Wilton Park

Report

Future of Global Health Initiatives

Wednesday 4 – Friday 6 October 2023 | WP3186

Wilton Park, in association with the Future of Global Health Initiatives process and the UK's Foreign, Commonwealth and Development Office.

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On 4 – 6 October 2023, the Future of Global Health Initiatives (FGHI) process and Wilton Park co-convened a group of global, regional, and national health stakeholders – from governments and international and domestic financing partners, civil society and health organisations at Wiston House, UK. They came together to reflect on how the global health financing ecosystem, with a focus on global health initiatives (GHIs), can be optimised to best support national health priorities and countries' progress to universal health coverage (UHC).

Changes in demographics and disease burden, climate change, experiences of the COVID-19 pandemic, and political and economic shifts that present resource mobilisation challenges are all converging on the need for change. This has created an urgency for action: the global health financing ecosystem must evolve to efficiently, equitably and effectively meet the needs of tomorrow.

The dialogue was a key moment in the FGHI's time-bound process of consultation, research, and joint deliberations throughout 2023. Interventions from implementing partner countries during the dialogue, including calls for country government-led prioritisation and planning, and strengthened representation and voice on GHI boards, were clear and compelling.

With constructive, insightful contributions from all participants – broad representation from implementing countries, donors and GHIs who actively listened, and engagement by civil society – participants made progress in identifying and prioritising short-term actions towards achieving strategic shifts for change.

As a result of the dialogue, broad support was expressed for the further exploration of a proposed joint Global Fund/Gavi/Global Financing Facility operational team, also including the World Bank and the World Health Organisation (WHO), to drive implementation and joint action for change, with oversight by GHI governing bodies.

The dialogue was hosted under Wilton Park Protocol. This report summarises discussions that took place and highlights key points made.

Key points – day 1

‘We need to get out of the habit of fixing today’s problems to think more about the future’.

A summary of the dialogue

The first day session focused on the ambition of the dialogue and desired outcomes, building on reflections from recent meetings in the FGHI process, including in the margins of the WHO-Africa Regional Committee Meeting in Gaborone and health-related high-level meetings and side events at the United Nations General Assembly in New York. Key discussion points raised during this session were returned to time and again over the course of the dialogue and are summarised below. They will inform a set of principles to guide the outcomes as the work continues:

‘COVID-19 is the wake-up call that we need reform, and around the world, each country wants ownership of its own population health.’

- **The FGHI process is open and informal** – GHIs are delivering impact. This process is not about changing mandates; it is about how GHIs collaborate with countries, and each other, to better support countries’ priorities and a pathway to UHC. This work is focused on changes that can lead to greater efficiency, alignment and integration of planning, financing flows and programming.
- **Commitment to existing global health targets** – attention must not turn away from specific disease targets. The changing epidemiology, demography and climate will continue to influence burden of disease and national health priorities. Therefore, financing needs to be consistent with the realisation of the broader SDG 3 targets, and an overall increased investment in health is needed.

‘Ten years from now, climate change will be the primary driver of why people are dying.’

- **Equity and impact** – Ensuring no one is left behind requires the range and coverage of health services to reach marginalised groups and key populations. There was a call for greater focus on addressing climate change in health financing discussions.
- **Adaptability and Flexibility** – It is important that systems for health resource allocation anticipate changing health needs and determinants. A vision for the future role of Development Assistance for Health (DAH) must ensure it is responding to country needs and operating within country systems.
- **Country-leadership, Sustainability and Accountability** – Implementing partner governments want to chart their own path of health development, with support of partners and civil society. A call was made for multilateral partners to align behind implementing country government-led plans towards UHC, including a gradual transition towards domestic financing of integrated health services. Everyone is accountable for results generated on the path to UHC and equity.

Key points – day 2

‘This is a decisive moment in global health.’

‘The worst outcome would be the continuation of the status quo.’

The second day of the dialogue was centred around five strategic shifts that, while currently aimed at the GHIs, could inform the evolution of the broader global health financing ecosystem to 2030 and beyond. There was a strong recognition that to have the greatest impact, implementing strategic shifts would require the engagement of partners relevant to each shift, in particular the World Bank and WHO, and harness existing initiatives, including the focus on strengthening primary healthcare. Participants broadly aligned around the strategic shifts. The following summarises the discussions.

