Global Health Governance & Financing

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What is global governance? Who runs global health?

The organized social response to health conditions at the global level is the global health system, and the way in which the system is managed is referred

to as governance.



In the past, it was all about states and WHO

"Today, it is a web of both formal and informal relationships among governments, NGOs, the private sector, multilateral organizations, philanthropies and various partnerships and funds." Devi Sridhar

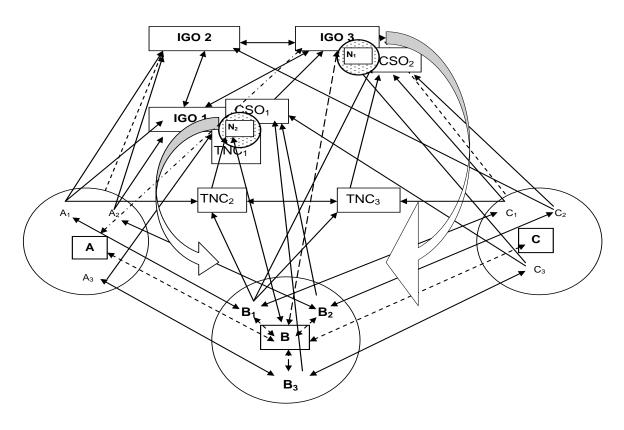
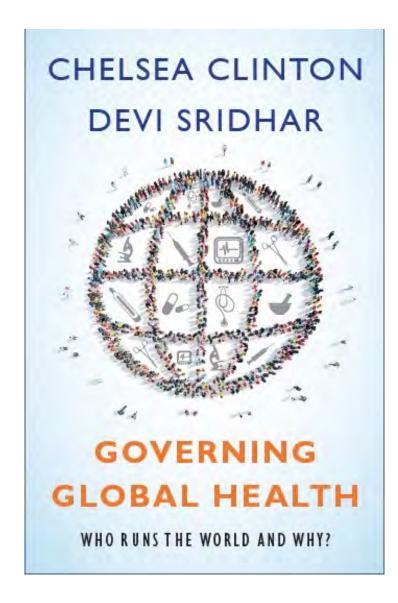


Figure 2.2: Global politics in a post-Westphalian system



Several new agencies in the past 2 decades



Mayor players

- UN agencies
- Development Banks
- Bilateral and foreign aid agencies
- Foundations
- Research funders
- NGOs
- Technical agencies
- Partnerships
- Consulting companies
- Universities
- Pharma/industry

Type of Actor and Examples	Annual Expenditures*
	millions of U.S. dollars (year)
National governments	
Ministries of health?	ND
Ministries of foreign affairs†	ND
Public research funders	
U.S. National Institutes of Health	30,860 (2010)10
Bilateral development cooperation agencies	
U.S. Agency for International Development and U.S. Department of State (global health and child survival)	7,779 (2010)11
U.K. Department for International Development (global health)	585 (2011) ¹²
Norwegian Agency for Development Cooperation (health and social services)	329 (2010)13
United Nations system	
World Health Organization	2,000 (2010)14
United Nations Children's Fund	3,653 (2010)15
United Nations Population Fund	801 (2010)16
Joint United Nations Program on HIV/AIDS	242 (2009)17
Multilateral development banks	
World Bank (health and other social services lending)	6,707 (2011) ¹⁸
Regional development banks	NA.
Global health initiatives (hybrids)	
Global Fund to Fight AIDS, Tuberculosis, and Malaria	3,475 (2010)19
GAVI Alliance	934 (2010) ²⁰
UNITAID	269 (2010)21
Philanthropic organizations	
Bill and Melinda Gates Foundation (global health)	1,485 (2010)22
Rockefeller Foundation (all sectors)	173 (2009) ²³
Wellcome Trust	1,114 (2010)24
Global civil society organizations and nongovernmental organizations	
Doctors without Borders (Médecins sans Frontières)	1,080 (2010)25
Oxfam International	1,210 (2010) ²⁶
CARE International	805 (2010)27
Private industry	
Pharmaceutical companies (global market)	856,000 (2010) ²⁸
Professional associations	
World Medical Association	NA
Academic institutions	
Postsecondary educational institutions for health professionals	100,00029‡

Frenk J and Moon S. NEJM 2013

Agencies of the United Nations

• WHO - World Health Organization



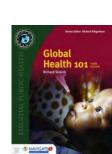
• UNICEF - United Nations Children's Fund



