

# Future of Global Health Initiatives: Co-Chairs' Technical Note

20 October 2023

*This paper builds on the draft FGHI Commitments Paper, developed by the Commitments Task Team<sup>1</sup>, which provided the foundation for a meeting of the FGHI Steering Group and other stakeholders at Wilton Park, UK 4-6<sup>th</sup> October 2023. Based on dialogue at Wilton Park, this document has been updated by the FGHI Co-Chairs to reflect feedback and provide a record of the technical foundation of the FGHI deliberations. It will be complemented by the FGHI Compact, which will be refined through consultations within and beyond the extended Commitments Task Team in the coming weeks and launched in December.*

*Part 1 sets out the key principles underlying the proposed way forward. Part 2 outlines a vision and direction of travel for the evolution of the GHI ecosystem over the next 10 years and presents five strategic shifts to be taken forward across GHIs, while recognising their application will be different given the varying scales, stages and models of the GHIs. Part 3 sets out an approach for operationalizing the strategic shifts towards 2030 and beyond.*

*The FGHI process recognises that decision making for each GHI is set by respective boards and committees. Therefore these boards and committees, alongside action from other key partners, will be essential in taking forward the shifts outlined in this paper.*

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<sup>1</sup> A list of CTT members can be found here: <https://futureofghis.org/about/commitments-task-team/>

#### **A note on terminology in this paper.**

This paper uses the following definitions:

**Health System Strengthening (HSS):** Improving [the] six health system building blocks and managing their interactions in ways that achieve more equitable and sustained improvements across health services and health outcomes. [1] This requires going beyond more limited health system support activities, to include managing the interactions between and among the building blocks, and the call for equitable and sustained improvements across health services [2].

**Universal Health Coverage (UHC):** All people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care across the life course. [3]

**Primary Health Care (PHC):** Whole-of-society approach to health that aims to maximize the level and distribution of health and well-being through three components: (a) primary care and essential public health functions as the core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities. [4]

**Integrated health services:** The management and delivery of health services so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services through the different functions, activities and sites of care within the health system. [4]

[1] [WHO, 2007](#)

[2] [Che et al, 2013.](#)

[3] [WHO, 2023](#)

[4] [WHO and UNICEF, 2020](#)

## Preamble

Over the last two decades GHIs<sup>2</sup> have contributed to enormous progress in protecting lives and improving the health of people globally, including against individual diseases such as malaria and HIV/AIDS, improving mother and child survival, and increasing coverage of specific interventions like vaccines. Through their work to support the control and elimination of epidemic infections, GHIs have also contributed to the global public good, and played a key role in strengthening health security. They have also demonstrated an ability to adapt to emerging issues of the day, responding to new global health threats such as Covid-19.

Yet, global health is at a critical juncture with a rapidly changing landscape. Demographics and health needs are changing with rising levels of non-communicable diseases including in poorer countries. There are growing inequalities in health outcomes within and between countries. The intersecting crises of climate change, conflict and increasing vulnerability to future epidemics, pandemics and antimicrobial resistance will have fundamental consequences for health needs and rights, as well as geopolitics, and underscore the vital importance of building stronger and more resilient systems for health. At the same time, more than half the world's population – 4.5 billion people – are not covered by essential health services<sup>3</sup>.

The ecosystem in which GHIs operate also has challenges. A lack of country ownership is leading to greater fungibility, concerns over sustainability, distorted power dynamics, inefficiencies, and fragmentation. With GHI investments and other external funding constituting only a part of overall financing for health, countries and donors are demanding a far greater emphasis on country-led priorities, processes and institutions that support the trajectory to domestically financed health systems, primary health care (PHC) and UHC.

The evolution required to realise this trajectory is undeniably ambitious and complex, with the need to differentiate between country needs and contexts, the importance of mutual accountability and the need to address complicated incentives that drive different actors. Work is already underway by the GHIs across many of the proposed shifts, although good practice is often limited to a few countries rather than operationalized at scale. Now is an important moment to build on these foundations, to accelerate and deepen change, and to ensure that it is done in a coordinated way towards a jointly held long-term vision.