Shift 1

Making a stronger contribution to primary health care (PHC)

1. Resilient PHC was referred to as the ‘scaffolding’ for UHC. The requirement for countries to be able to provide an essential integrated care package that can be institutionalised and built upon, while also building the capacity to respond to emergencies and the health impacts of climate change, was also discussed. Some participants felt that the current global health architecture isn’t necessarily supportive of countries’ priorities. There was also acknowledgement of the need for a clear demonstration of how investments in PHC could impact disease goals, and wider health outcomes, both in the short and long-term.
2. There was acknowledgement that country government leadership is where strategic shifts could be supported. There was also acknowledgement that for health systems to provide for the needs of their people, and be financed by governments, stakeholders could work towards ‘one plan, one budget, one report’. This was described as countries (governments working with CSO and community constituents) bringing partners around the table, putting resources together, and leading the conversation around national plans, with a clear vision, underpinned by defined leadership and the country capacity to coordinate. This would see partners, countries and resources come together in support of a country-led, prioritised national health plan, and thereby actively avoid the creation of multiple plans. It was also noted by some, however, that limited country capacities can be a barrier, and that some non-governmental implementation might be necessary.

Shift 2

Mainstreaming sustainability

3. Discussion centred on a clear drive from all parties to optimise resources to improve sustainability. Participants discussed the transformative role of GHIs in supporting the gradual transition of countries towards greater domestic financing for health, and the role of external financing as leverage for domestic resources – thereby reducing the dependency on external support as countries grow economically and can sustain their own integrated health services. This could be supported by GHIs aligning behind the sustainability of both financial and programmatic activity by revising policies, operating models, grant-making approaches, along with incentives to support this, and by collaborating across GHIs in the process.

‘UHC ought to be spelt TAX. It’s not possible to fund UHC from external financing – its role is to be catalytic.’

4. The need was raised for a common intellectual framework on external financing vs domestic financing as a tool that could also outline the role of external financing in funding what governments can’t or won’t fund. There was discussion on the role of domestic financing in funding essential health services, and external financing as having a catalytic, gap-filling role, while also supporting countries to build the foundations of public health systems. One participant noted how incentivising countries to invest domestic resources in the most cost-effective interventions, such as family planning and immunisations, could form part of the thinking, with the role of GHIs evolving as country capabilities increase.

5. One participant noted that public funds are not risk capital, and there was perhaps a greater role for the private sector to play, as well as donor and GHI financing, in providing catalytic financing. There was recognition by some donors that they would need to accept greater risk if GHIs are to deliver on health systems strengthening (HSS) and sustainability, and that sharing risk through collective commitments to these objectives was an important way forward. It was noted that 'risk' also includes the risks of inaction i.e., inefficiencies, long-term dependency on external finance, and low levels of domestic resources for health. Potential focus areas for GHIs included aspects of global public goods e.g., commodities infrastructure and bulk purchasing power.
6. Transparency over financial flows into, and within, countries was discussed as a vital component of this agenda, with alignment of financing behind government fiduciary systems raised several times. In addition, some participants reflected on the need for external financing to be coordinated, and complementary, to domestic financing for health, and where possible, to use domestic systems for health management and provision. The need to step back and look at the institutions that can support greater health financing was noted by some as key, as was the shared aim of empowering nations to manage budgets. There was discussion around the perception of trust in government systems, and the need to help strengthen public financing management systems. Some participants noted that if communications on health financing does not come via the government, there is a risk that the government is unaware of what health financing is coming into the country; this might also create power structures that perpetuate mistrust and undermine sustainability. There was a call from some to dismantle parallel structures which lead to distortions.

Shift 3

'Equity has to be front and centre so that we have concrete ways to look at barriers to service delivery, rights-based barriers in terms of legislations and geographies – and what is the plan to address them.'

'Equity means we don't all start in the same place.'

Maintaining focus on achieving equity in outcomes

7. Equity was raised as a guiding light for learnings from the COVID-19 pandemic 'where we saw speed and power of medical innovation, and failure of global coordination across the world' – resulting in major inequities between countries. The discussion in this session centred on the leading role that GHI investments play 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. The deployment of targeted programming to reach the most vulnerable and marginalised, and improve gender equity, was discussed as key to this. Some noted that the role of GHIs is to expand and complement the reach of the public sector providers, not replace them, and to support integrated services for underserved communities, focusing on system foundations rather than specific priority interventions alone.
8. The role of CSOs and communities in holding governments to account was discussed, particularly with regards to human rights around LGBTQI+, gender equality, avoiding demonisation of migrants, prisoners, ethnic or religious groups. CSOs and communities are important in holding governments and organisations to account.

Shift 4

‘What gets measured gets financed.’

Achieving strategic and operational coherence

‘This is a multi-lane highway; it is about all of us changing. We need to reduce duplication so 1 plus 1 becomes 3.’

