geneva this week attending the World Health Assembly. Credit: WHO

As global economic slowdown threatens to negatively affect those already most vulnerable to poverty, the achievement of the Millennium Development Goals (MDGs) around the world will require a change of scale in the implementation of innovative financing mechanisms for development.

To address this challenge, Dr. Philippe Douste-Blazy, Special Advisor to the Secretary-General of the United Nations in charge of Innovative Financing, proposed the creation of a group which brings...
I-8 Group for MDGs (L.I.F.E.)

1. IFFIm-GAVI
2. UNITAID
3. Advance Market Commitment for Vaccines (AMC)
4. Debt2Health (GFATM)
5. (PRODUCT) RED
6. Responsible Social Investment Initiative of French Agency for Development (AFD)
7. Revenues form the Carbon Market
8. Millennium Foundation for Innovative Finance for Health
The Pneumococcal AMC: Ready to save lives

On 12 June, 2009, the Finance Ministers of Italy, the United Kingdom, Canada, Russia, Norway and the Bill & Melinda Gates Foundation together with GAVI Alliance partners World Bank, UNICEF and the World Health Organisation, formally activated the Advance Market Commitment (AMC) pilot project against pneumococcal disease.

Read more
Watch the new Pneumococcal AMC video

Latest additions
Pneumococcal AMC
Read more...
How do manufacturers participate?
MAKE A DIFFERENCE IN AFRICA

Join us now and help eliminate AIDS in Africa. Be the first to receive (RED) offers and news. (RED) is working because of your support.
The Global Fund to Fight AIDS, Tuberculosis and Malaria, an international financing institution, invests the world’s money to save lives. To date, it has committed US$ 15.6 billion in 140 countries to support large-scale prevention, treatment and care programs against the three diseases.

- **HIV/AIDS**
  Over 2.3 million people on ARV

- **TUBERCULOSIS**
  5.4 million people under DOTS

- **MALARIA**
  88 million bednets distributed

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**Announcements**

- **2nd Replenishment - Mid-Term Review Meeting**
  Caceres, 30 March - 1 April

**New Publications**

- **Progress Report**
  Scaling Up for Impact Results

**On MyGlobalFund**

- **CCM Chairmanship**
- **CCM Performance framework**
A global fund for the health MDGs?

The world is off track to achieve the health-related targets of the Millennium Development Goals (MDGs) by 2015. Maternal mortality has stagnated for two decades; child mortality is not declining fast enough; HIV/AIDS still infects people faster than the pace of antiretroviral treatment roll-out; and inequalities are widening within and across countries. Addressing these crises will require increased funding and more efficient spending. The next Board meetings of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance, scheduled for May and June, respectively, present an opportunity to tackle these issues.

There is widespread recognition of the need for bold action to streamline the global aid architecture for health. Last year WHO launched an effort to “Maximise positive synergies between global health initiatives and health systems”, whose conclusions will be submitted to the G8 in late June. A Taskforce on Innovative International Financing for Health Systems was established in September, 2008, to explore new strategies to mobilise and channel resources for health systems. The executive directors of the GAVI Alliance and the Global Fund recently wrote to the Taskforce co-chairs that “it is time to take a comprehensive approach with the necessary support from key donors to refocus on all of the health-related MDGs.” An interim report from one of the Taskforce working groups suggests considering “the Global Fund and GAVI as a conduit for additional resources for health

Global Fund and GAVI to expand its remit to include all the health MDG's

Focus on measurable improvements with performance evaluation across a broad spectrum of health challenges
Clear mandate and funding criteria that address health system bottlenecks
Rights-based approach to health
Extend resource distribution beyond public/health sectors
Transparent governance & accountability
Flexibility in funding options
Independent technical appraisal of proposals

Lancet 2009, 373, 1500-02
Diagonal approach to Global Fund financing

Diagonal financing aims for disease-specific results through improved health systems

Globalization and Health 2008, 4:6
Some thoughts for the future……..
Seven effective habits of future governance

- Trans-sectoral, integrated view
- Inclusive, embrace diversity
- Define roles, substantive norms & values
- Accountability & transparency
- Information & evidence - harness ICT, promote research on governance (towards evidence-informed governance)
- Balancing act
Balancing act between ……

- National and global governance
- Formal and informal mechanisms
- Market forces and social justice/equity
- Specific diseases and systems strengthening
- Legitimacy/democracy/participation and effectiveness
- Ideas/theories and implementation - the need to "make it work"
- Learning from past successes/failures and the need for innovation on future governance
Venice Concluding Statement on Maximizing Positive Synergies

Between Health Systems and Global Health Initiative

Venice, Italy, June 23, 2009

We participants at the High Level Dialogue on maximizing positive synergies between health systems and Global Health Initiatives, assembled in Venice, Italy on June 23rd 2009

1. Welcome the WHO-led multi-stakeholder effort to encourage and inform optimal interactions between Global Health Initiatives (GHIs) and country health systems, and acknowledge the importance of maximizing positive synergies in order to deliver better and more equitable health outcomes and enhanced value in return for resource inputs.

2. Acknowledge that the impact of global health initiatives on health outcomes and health systems, though valuable, has been positive on balance and has helped to draw attention to deficiencies in health systems

Positive: Increased TB diagnosis and higher vaccination rates

Negative: disruption of basic health services, some countries slash their Health spending
Seven effective habits of future governance

• Trans-sectoral, integrated view
• Inclusive, embrace diversity
• Define roles, substantive norms & values
• Accountability & transparency
• Information & evidence - harness ICT, promote research on governance (towards evidence-informed governance)
• Balancing act
• Focus more on the "why" and less on the "how"
• "Focus on the problem not on 'architecture', structures or sacred notions of sovereignty" (Inge Kaul)
• "Global governance must be purpose-driven" (Strobe Talbott)
• "Global governance is actually global problem solving" (Sanjeev Khagram)
Meaning of GHG?

Ask not how health can shape governance, but ask what governance can do for health.
Meaning of GHG?

Ask not how health can shape governance, but ask what governance can do for health system strengthening in the developing countries
"He who has a **why** to live can bear with almost any **how**…"

Viktor Frankl
*Man's Search for Meaning*
Rider, London, 2004

Thank you