UNAIDS - Joint United Nations Program on HIV/AIDS www.eigh.com/



Engaged in advocacy, generating and sharing knowledge, setting global standards and other key functions



Multilateral Development Banks & Financial Institutions

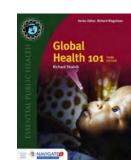
World Bank



• IMF



- African Development Bank, the Asian Development Bank, etc.
- Lend or grant money to countries to promote economic and social development



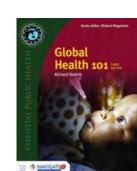
Bilateral Agencies

- USAID, Australian Agency for International Development, Global Affairs Canada (CIDA), PEPFAR
- Primarily the development assistance agencies of developed countries
- Work directly with low- and middle-income countries to advance economic and social development
- Involved in advocacy, knowledge generation, financing









Foundations (Philanthropy)

• The Rockefeller Foundation



The Wellcome Trust

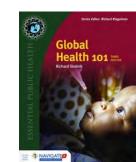


Ford Foundation



• The Bill and Melinda Gates Foundation





Research Funders

- Focus on doing and funding research
- Gates Foundation, Wellcome Trust, Howard Hughes Medical Research Institute



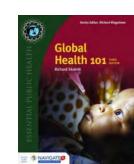


 US National Institute of Health, CIHR, and others supported by national governments



Grand Challenges Canada

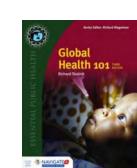




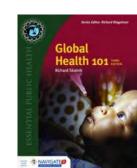
Doctors Without Borders

- Umbrella organization made up of affiliated groups in 18 countries
- Best known for provision of health services following humanitarian crises
- Commitment to political independence, medical ethics and human rights



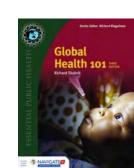


- Partners in Health (PIH)
- BRAC
- OXFAM
- Save the Children
- International Red Cross
- World Vision etc



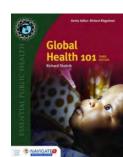
Advocacy Organizations

- E.g. Treatment Action Group (TAG), Global Health Council, RESULTS, Treatment Action Campaign (TAC)
- Carry out research and policy studies studies
- Advocacy activities for public at large, funding agencies, national legislatures, governments
- May be aligned with specific issues



Think Tanks and Universities

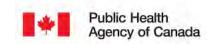
- Often create institutes that bring researchers together to work on global health issues
- Involved in teaching, research, and practice on global health issues
- Technical assistance on the design, monitoring and evaluation of global health projects

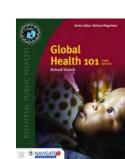


Specialized Technical Organizations

- E.g. US CDC, PHAC, Africa CDC, Nigeria CDC
- Assist with planning and carrying out disease surveillance
- Technical assistance for disease control programs





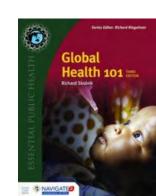


Partnerships



- Stop TB Partnership composed of a wide array of partners with the goal of eliminating TB as a public health problem
- Roll Back Malaria partnership including a variety of public and private actors that promote appropriate prevention and treatment of malaria
- UNITAID





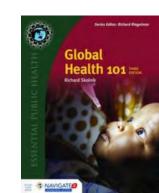
Other Partnerships and Special Programs

 GAVI - main aims are to improve the ability of health systems to carry out immunization, raise rates of coverage in low- and middle-income countries, and promote uptake of underused vaccines



 The Global Fund - provides financing and engages in advocacy for HIV, TB, and malaria with a particular interest in scaling up programs for HIV antiretroviral therapy





Product development partnerships

Public-Private Partnerships

- Aim is often to develop new products
- International AIDS Vaccine Initiative (IAVI)- advocates for AIDS vaccine, develops policies and programs that would encourage use of an AIDS vaccine if one were developed, engages in research and development of candidate AIDS vaccines



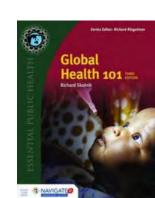
- Foundation for Innovative New Diagnostics, Geneva
- Global Alliance for TB Drug Development, NYC
- AERAS Global TB Vaccine Initiative, Washington DC
- PATH, Seattle
- DNDi (Drugs for Neglected Diseases Initiative)











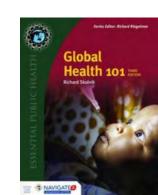
Private sector

sometimes:

Pharmaceutical Firms Beyond their normal profit-oriented activities, they

- Donate drugs to global health programs
- Sell antiretroviral drugs for HIV at discounted prices
- Sponsor programs to address diseases such as HIV and TB



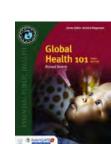


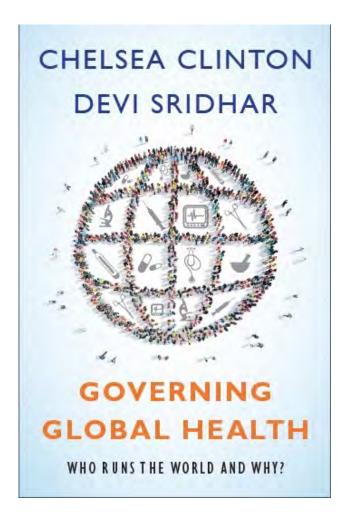
Private sector

Consulting Firms

- For-profit and not-for-profit
- Address a range of issues such as management, economics, financing, and policy
- Particular areas of expertise, such as supply chain management, nutrition, behavior change communications, or social marketing







Differences between 'Old' and 'New'









'Old' 'New'

1. What does the institution do?

Narrower Mandates

Broad

WHO: 'attainment by all people of the highest possible level of health'

Problem-Focused

Global Fund 'attract & disburse additional resources to prevent and treat HIV/AIDS, TB and malaria'

The Global Fund

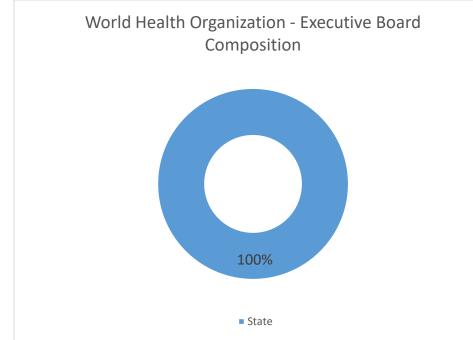
World Bank: 'alleviate poverty and improve quality of life'

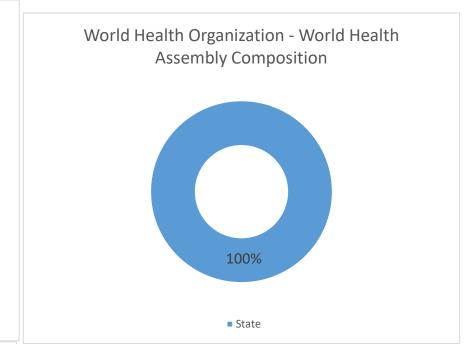


GAVI 'increase access to immunization in poor countries'



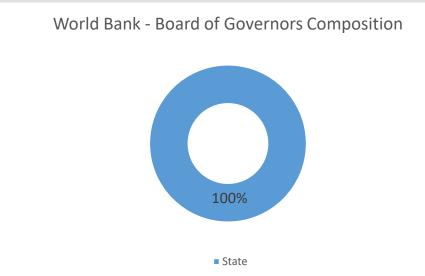
2. Who has voice & voting rights?

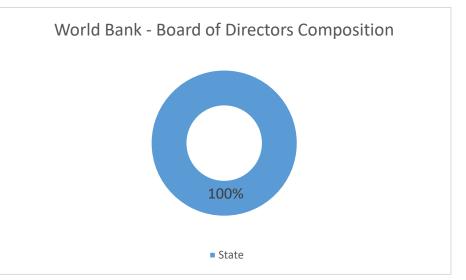


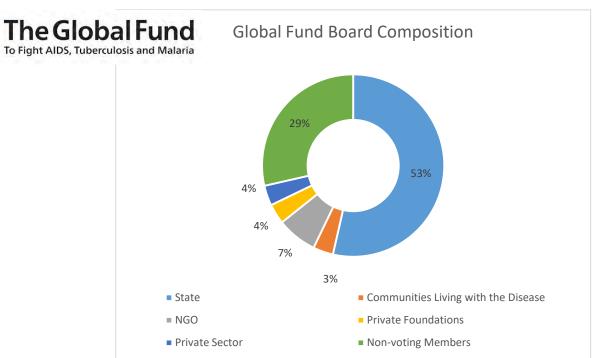


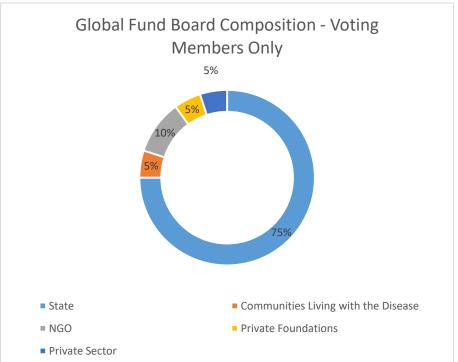


World Health Organization













Slide courtesy: Devi Sridhar

Peter Sands named executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria

The former banker will serve as the executive director of the organization until 2022



