

Reimagining the Future of Global Health Initiatives

Research Brief¹, August 2023

Introduction/background

The Future of Global Health Initiatives (FGHI)² process is an ongoing multi-stakeholder exercise to explore how Global Health Initiatives (GHIs) can effectively accelerate country-led progress towards Universal Health Coverage (UHC) and the broader Sustainable Development Goals (SDGs) 2030 Agenda. The process is focused on six GHIs which differ in form and function: the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GF), Gavi, the Vaccine Alliance (Gavi), the Global Financing Facility for Women, Children, and Adolescents (GFF), Unitaid, the Foundation for Innovative New Diagnostics (FIND), and the Coalition for Epidemic Preparedness Innovations (CEPI).

The *Reimagining the Future of Global Health Initiatives* study forms an input to the FGHI process, presenting findings and recommendations on how GHIs could evolve to be more efficient, effective and equitable over the next 20 years³. The study was not an evaluation of any individual GHI, but rather a review of how this aspect of the global health system as a whole is serving, and could better serve, country needs. It aimed to:

1. outline a vision of what the GHIs should seek to achieve over the next 15-20 years to strengthen health system capacities and deliver health impacts
2. analyse the extent to which GHIs' current mandates and ways of working will need to evolve to enable them to effectively, efficiently and equitably deliver this vision, and the contextual factors that would support or hinder such a shift
3. provide recommendations on how and when the GHIs' current mandates and ways of working should evolve

The study drew on a number of data sources including a scoping review of over 270 pieces of peer-reviewed and grey literature; burden of disease and health financing data; global and regional-level consultations with key informants (KI); three in-depth country case studies; and an online survey. In total, consultations drew on the perspectives of over 200 experts from across 66 countries.

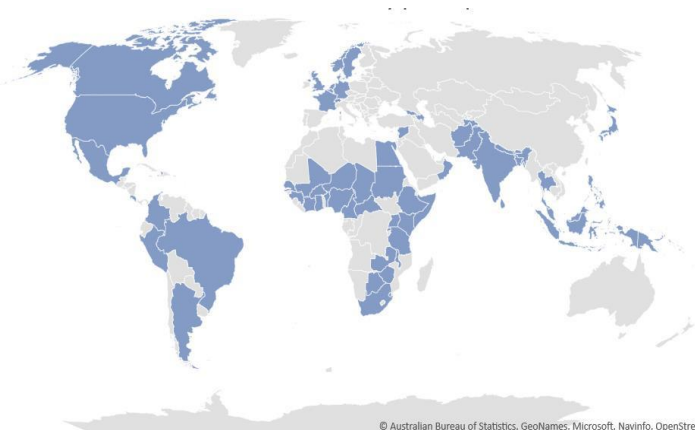


Figure 1 Global distribution of study participants

This brief summarises key findings and recommendations of the study.

¹ The Brief was prepared by Simon Hall and Clare Battle of the Wellcome Trust, based on the *Reimagining the Future of Global Health Initiatives* Research Report. The full report was authored by Witter S., Palmer N., James R., Zaidi S., Carillon S., English R., Loffreda G., Venables E., Habib S., Tan J., Hane F., Bertone M.P., Hosseinalipour S-M., Ridde V., Faye A., Blanchet K. The full report can be [found here](#).

² Further information on the FGHI process can be found here: [FGHI \(futureofghis.org\)](https://futureofghis.org)

³ The findings and recommendations of the *Reimagining the Future of Global Health Initiatives* study have not been endorsed by Wellcome, FGHI Steering Group members, or their organisations or governments.

Context

The global health system has undergone significant expansion over the past few decades, including a continued increase in both the number and diversity of actors within it and the volume of funding. In addition, the amount of development assistance for health (DAH) distributed through GHIs has markedly increased; this has been driven by the creation of the GF and Gavi, which accounted for 14% of DAH by 2019.