The aim of the FGHI process is to identify and deliver strategic shifts to achieve greater overarching, system-level coordination, and sustainable outcomes at country level. These shifts are to be implemented over the next decade, accelerating progress towards the SDG targets ahead of the 2030 deadline and beyond, and informing future conversations about the role of development assistance for health, and the further evolution, scope, and possible sun-setting of the GHIs. At the same time, the FGHI process aims to build on current momentum, and the opportunity afforded by forthcoming replenishments, to identify a set of prioritised near-term commitments for immediate action that will set a pathway – and catalyst – for this longer-term change.

Finally, the GHIs that are the focus of the FGHI process are one part of a complex ecosystem in global health with significant other players including WHO and the wider UN, the World Bank

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<sup>2</sup> “Global Health Initiatives” is a term used to refer to organisations that integrate the efforts of stakeholders around the world to mobilise and disburse funds to address health challenges. They do so by supporting implementation of health programmes in low- and middle-income countries. GHIs play an important role in shaping global health, and these institutions invest billions in solutions and systems annually.

The FGHI process primarily focuses on GHIs (i) whose governance is distinct from the core intergovernmental institutional arrangements of UN agencies and MDBs, (ii) with multi-stakeholder boards, (iii) replenishment models, and (iv) that provide grant funding to low- and middle-income countries (LMICs). It will extend also to agencies that do market shaping for products that are procured/ financed by them. The organisations in scope for this process are: The Global Fund to Fight AIDS, TB, and Malaria; Gavi, the Vaccine Alliance; the Foundation for Innovative New Diagnostics (FINDI); Unitaids; the Global Financing Facility (GFF); and the Coalition for Epidemic Preparedness Innovations (CEPI).

<sup>3</sup> WHO/World Bank. 2023. Tracking universal health coverage: 2023 global monitoring report

and other MDBs, and bilateral programs like PEPFAR, as well as numerous donors, philanthropies, regional bodies, CSOs and others. Many GHIs operate through partnership models, in alliance with other key global health institutions. While the interface, collaboration and complementarities of the six GHIs with this wider ecosystem are considered, the direct actions identified in the FGHI process focus on the GHIs, as an entry point and catalyst for broader improvements in the global health landscape.

## Part 1: Guiding Principles

Our approach is guided the following principles:

1. **Commitment to existing targets** – financing must be consistent with the progressive realisation of SDG 3 targets. Increased investments in health will be needed to ensure this.
2. **Equity** – The range and coverage of health services must ensure no one is left behind, reaching marginalized groups and key populations.
3. **Impact** – Resources meant for improving health must be invested in interventions and sectors that will generate the maximum amount of health, and support sustainable outcomes.
4. **Country leadership** – The governments of recipient countries of GHIs must chart their own path of health development, ensuring inclusive engagement of civil society and communities, and external support must be provided in in line with this principle.
5. **Sustainability** – The range and coverage of health services made available to a population must be consistent with the total funds (domestic and external) available to it and aligned with plans for a gradual transition towards domestic financing of integrated health services. The level of ambition of global and local priority setting and resource allocation mechanisms must be consistent with this principle.
6. **Accountability** – Providers of development assistance for health should be accountable to countries - as well as their own electorates and civil society – for how they deliver their support, just as implementing countries are accountable to citizens, civil society and communities, and to funders and donors, for results generated on their path towards UHC and leaving no one behind.
7. **Adaptability** – Systems for health resource allocation must anticipate the changing landscape of health needs and health determinants and adjust accordingly.
8. **Flexibility** – Development assistance for health must respond to country needs and operate within country systems.