Background

- · Grew up in Malaysia
- Studied at Oxford and earned a degree in public administration from Harvard
- Has worked for McKinsey & Co.
- Prior to joining the Global Fund to Fight AIDS, Tuberculosis and Malaria, Sands was a chief executive at Standard Chartered Bank





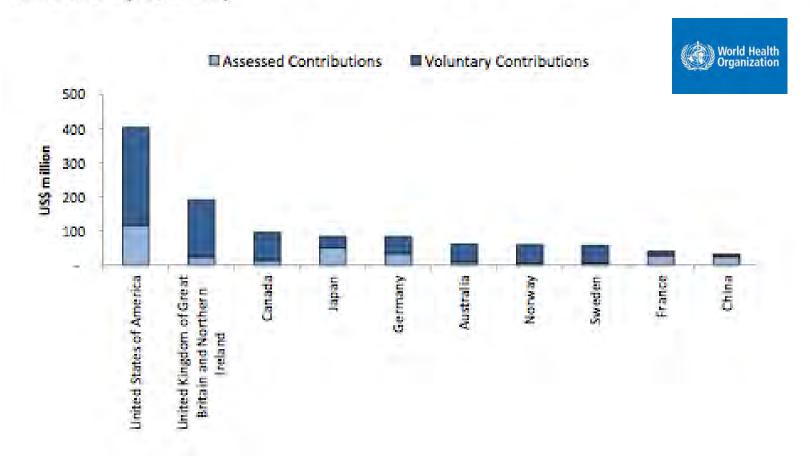
A former banker could be a welcome change for the organization, which has struggled financially in recent years

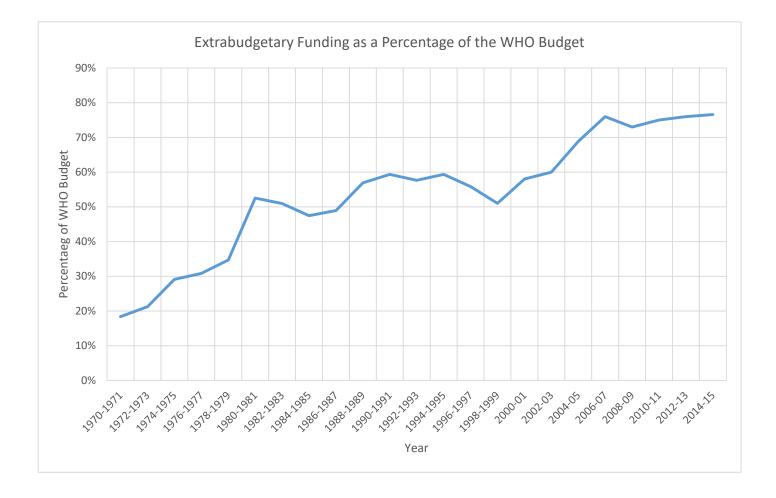
- · When the Global Fund began, the creators envisioned the organization raising and spending at least \$8 billion a year
- Since its founding, however, the fund has "struggled to raise even half that much annually"
- · In 2011, the Global Fund ran into trouble after accusations that it was allowing aid recipients to "pilfer funds"
- In 2016, however, the fund was one of three multilateral agencies to earn top grades on the "value for money" report card issued by Britain's
 foreign aid department, an improvement accredited largely to the leadership of Dr. Mark R. Dybul, who was appointed executive director in 2012

Sands has not yet described any changes he has in mind for the organization

3. Who pays for the institution?

Figure 2. Top 10 Member State contributors for 2014, combining assessed and voluntary contributions (USS million)







WHO now relies heavily on voluntary or extrabudgetary contributions, which almost always come with strings attached





I asked our Executive Board for flexible funding. We need non-earmarked funding so we can prioritise, and deliver better results for #GlobalHealth, Some of our Member States are already doing this. Thank you! #GPW13