However, a number of challenges are clear:

- The overall amount of financing for health remains inadequate to fund the achievement of the SDGs.
- Plateauing DAH and shrinking fiscal space post-COVID-19, a stormy geopolitical context, and growing health needs and costly health technologies are expected to add additional stress.
- There is a mismatch of DAH overall to global and country burden of disease, and emerging challenges such as climate change, antimicrobial resistance, and a rise in non-communicable diseases, are unlikely to be addressed by the GHIs within their current mandates.
- The global health ecosystem as a whole has also become increasingly characterised by four “mega-trends” of proliferation, verticalization, circumvention of government systems, and fragmentation, which are not supportive to countries to reach UHC and the wider SDGs⁴.

These factors argue for an urgent review to ensure that all global health resources are used as effectively as possible.

Key findings

The *Reimagining the Future of Global Health Initiatives* study revealed divergent perspectives on the strengths and weaknesses of GHIs as well as paths for evolution. These were partly based on the different positions, perspectives, experiences and interests of interviewees within the system, but also on a range of very different contexts, models of delivery and levels of investment in which different GHIs operate in countries.

No voices argued that the status quo should be maintained. There were arguments for radical change (abolition of GHIs in their current form), but these represented a minority of views. The majority view was for the GHIs to remain but undertake substantial changes that would make them more effective in supporting countries' capacity to deliver UHC – and all of its components – over the long term.

Key positive contributions of the GHIs to date

The literature and consultations highlight some important cross-cutting areas of achievement for the GHIs, some examples of which are summarised below.

Improved outcomes and coordination around specific global health agendas

GHIs have made a significant contribution to the reduction in the global burden of disease for specific, high-priority diseases such as HIV, malaria, TB, and vaccine-preventable diseases of childhood and adolescence. Since their inception, GHIs have served to improve donor coordination in these specific areas, including through pool funding between donors for certain programmes at global level.

⁴ Akihiko Nishio, Vice President, Development Finance, The World Bank. Insights on the Proliferation and Fragmentation of Aid in the Health Sector. 2023 Jun 29.

“Gavi and Global Fund have clearly brought new money. They've brought political priority to their areas and they've brought together coalitions. They've supported national institutions and countries and clearly have had measurable wins on immunisation and on HIV, TB and malaria.” (Global KI)

Fund mobilisation, innovative financing and market shaping

It seems likely that grant focussed GHIs have contributed to some increase in donor-related funding, mobilising effectively from newer sources such as philanthropic foundations. Key features of the focal GHIs have made them attractive to funders; in particular, they offer funders tight controls on fiduciary risks and have adopted approaches which prioritise reaching target populations, which may be neglected by public authorities for a variety of reasons, including stigma.

The GHIs have also been instrumental in promoting and facilitating new financing mechanisms, such as the airline levy for Unitaid. They have also been active in market-shaping and the use of subsidies to encourage investment and reduce the price of commodities and technologies using public-private partnerships (PPPs), patent pools, and pooled procurement.

Ensuring access to vaccines and other commodities and technologies

One of the main contributions, especially for Gavi, Unitaid and the GF, has been increasing access to vaccines, medicines, technologies and other global public goods. Every year, roughly half of GF's investments – about US\$2 billion – are used to procure medicines and health products for TB, HIV and malaria, and Gavi also spends a large proportion of its funds on procuring commodities.

Challenges and unintended negative consequences of GHIs' investments

The strengths of the GHI ecosystem, as set out above, are increasingly challenged, particularly when viewed from the country perspective. A number of substantial concerns were identified by the study, some key examples of which are outlined below.

Competition for funding and insecurity over future funding

Competition for funding between GHIs and other global-level organisations, is perceived as creating a sense of a zero-sum game, where funds may also not align with the actual needs in terms of disease burden or the functional role of different organisations. There was concern that the funding base to support GHIs is insecure and not likely to expand as anticipated.

