

# Reimagining the Future of Global Health Initiatives Study: Preliminary findings

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Reimagining the Future of Global Health: What are the incentives for change? - *WHA Side Event*

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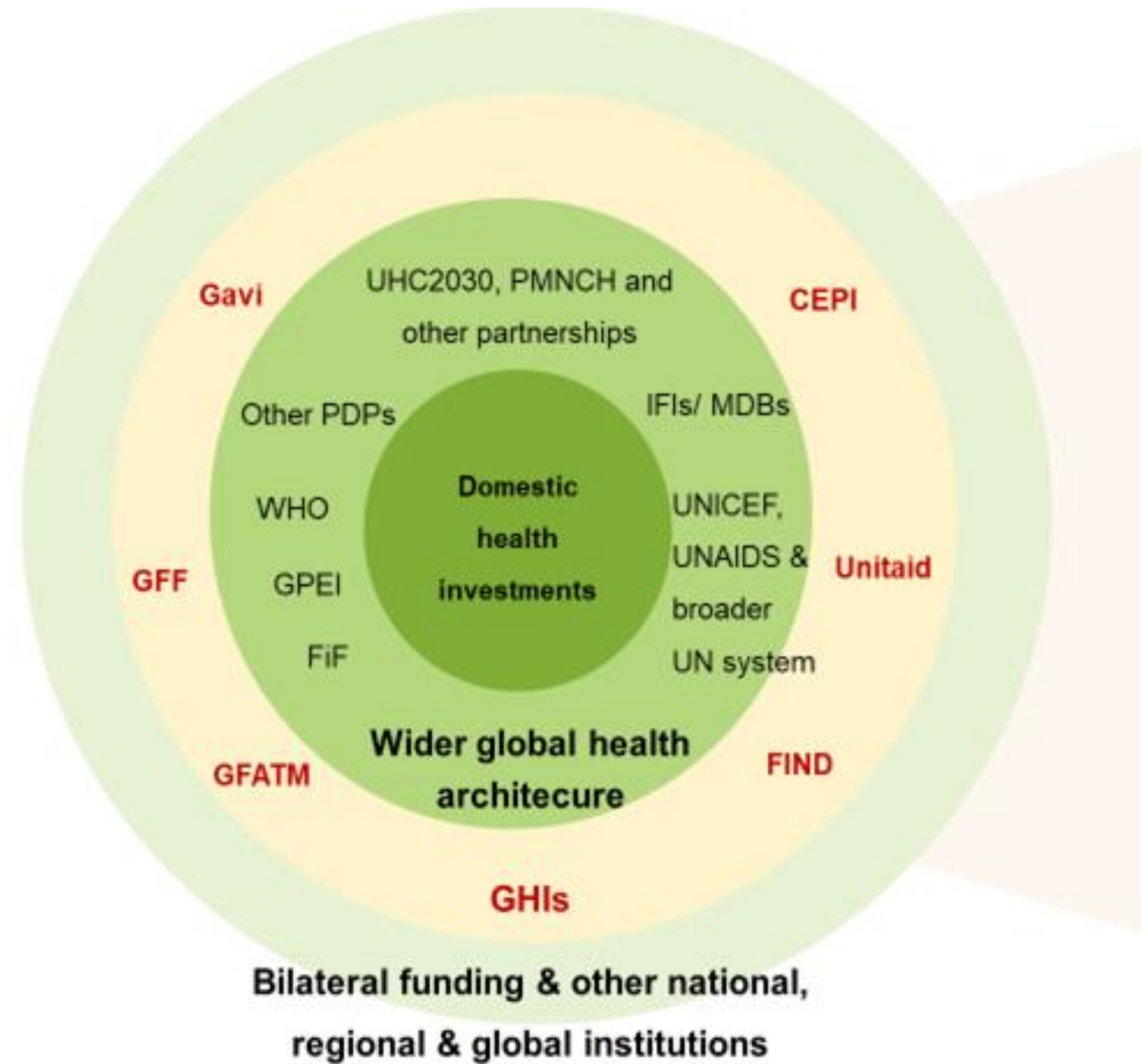
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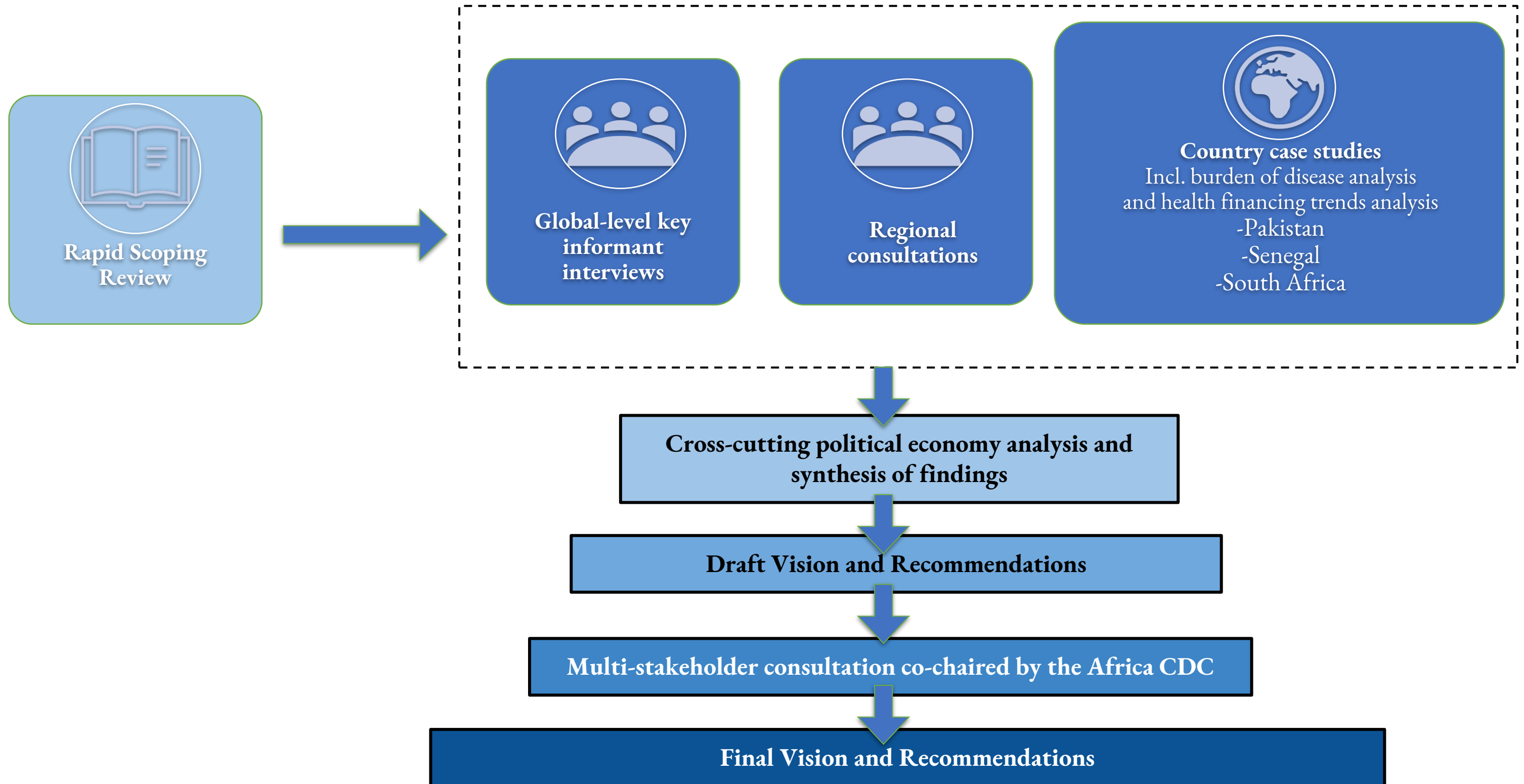