10:27 PM - 23 Nov 2017

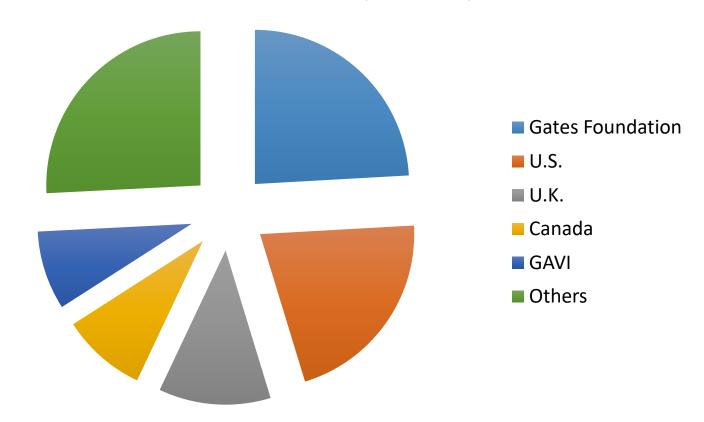


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WHO Top 10 Voluntary Contributors

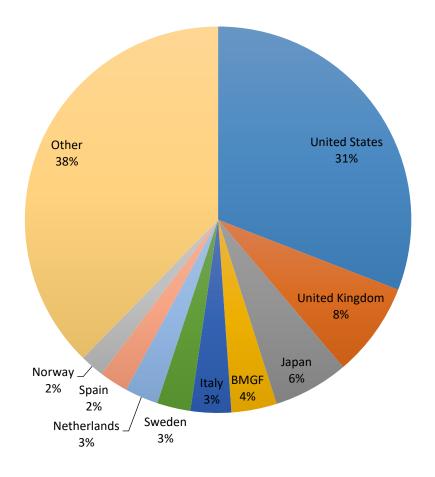


2012 Contribution (\$ Millions)



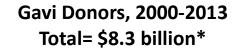
Slide courtesy: Devi Sridhar

Top Donors, Global Fund 2000-2013 Total = \$29.6 billion

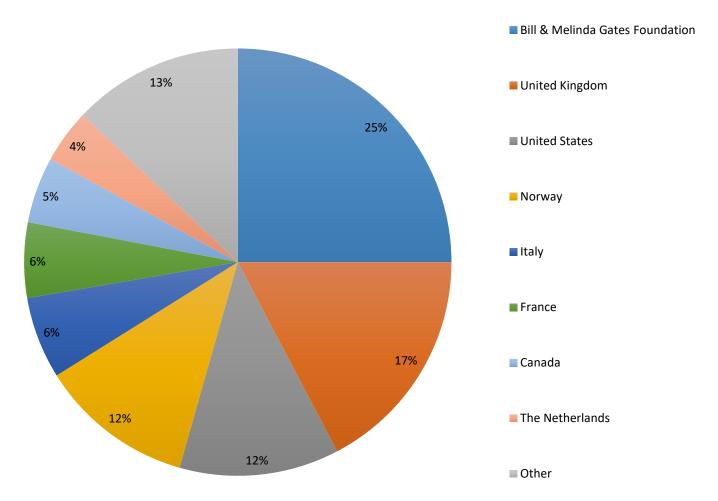




- ~95% comes from bilateral donors
- 4% from the Gates
 Foundation
- .75% from project RED