9. Several interlinked topics around metrics, transaction costs and burdens, and efficiencies were discussed. Some called for external funders and governments to think differently about how they measure progress towards achievement of targets, and how domestic accountability is strengthened. The burden of reporting that donors place on implementing countries was discussed as a key area that could be changed, with the idea mooted of developing joint metrics showing how GHIs (and wider ecosystem) are contributing on the pathway to UHC. The idea of focusing on the percentage of deaths that occur in children under the age of five, and the preventable deaths of all people under 50, was suggested as a benchmark to align with the SDG UHC metrics, providing an indicator of how all actors are contributing towards this goal. Another contributor noted that the number of indicators could be minimised to lessen the burden on countries. Diverse co-investment modalities, including pooled funds when appropriate, and channelling ‘on budget’ financing, were suggested as means of streamlining and simplifying transactions, imposing a minimal burden on countries, and improving efficiencies – while also noting the importance of tailoring to differentiated country contexts.
10. Participants discussed the opportunity for strategic, programmatic, and operational coherence across GHIs and other external funders and multilateral actors – both globally and in country – and how this could be facilitated by supportive governance and operating models. Some participants noted that there are examples of good practice to achieve coherence that can be brought to scale, and that while collaboration can be difficult, lessons from previous work can be learned. The idea of a feedback loop and joint central team (across GHIs) that could escalate blockages to change, troubleshoot and learn lessons, was mooted.
11. An evolution of the core governance and operating models of GHIs to ensure that Global South stakeholders are equitably represented and engaged across GHI structures and decision-making processes was discussed. Participants raised representation of the African continent and other regions on GHI boards, including ensuring that the input into board discussions is representative of the countries and their needs on the continent. This would equip board members with the right information and insight into the issues they are discussing.

Shift 5

‘The market didn’t have the right incentives for change during COVID-19.’

Coordinating approaches to products, R&D and regional manufacturing to address market and policy failures in global heath.

‘We need to create the right incentives and pathways so countries can benefit.’

12. Participants discussed the role of GHIs in coordinating development and manufacturing of health interventions to ensure that ‘fit for purpose’ quality health products as produced. Some noted that GHIs could 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 commercialisation.
13. Participants discussed the need to address market and policy failures in global health through coordinated approaches to products, R&D and regional manufacturing. Some highlighted how manufacturing of medical products in Africa is critical not only because it addresses health needs – but because it also delivers health security while building economies and capacities and reducing poverty. The impact on sustainable production was also discussed. This concern was echoed elsewhere, with one participant calling for a regional approach to manufacturing, rather than everyone doing the same thing everywhere.

Short-term actions to achieve these shifts

Four breakout groups discussed the specific actions needed for strategic shifts to happen, including potential barriers to action. Looking at the five strategic shifts in the round, each group discussed the following questions:

- What short-term actions across the shifts need to happen in the next 1-2 years?
- Can we get traction across stakeholders on a prioritised set of actions?
- What do different stakeholder groups need to do to realise the shifts?

Each group presented their ideas to the full group; this was summarised in the first session of day three.

Key points – day 3

On the final morning, key themes and short-term ideas from across the five strategic shifts were summarised as follows. While a number of these are technical and can be taken forward without board and Ministerial approvals, concerted leadership from across GHIs, donors and implementing partners is key.

14. **Common metrics**

- Developing and using a slim set of common metrics to demonstrate impact for PHC and HSS, including on disease goals, service coverage and equity.
- Identifying and using common metrics for measuring alignment with country priorities and systems, and alignment between GHIs.
- Reducing requests for additional metrics outside the scope of the above.

15. **Modelling impact**

- Modelling the impact of investments in PHC and HSS to build evidence of impact in both short and long term and understand any trade-offs.
- Supporting informed prioritisation, planning and service delivery, with GHI HSS investments orientated towards PHC and augmenting domestic financing.

16. **Using government systems**

- Wherever possible, using government systems and aligning to one plan, one budget, one coordination mechanism and one monitoring and evaluation framework, based on a clear and realistic standard of when systems are strong enough to use. Where use of country systems is not seen as possible or desirable, transparently communicating the reasons for this, and providing a timebound plan for incremental movement towards use of country systems.
- Moving towards joint financing of country plans across all GHIs, multilateral and bilateral funders, identifying and addressing constraints or disincentives to pooling and co-financing in support of core health system functions.
- Jointly identifying capacity gaps and coordinating financing and technical assistance to address these.

17. **Transparency over financial flows into a cou**ntry

- Improving the transparency of all external financial flows into countries (including both allocation and expenditure), ensuring clarity over what funding is going where, facilitating accountability, and informing decision-making for impact.

18. **Transition**

- Collaborating to ensure transition from GHI support to sustainable country financing and programming is clearly planned, communicated, and coordinated, and considers factors beyond economic variables.

19. **Governance**

- Addressing power imbalances to ensure Global South stakeholders are equitably represented and engaged across GHI structures and decision-making processes.