# Study Objectives

1. To analyse the current state of the GHI architecture from the implementation countries perspective, with a focus on achieving UHC
1. To produce a vision of what the GHI ecosystem should look like in 15–20-years, and concrete recommendations on the changes needed to make this vision a reality

# GHIs within the global health architecture





February - July 2023 (6 months)

# Achievements of the GHIs to date

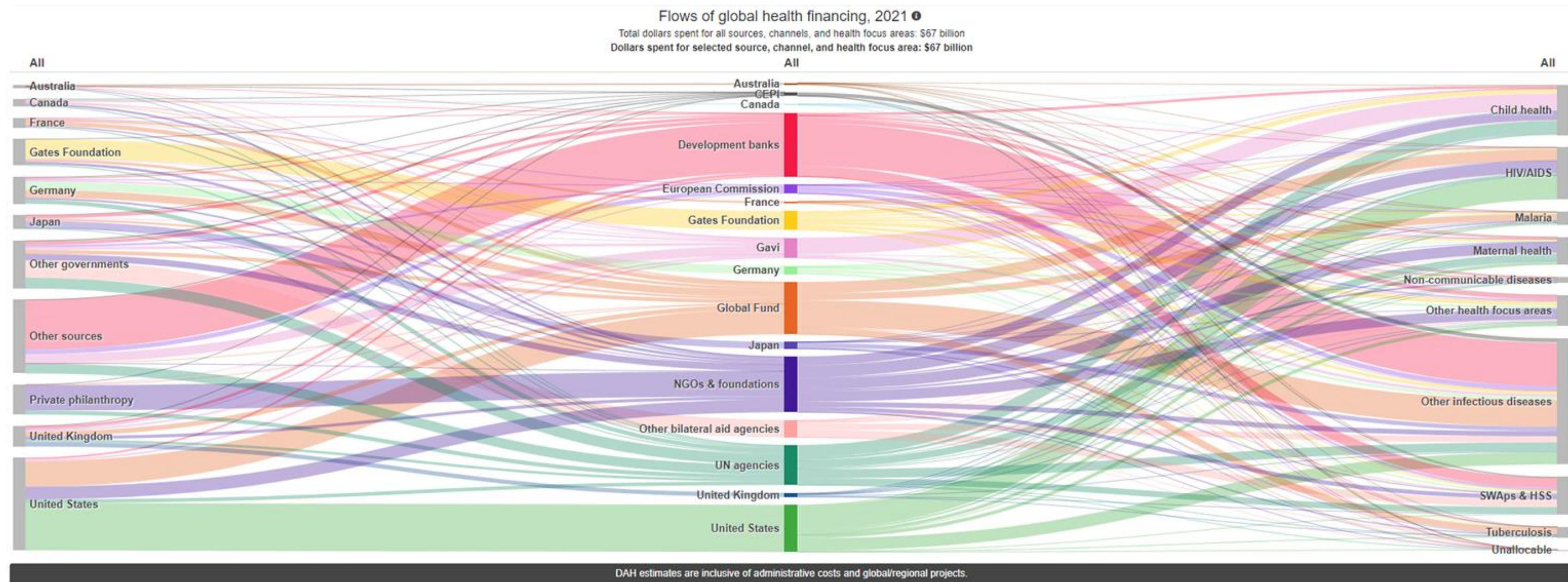
- **Contribution to improved health outcomes**
  - e.g. Reducing the global BoD for HIV, malaria, TB, and vaccine-preventable diseases of childhood and adolescence
  - Role during the pandemic
- **Innovative financing and market shaping**
  - e.g. Use of new financing mechanism (e.g. airline levy for UNITAID; GFATM's Debt2Health program); reducing the price of global public goods

## Achievements of the GHIs to-date

- **Contributing to better donor coordination in some areas**
  - e.g. GFF alignment group and SDG3 GAP Sustainable Financing Accelerator for Health
- **Creating a public health perspective**
- **Co-funding requested -> increasing domestic funding (e.g. Pakistan)**



# Complex funding channels (2021)



# Challenges for recipient countries

- **Negotiation space**

- Power shift: little space for government assertion of what, where, how
- Governments constrained by insufficient capacity for financial and technical accountability

- **Coordination**

- Insufficient coordination between GHIs and with other partners
- No consolidated platform between partners
- Make better use of WHO and WB country offices

- **Fragmentation**

- Multiplicity of actors and mechanisms
- Disease specific
- Funding competition between donors, each working in parallel with the government



# Challenges for recipient countries

## **Governance**

- Limited autonomy in intervention choices but requiring local expertise development
- Accountability towards recipient countries?
- Recognise regional institutions (AU, AfCDC,...)

## **. Financing**

- Pooling of resources:
  - i.e. “one country basket for all GHIs”
  - i.e. Global pooled fund
- Obligation to allocate a percentage of GHIs resources to health systems strengthening and pooled fund
- Commitment to domestic funding

## **. UHC and autonomy?...**

- Between 2015 and 2020:
  - 10 countries with decreased domestic Gvt Funding
  - 25 countries with increased OOPs
  - In 2020, 7 countries where GFATM+GAVI>Domestic Gvt Funding

# Questions for the future

- . Negotiation space and/or power shift?
- . Accountability mechanisms?
- . Consolidated platforms for planning and delivery?
- . Disease vs health systems vs multisectoral?
- . Country categorisation? (e.g. humanitarian and fragile states)
- . Place of pooled funds?
- . Grants vs loans?
- . GHIs as catalytic funding?
- . Place of domestic funding and OOPs?
- . Place of evidence and research?
- . Revisit GHIs performance indicators?
- . Incentives for change?



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**Senegal Country case study &  
West Africa regional consultations**

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Séverine  
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Fatoumata  
Hane



**South Africa Country case study &  
Southern and East Africa regional  
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Stacey Blows



**Pakistan Country case study &  
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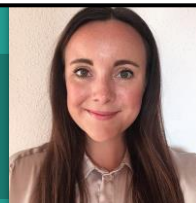


**Head supplier, Coordination, Scoping review, Consultations, global-level analysis**

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**Advisory role**

Future of  
**Global Health  
Initiatives**



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