Slide courtesy: Devi Sridhar

4. How easy is it to monitor what the institution does?

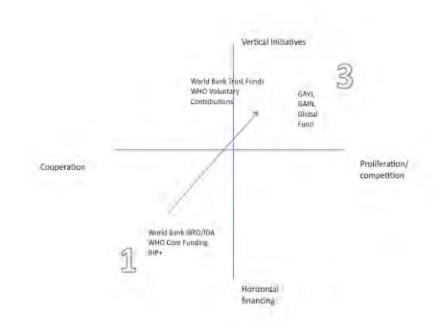
	Financial Information	Governance Information	Contract/Grant Information	Transparency Policies
World Health Organization	Forward-looking programmatic budgets and retrospective audited financial statements publicly available	Resolutions and supporting documents submitted to the WHA and to the EB publicly available	No programmatic or projects database is available to provide visibility to funding flows and assessment of individual program efforts over time	No open information policy
World Bank	Projects database includes information on projects supported since 1947	Meeting agendas, resolutions, or minutes from meetings of the Secretariat, the Board of Directors, and the Executive Directors not publicly available	Launched Open Contracting in 2012 to facilitate more competitive bidding	Formal access to information policy established in 2010
The Global Fund to Fight AIDS, Tuberculosis and Malaria	Financial information by grant, country, disease area, and year of funding publicly available	All session material considered by the Board and Board Committee meeting minutes publicly available	Approved proposals, grant agreements, performance reports, and unsuccessful proposals publicly available	Since 2007, timely public disclosure of its findings and reports
Gavi, The Vaccine Alliance	All grant approvals, as well as commensurate financial and in-kind commitments and disbursements information, publicly available	Materials considered by Gavi's Board and Committee meeting minutes publicly available	Grant and country- specific program information available alongside Full Country Evaluations project	First transparency policy in 2009, updating it in 2013

Slide courtesy: Devi Sridhar

Why does the global health system look the way it does?

Shifts due to key donors wanting to:

- 1. Align objectives of global agencies with their own **objectives**
- 2. More robustly create & enforce incentives for performance
- 3. More closely **monitor** what global agencies are doing
- 4. Have direct voting power at Board level



PUBLIC HEALTH

Bill Gates Views Good Data as Key to Global Health

In an interview with Scientific American the philanthropist talks about the statistics that inspire him most

You were an early backer of Christopher Murray and his push to create an independent organization, the <u>Institute of Health Metrics and Evaluation</u> [IHME], to pull together rigorous statistics on human health worldwide largely independently of the WHO [World Health Organization]. How did you two meet and decide on this course?

I met Chris in 2001 when he was working for the WHO and was doing the first-ever ranking of national health systems. Some countries were pushing back because they didn't like how he ranked things. This idea that somebody should try to pull together the best understanding of health, particularly for poor countries—Chris is an ambitious guy, so from the beginning he wanted to do it for all countries—was an attractive one. So we gave money to the University of Washington to create IHME.

But the WHO and other U.N. agencies collect and publish lots of health statistics on countries around the world. Why is it necessary to have a whole separate effort to do that?

The remit of the WHO isn't a very precise thing. They face a certain

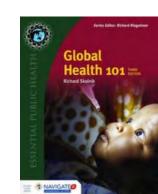
paradox: Are they a friend of the countries and just there to help them or are they a critic of the countries?

I love the WHO, and Margaret Chan has done a lot of great things. But it is a U.N. agency, and that creates certain complexities. When Chris was doing country rankings inside the WHO he thought, "Hey, we're the normative agency, this is exactly the place this work should be done." But he found out that both funding and their inability to take controversial positions were limiting. Ranking their customers ended up being tough for them to do.

The first time I met with Chris he described what he was doing inside the WHO: "They are really giving me a hard time," he said, "but I am persevering." I met him again some time later and he asked whether we would fund it. Eventually, we stepped up to create IHME.

Who Sets the Global Health Agenda?

- World Health Assembly of the World Health Organization
- Groups of development assistance agencies
- Increasing role in agenda setting of the Gates Foundation & US government
- Writings and advocacy efforts of WHO, multilateral or bilateral agencies, and NGOs
- Popular action led by NGOs, often including, for example, MSF



Key trends in the landscape

- Global health now engages a variety of expertise/talents
- Emergence of new donors and shifts in priorities
- Erosion of WHO's central role
- Recognition that private philanthropy and private sector are major players and influencers
- Recognition that BRICS are big players and have lots to offer
- Emergence of industry, entrepreneurs and social investors
- Greater involvement of the private/corporate sector
- Strategy, measurement and impact are the new buzz words