## Part 2: Key shifts for the long-term evolution of the GHI ecosystem

Overall vision for GHIs and the broader global health financing ecosystem:

***A global health system where all actors, including GHIs, contribute effectively to the achievement of country-led UHC ensuring equitable population health and wellbeing. This means that all actors, including GHIs, plan, fund, evaluate and account for their funds to national governments and the people they represent in a coherent and integrated way, following Government leadership, plans and programmes in a contextually appropriate manner and building country capacity to sustain UHC through strong and resilient health systems.<sup>4</sup>***

This vision implies: implementing countries take increasing responsibility for priority setting of equitable, essential and cost-effective interventions as and when they have the capacity and

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<sup>4</sup> This language is drawn from the [‘Reimagining the Future of Global Health Initiatives’ study](#), as an initial basis for further discussion

finance to do so; donors shift accountability for delivery more to countries, demonstrating a higher risk appetite and accepting broader PHC-oriented measurable UHC results; and that GHIs support countries in this effort, embedding sustainability, building greater operational flexibilities to support evolving country capacities, and ensuring complementary investments alongside domestic and other external finance.

To strengthen the catalytic role of GHIs in achieving the above vision, GHIs - and the broader ecosystem - will need to evolve in alignment with the **five key shifts** outlined below. These shifts articulate the trajectory of change needed in the global health financing ecosystem as a whole, with each GHI playing a different role in their realization. Shifts 1-4 apply predominantly to country-focused GHIs (Gavi, GF, GFF) and shift 5 to a broader set of GHIs including UNITAID, CEPI, FIND.

### **1. Making a stronger contribution to PHC by effectively strengthening systems for health**

GHIs more effectively support integrated delivery of services, and contribute to the development of resilient systems for health through coherent investments in system strengthening, in order to meet individuals' holistic health needs and maximise public health impact (including building the capacity of countries to respond to emergencies and the health impacts of climate change). This requires meaningful alignment behind high-quality, prioritized and costed national plans that focus on resilient PHC as the foundation for achieving UHC. External financing provided by GHIs and other partners is transparent, coordinated and complementary. GHIs prioritize joint efforts to strengthen, align to, coordinate with and, wherever possible, use domestic systems for health management and provision.

For example:

- GHI governance and grant models (including performance incentives for grant managers) drive alignment behind country-led plans, and orient funding and implementation mechanisms in support of integrated systems and services rather than stand-alone programs or siloed interventions, shifting away from parallel systems.
- Synergies between community, public and private sector health providers are fostered to allow for optimal program integration.
- GHIs provide transparent data on resources disbursed against the public budget, and progressively use, and strengthen, government systems (e.g. for public financial management, procurement and audit) wherever possible. Links to broader government priority-setting and budgeting processes, such as medium-term expenditure frameworks, are clear.
- GHI funding models allow flexibility for countries to adapt GHI financing to country context and priorities in order to deliver resilient PHC, demonstrating additionality and complementarity of GHI financing in relation to domestic, public financing. This should include increased pooling or co-financing across GHIs as well as other external funders, particularly for core HSS functions.
- GHIs shift to system-oriented approaches that embed programmatic outcomes within overall coverage goals and PHC based performance frameworks.
- Country routine data systems (finance and health) are strengthened and used for collecting quality data that can also be used for reporting results to GHI governing bodies.

## **2. Playing a transformative role in driving progress towards sustainable, domestically-financed health services**

Policies, operating models, grant-making approaches and incentives are revised to align behind the objective of financial and programmatic sustainability, ensuring GHIs play a transformative role, and enabling gradual transition from GHI and other external support as countries grow economically and can sustain their own integrated health services. To prioritize sustainability, external funders and governments acknowledge the need to think differently about how they measure progress towards achievement of targets, and to strengthen domestic accountability.