Concerns with governance and mandate

Some interviewees, especially global KIs, expressed concern about what they perceived and experienced as constantly expanding mandates (particularly regarding the GF and Gavi), when there is little evidence to suggest that GHIs are appropriately structured and technically equipped to handle these responsibilities. There were also varying perspectives on the role of the GHI Boards and their effectiveness, including questions around where the authority to challenge and rectify issues actually resided.

Questionable results metrics

While the GHIs are recognised to have made substantial contributions to the results chain for their focal areas, many global KIs and the literature reported that some of them over-claim results, especially 'lives saved'. Specifically, they are perceived to claim credit for the entire outcome of broader investments, which encompassed contributions from LMIC governments and from other funders.

Distortion of national priorities and systems

Funding by the larger GHIs has long been observed to distort national priorities and health systems, creating heavy costs in terms of preparation and implementation of grants, which do not use national systems, typically, or align with national plans, budgets, Public Financial Management (PFM) systems, human resource, or information systems.

“Targets are seen as donor-driven rather than based on Burden of Disease analysis, with funding in areas of donor interest and with no consideration of the country’s economic context or circumstances.” (Pakistan case study KI).

Lack of success in building national and local health system capacity

A major concern raised by KIs is that despite considerable funding (not just from GHIs, but also the wider global health system), there are very few examples of countries where national capacity to lead has been growing over the past two decades. Generally, results have been short-term with little evidence of ‘system strengthening’. Fragmentation and duplication of activities among GHIs was noted to be a major challenge.

“[GHIs are] top-down, selective, short-termist, and kind of have a bias towards delivering things that can be measured. In a neglect of important things that need to be improved or strengthened. But which can’t necessarily be measured in a way these initiatives tend to want to measure things – which is by counting things.” (Global KI)

Operating systems that reduce efficiency and effectiveness

Some of the operating systems of the funding GHIs are laborious and inefficient from a country perspective. For example, the GF and Gavi largely rely on input-based financing, which is bureaucratic, time-consuming, and not results-oriented. The input-based and centrally-planned modality lead to duplication of activities and huge waste on the ground in some cases. In addition, the structure of funding applications does not align with government budgets, making it challenging to create a complementary relationship between the two and avoid duplication of funding.

Driving change

Political economy analysis helps shed light on the dynamics underlying these findings, and the lessons from previous attempts to reform global health architecture.

Where organisational mandates and incentives remain unaligned, efforts at coordination have been very frustrating. There is also considerable path dependency in the system, meaning it is easier to create new structures than to reform old. The GHIs solved many funders’ problems by creating structures which converted funding into credible results, while at the national level, clients were created who gained resources and therefore power from the funding. The wider global health system has been distorted by the relative volume of funding passing through GHIs, compared to other players with substantial roles, such as WHO. Incentives have been primarily focused on grant disbursement, more than achieving stronger, more effective and more sustainable health systems. Transparency of what is being spent in which health area and through what channels, as well as its longer-term impact on the health system, is still hard to achieve for some GHIs.

This means that all actors have contributed to the landscape as it currently stands, and all will need to be brought on board with changes to ensure the ecosystem is fit for purpose through 2030 and beyond.

A vision for the future of global health initiatives

In response to the findings on current and emerging challenges and strengths and weaknesses of the focal and wider GHI landscape, the study proposes the following vision for GHIs and other global health actors:

A global health system where all actors, including GHIs, contribute effectively to the achievement of country-led UHC and hence equitable population health and wellbeing. This means that all actors, including GHIs, plan, fund, evaluate and account for their funds and programmes to national governments in a coherent and integrated way, working in synergy with other global health actors and based on their comparative advantage, countries' priorities and needs, and the imperative to build country capacity to sustain UHC (including PHC) through strong and resilient health systems.

This means that:

- Implementing countries should take increasing responsibility for essential, cost-effective interventions as and when they have the capacity and finance to do so;
- GHIs should support countries in this effort, embedding sustainability, supporting affordable commodities, and setting clear trajectories towards transition; and
- Donors should shift accountability for delivery more to countries, demonstrating a higher risk appetite and accepting broader Primary Health Care and UHC results.