Global health engages a variety of expertise/talents

Basic researcher



Epidemiologist/trialist



Industry/pharma professional



CHOOSE A health

Political leader



Global health diplomat



Anthropologist/social scientist



Advocate



Policy maker

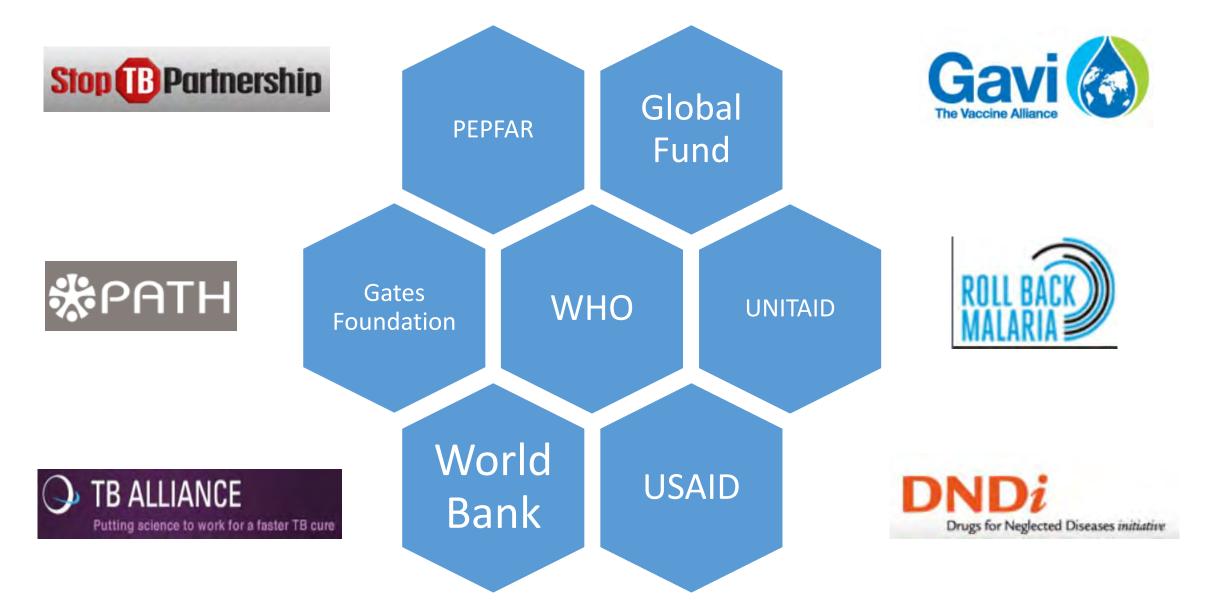


Public health professional



Negotiator/business leader

Emergence of new donors & alliances, and shifts in priorities



WHO: what is its role today?



"WHO became largely a bystander as interest in global health surged over the last two decades with the advent of the Bill and Melinda Gates Foundation and the extension of lifesaving treatment to millions through the U.S. President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Since 1990, global health aid has quadrupled to \$22 billion annually, but WHO's core budget remains the same, roughly \$1 billion annually, and has declined in real terms."

Ebola: a crisis in global health leadership

WHO should be the global health leader. Under its constitution, WHO was envisaged as "the directing and coordinating authority on international health work".5 In describing WHO's mission recently, however, Director-General Margaret Chan said it is a "technical agency", with governments having "first priority to take care of their people".6 Yet the affected states possess fragile health systems that have proven unable to prevent Ebola's domestic and transnational spread. WHO itself is constrained. Its budget is incommensurate with its responsibilities, with an operating budget a third of the US Centers for Disease Control and Prevention's budget.^{7,8} After a 2011 funding shortfall, WHO cut its already insufficient budget by nearly US\$600 million.8 The organisation's emergency response units were reduced, with some epidemic control experts leaving the agency.9 Furthermore, WHO controls only 30% of its budget, and member states have co-opted WHO's agenda through earmarked funds. 8,10



Home) News and Events) News Stories 2014

The Stop TB Partnership to move its Secretariat from WHO to UNOPS



16 July 2014 - Seattle, USA - The Stop TB Partnership decided today to move its Secretariat from the World Health Organization to the United Nations Office for Project Services (UNOPS) early in 2015.

The Stop TB Partnership secretariat has been hosted and administered by the World Health Organization (WHO) since its founding in 2001. The decision to move its administration to UNOPS is the culmination of a process as the Partnership has matured and expanded. The Partnership Board – where WHO is represented – recognizes that the Partnership in its current form will be better able to fulfil its mandate by moving the Secretariat administrative arrangements to UNOPS - a specialized provider of administrative services. The decision is fully supported and facilitated by WHO.

The move will not change the close and complementary collaboration and working relationship between WHO and the Stop TB Partnership as they fulfill their respective mandates. The Stop TB Partnership will continue to lead the closed advocacy effort to raise awareness, funding and action against TB coordinating.