For example:

- All external and domestic financing is transparent, supporting expenditure tracking and grounded forecasts, and facilitating a coordinated approach to sustainability and transition planning across GHIs and other partners.
- GHI funding modalities move beyond short grant cycles to support longer-term HSS investments, that prioritize strengthening local institutions over gap-filling.
- GHI models of technical support and capacity building are well-coordinated, integrated where possible, and anchored in longer-term sustainability through use and development of local and regional technical expertise, with a focus on building capabilities around priority-setting and evidence-informed decision making.
- GHIs use government pay scales and structures to avoid creating parallel human resource systems.
- GHI rules on co-financing and progressive transition are clearly and transparently articulated, and coordinated where relevant, recognizing the need for an approach sensitive to country-context and considerate of political and equity dimensions as well as economic variables. This includes ensuring that incentives for countries are clear; co-financing is measurable and incorporates realistic fiscal capacity metrics; and matched funding efforts are coordinated to ensure complementarity and reduce fungibility.
- Country plans for sustainability and transition incorporate:
  - acknowledgement of changing roles of different partners over time;
  - a well-defined plan for integration of each programme into local systems, government or non-governmental, including equity outcomes;
  - plans for progressive increase of domestic public financing for health, including as countries grow economically;
  - engagement of all relevant government arms and ministries, including MoF, MoH and legislature, as well as civil society and community representatives.

## **3. Strengthening joint approaches for achieving equity in outcomes**

GHI investments continue to play a leading role in driving towards equitable health outcomes and removing rights-related barriers to health services, particularly in contexts where government capacity and/or commitment is insufficient. GHIs adopt joint approaches differentiated by country contexts to support, expand and complement the reach of the public sector providers, deploying targeted programming to reach the most vulnerable and marginalized, and improve gender equity. GHIs come together to support integrated services for unreached communities, focusing on system foundations and not only specific priority

interventions. GHIs ensure sustainability by following an equity-efficiency trade-off path that is determined together with governments wherever possible.

For example:

- GHIs deepen joint collaboration with governments, domestic civil society and community structures, and regional organisations to remove rights-related barriers to health services.
- GHIs support strengthened synergies between communities, civil society, public and private health sector providers to optimize potential for last-mile delivery and reach the most vulnerable and marginalized communities.
- GHIs utilize common equity measures that are holistic, as opposed to disease or intervention specific, to respond to the most pervasive inequalities in line with integrated and client-centered care.
- GHIs work jointly to engage governments to progress health equity, including working with legislatures to ensure adequate frameworks for ongoing support to civil society, community structures and frontline health workers to reach the most vulnerable and marginalized communities.
- GHIs deploy effective strategies to accelerate equitable access to affordable life-saving medicines, vaccines, devices and diagnostics across the major health needs.
- Learning from GHI approaches to accelerating health equity is captured and shared with the broader health ecosystem.

#### **4. Achieving strategic and operational coherence**

Opportunities for strategic, programmatic and operational coherence across GHIs and other external funders and multilateral actors are fully realized (both globally and in country), facilitated by supportive governance and operating models. Structures and processes impose a minimal burden on countries, and offer improved efficiency. Diverse co-investment modalities including pooled funds are used across differentiated country contexts to streamline and simplify transactions. The evolution of the GHI ecosystem is responsive to the needs and voice of governments, civil society and communities from the Global South.

For example:

- Regular joint dialogue, planning and processes across GHIs ensure synergies and create partnerships, providing a central platform to oversee streamlined coordination.
- GHI replenishment cycles are aligned and/or optimized to deliver a coordinated approach to resourcing global health, while retaining flexibility to address crises and surge financing needs.
- GHIs processes and timelines (e.g. for applications, disbursement, planning, monitoring, reporting and technical assistance) are substantially simplified and aligned.
- GHIs align HSS investments to collectively support the design and delivery of PHC and HSS, including in collaboration with other external funders when possible.
- GHIs use common performance metrics, including for PHC and HSS.

- GHIs drive efficiencies through joint approaches to relevant operational (e.g. accounting and reporting) and oversight functions (including audits, missions and independent evaluations), information technology, human resourcing.
- The country coordinating mechanisms of GHIs and other development actors are aligned, wherever possible working towards a single, integrated, government-led coordination platform that is used for discussion and decision making.
- Global South stakeholders - including government, expert, CSO and community representatives - are equitably represented and engaged across GHI governance structures (boards committees, senior management) and decision-making processes, and power imbalances are addressed.
- Key funders and stakeholders of governing bodies agree principles for limiting the proliferation of GHIs.