Recommendations

To catalyse meaningful action towards this vision, key stakeholders should focus on changing the internal incentives to improve the effectiveness of the GHIs. This means taking a systemic perspective and aiming for a correct balance of roles and accountability vertically (between GHIs and countries/sub-national authorities) as well as horizontally (between GHIs and other actors).

GHIs also have a responsibility to support crucial government-led progress towards UHC and health system strengthening by ensuring their investments are coherent with sustainable system strengthening, and do not undermine or distort national investment priorities, including in areas of emerging priority.

Recommendations for GHI funders, their Boards and the Secretariats, as well as Ministries of Health, can be grouped under six main themes.

1. Making a stronger contribution to UHC, including emerging disease burdens

In order to address gaps in coverage, especially for emerging disease burdens, including NCDs, but also for specific population groups, GHIs should move towards supporting integrated service delivery platforms and contributing to ensuring that services are routinely available for all, not just clients with a specific focal disease. A discussion amongst global actors will be needed to ensure that NCD policies addressing the social and commercial determinants of NCDs are adequately supported by the global health ecosystem as a whole.

2. Strengthening or at least doing no harm to health systems

GHIs' investments should all be designed to support national and sub-national health systems and to not undermine them, to contribute to building systems rather than programmes or projects.

3. Reducing costs for countries and increasing efficiency and effectiveness of GHI investments

GHI investments must be made more efficient and effective in order to contain account costs at country level, reduce duplication and waste and improve overall system efficiency, which is key to sustaining services in constrained times with growing needs.

4. Supporting country ownership, capacity building and charting a clear path to ending dependence on GHIs

While seeing the GHIs as important in the current landscape, there needs to be clarity on when they are expected to close, and how. This is primarily a responsibility of the GHI funders. Agreement in this area will provide an urgency to building country technical capacities and incentivising government take-over of financial responsibilities.

5. Enforcing more effective alignment between GHIs and with wider actors

Beyond the reforms within individual GHIs and their relationships with governments, there is a need to ensure alignment across the group of GHIs and with wider actors so that overall effectiveness of the ecosystem is maximised.

6. Limiting proliferation of GHIs; focusing on strengthening existing architecture

There has been a tendency to add new structures when challenges emerge, rather than strengthening or reforming existing platforms, which adds to overload at country level and potentially wastes resources. GHI funders and other global health partners should commit to curbing proliferation of GHIs and addressing duplication through streamlining of functions or organisations.

These recommendations recognise that while some countries will transition from GHI support over the next 20 years, there will likely remain a group of low-income and conflict-affected countries that will continue to need grant support to meet basic health needs. While GHIs should therefore continue, it is recommended that funders agree on the exit strategy, in order to provide an urgency to building country technical capacities and incentivising government take-over of financial responsibilities.

Conclusion

While considerable investment in global health through GHIs has led to strong short-term results in some areas, national health systems remain weak and not always in the driving seat. With needs growing and funds either stagnant or dwindling, change is essential for higher efficiency. Consultations through the *Reimagining the Future of Global Health Initiatives* study reveal the urgency of taking action. The context is shifting, and to continue without adapting brings the GHIs risk of redundancy and dwindling support.

All stakeholders will need to play a role in this evolution, working together to undertake substantial changes that will ensure GHIs are more effective in supporting countries' capacity to deliver UHC – and all of its components – over the long term. Funders, for example, will need to focus more on contributions to overall system performance metrics as their outcome measure (and managing performance risks), and focus less exclusively on attribution of results and fiduciary risks. Government leadership will also be central. Many of the changes needed depend on government engagement and capacity to be successful, so could be piloted in countries with higher levels of these, looking to introduce changes gradually as countries become ready.

Change is needed at both the ecosystem and individual GHI level, implying quite significant shifts in the current operating model, especially for the GHIs that are providing funding and commodities directly to countries. Global and national health actors should now work together to select, further develop, sequence and implement the recommended changes.