20. **R&D, manufacturing and market shaping**

- Establishing a vision for a more coordinated approach to R&D, manufacturing and market-shaping.

21. **Future of development assistance for health, with a** commitment to:

- Committing to avoid creation of new GHIs, but rather strengthening and flexing existing structures and systems to address evolving needs.
- Agreeing a vision for the future role of development assistance for health, recognising the critical challenge posed by climate change.

Some participants noted that while some recommendations are more challenging, the post-COVID-19 context offers an important window to push for change.

Three different archetypes of GHI functions

There was a discussion on how the GHIs could evolve over time, and acknowledgement that this evolution would happen at different speeds in different country contexts. Three 'archetypes' through which the ecosystem may evolve were presented for discussion:

22. **Compensating GHIs:** GHIs functions that are collectively led and focused on supporting national public goods, including filling key gaps in disease programming. This is the purpose of many GHIs, and where their mandates currently focus. This role will remain critical in conflict and fragile states, in reaching marginalised groups, and in handling emergencies.

23. **Catalytic GHIs:** GHI functions that are country-led and focused on national public goods, such as supporting country priorities, strengthening country health systems, and driving domestic resource mobilisation. Strengthening this role of GHIs will be critical to ensuring long-term impact and sustainability.

24. **Complementing GHIs**: GHI functions that are collectively led and focused on global and regional public goods such as surveillance, R&D and market shaping. As domestic resourcing of core national health functions increases, and catalytic GHI programming helps build the institutions needed to expand and sustain health services, GHIs may look to evolve further into this role.

The discussion underscored that GHIs should move towards providing less (but still some) compensating functions and gradually more catalytic and complementing functions.

Illustrative matrix for monitoring progress on alignment

25. The discussion around archetypes led to a brief discussion on the pathway for aligning with countries, and harmonisation across funders, and changes this will lead to by doing both. On alignment with countries, a spectrum was illustrated – from joint country coordination mechanisms (CCMs), planning and budgeting, to HSS financing and sector-wide approaches (SWAps). On harmonisation across funders, ideas from joint policies and processes, to pooled finance, merging functions and merging organisations were mooted. The discussion included looking at the lowest hanging fruit in terms of implementation, as well as looking at which ideas will give the greatest returns.

The need for post-2023 accountability mechanisms

On the accountability front, there was concurrence on the central role of GHI boards in overseeing implementation of commitments and on the need for strengthened cross-board collaboration. There was support for linking to the African Leadership Meeting as a powerful regional mechanism with Head of State/Government engagement and support for a 'Friends of the FGHI' arrangement to help drive implementation and accountability after the formal FGHI process wraps up at the end of 2023. Other points discussed, include:

26. The centrality of political will in creating change. While some participants were sceptical about the ability to create change when several aid effectiveness agendas had been agreed (referencing Paris, Accra and SDG Global Action Plan) but not effectively implemented. Participants discussed how COVID-19 had changed everything and called for a pathway to enable countries to take charge of their own health systems.

27. Some participants noted that improved GHI coordination, incentives for change and accountability mechanisms could help foster change.

28. The need for political champions to drive momentum was discussed, with the AU/G7/G20/World Health Assembly all highlighted as fora for deliberation. Existing accountability mechanisms could be leveraged, including the Africa Leadership Meeting – Investing in Health, and the National Health Financing Dialogues.

29. There was broad support for the further exploration of a proposal to establish a joint operational team of Global Fund/Gavi/Global Financing Facility, including the World Bank and the World Health Organisation, to drive implementation of changes in operations, with oversight by GHI governing bodies.

30. There was broad agreement to identify a group of pathfinder countries to kickstart this work, with the ambition of shifting from pockets of good practice to scaling efforts.

Conclusion and next steps

At the end of the Wilton Park dialogue, there was a broad call for a global health system where all actors, including GHIs, contribute effectively to the achievement of country government-led UHC to ensure equitable health and wellbeing among populations. Achieving this will require all actors to contribute to planning, funding, evaluating, and accounting for their funds to national governments and the people they represent in a coherent and integrated way; effective government leadership; developing plans and programmes in a contextually appropriate and prioritised manner; and building country capacity to sustain UHC through strong and resilient health systems.

In the weeks following the Wilton Park dialogue, the FGHI Extended Commitments Task Team and Steering Group plan to carry this work forward, engaging with Wilton Park participants and others, including through meetings on the sidelines of November's Conference on Public Health in Africa in Lusaka, Zambia, to finalise FGHI outcomes documents ahead of UHC Day on 12 December 2023.

This dialogue was moderated by Dr Githinji Gitahi, CEO of Amref Health Africa, and Neil Briscoe, Head of Policy at Wilton Park

FGHI Secretariat and Wilton Park
Wilton Park | October 2023

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