## **5. Coordinating approaches to products, R&D and regional manufacturing to address market and policy failures in global health**

GHIs play a coordinated role to ensure that ‘fit for purpose’ quality health products are developed and manufactured. GHIs systematically gather and share user insights to inform product development, and - where necessary in the short-term - provide R&D funding (push) and incentives (pull), or de-risk commercialization, to ensure accelerated and affordable access, quality and sustainability. Country-focused GHIs integrate R&D considerations into their broader vision and strategy, and R&D and innovation partnerships build an effective interface with country-facing GHIs as part of their embedded end-to-end approach.

For example:

- Coordinated support for localization, diversified and sustainable manufacturing and capacity building is an integral part of the work of PDPs and other international PPPs, supporting country leadership, inclusive governance, and equitable and sustainable partnerships, and working closely with regional organizations.
- Countries are supported by GHIs to develop a regulated, total market approach to access to health products through an end-to-end approach (R&D, manufacturing, regulation, market shaping, supply chain, and effective and transparent sharing of emerging tools).
- GHIs, in partnership with other relevant global actors, develop strengthened product prioritization mechanisms across the PDP space.
- Funders better coordinate and provide more predictable R&D funding across the PDP landscape.
- Countries provide increased domestic financing for procurement of products, R&D and regional manufacturing to sustainably cover future needs.
- Opportunities for maintaining the benefits from GHI pooled procurement while building national, sub-regional and regional procurement and regulatory and supply chain capacities for the near- to long term future are identified, developed and utilized.



## Part 3: Operationalizing the strategic shifts towards 2030 and beyond

There is a spectrum of pathways that each GHI could take to make these evolutions as a part of Agenda 2030 and beyond. Each GHI has different mandates, operating models, governance processes, incentives and trade-offs to consider, and the country contexts in which they work are highly differentiated.

GHI have already identified important steps towards these shifts within existing strategies. But there is a need for GHIs to further develop their work in these areas, through the development of longer-term roadmaps through to 2030 and beyond, linked to a clear vision for the future and supported and approved through their respective governing bodies.

Roadmaps should:

- Outline step-by-step actions needed to incentivize and operationalize these shifts (considering areas such as programmatic alignment, governance, operational efficiency, monitoring and accountability etc), with clarity on the level at which action is required. This should include identifying relevant activities already underway, and any steps needed to accelerate, deepen and/or broaden these ongoing efforts.
- Provide an overarching frame that maps the trajectory of change across consecutive strategic periods and investment cases (within which more detailed plans will be developed).
- Include high-level metrics (building off baselines established in the near-term) and key time-bound milestone to incentivize and track progress in a mutually accountable and transparent manner.
- Identify where further analysis or evidence is needed to navigate trade-offs and deliver and incentivize effective change, supporting strategic decision making by governing bodies.
- Differentiate across country contexts and the varied timeframes needed to embed change.
- Be developed in collaboration with key multilateral or other partners or alliance members, regional organizations, and other GHIs to ensure a coherent collective approach, and actively engage country-stakeholders.
- Identify further commitments that will be needed from GHI governing bodies, countries, funders and partners to incentivize, enable and accelerate effective change, and initiate dialogues to facilitate such commitments.
- Be delivered for approval by the respective governing bodies before the next replenishment event.

It will also be crucial to map actions to the spaces where they can be taken forward, identifying opportunities to work with and through other existing mechanisms, partnerships, and institutions such as the Community Health Delivery Partnership, the development of WHO's Global Programme of Work, and ongoing dialogues around domestic resource mobilization and the diversification of manufacturing.

**While these roadmaps will provide a tool for operationalizing the five shifts in the longer-term, urgent action is also needed to ensure progress in the near-term. Priority near-term actions will be outlined through the FGI Compact, in order to accelerate action over the next 1-3 years, and feed into the GHIs' next set of replenishments and Strategic Plans.**