World Health

A Health topics Data Med	lia centre Publications	Countries	Programmes	Governance	About WHO
	Malaria				
Malaria	WHO comm				
Areas of work	Partnership governing b				ress as
Data and statistics	25 August 2015				
Document centre					
Malaria Policy Advisory Committee	The Roll Back Malaria (RBM) partnership, established in 1998 as part of a global drive to galvanize stronger action to curb malaria, is to restructure to meet the new challenges posed in the post-2015 era whilst building on the success of the last 17				
Information for travellers	years. In light of this				



Ebola's Lessons

How the WHO Mishandled the Crisis

Laurie Garrett

"The WHO performed so poorly during the crisis that there is a question of whether the world actually needs it. The answer is yes, it does—but in a revised form, with a clearer mandate, better funding, more competent staff, and less politicization. The agency should be clearly at the apex of the global health architecture, not jockeying for command of epidemic response with other organizations, as happened last year. But with power comes responsibility, and the WHO needs to merit its position, not simply assume it. If the WHO is going to remain the world's central authority on global health issues—which it should, because there needs to be one, and it has the most legitimate claim to perform such a role—it needs to concentrate on its core competencies and be freed from the vast array of unrealistic, unprioritized, and highly politicized mandates that its member states have imposed."



Can Dr. Tedros Save the WHO?

June 13, 2017 - 10:58am | admin



By Craig Moran



Health Topics v

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Emergencies v

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Home / Newsroom / Detail / WHO launches first investment case to save up to 30 million lives



WHO launches first investment case to save up to 30 million lives

19 September 2018 | News release | Geneva

WHO today published its first investment case, setting out the transformative impacts on global health and sustainable development that a fully-financed WHO could deliver over the next five years.

The investment case describes how WHO, working together with its Member States and partners, will help to save up to 30 million lives, add up to 100 million years of healthy living to the world's population and add up to 4 per cent of economic growth in low and middle-income countries by 2023.

Achieving these results would require an investment of \$14.1 billion from 2019 to 2023, representing a 14% increase in WHO's base budget* over the previous five-year period. These investments would help achieve the "triple billion" targets of WHO's General Programme of Work; 1 billion more people benefitting from universal health coverage; 1 billion more people better protected from health emergencies; and 1 billion more people enjoying better health and well-being.

"This is the first time we have estimated the results we could achieve and the impact we could deliver with the right resources," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "Our investment case isn't only about investing in an institution, it's about investing in people, and in the healthier, safer, fairer world we all want."















Media Contacts



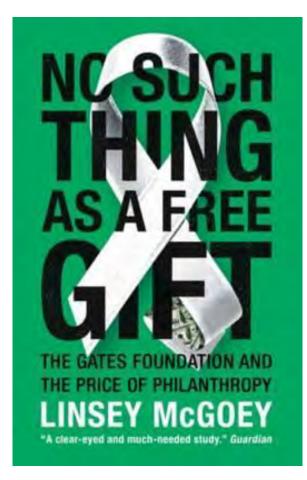
Gregory Härtl

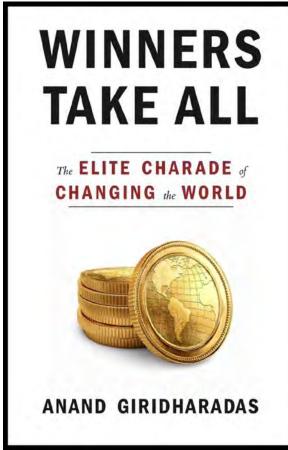
Telephone: +41 22 791 4458 Mobile: +41 79 203 6715 Email: hartig@who.int

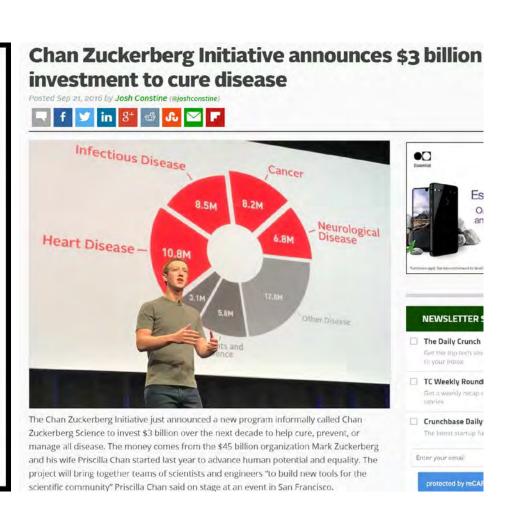
Related

- . Main page of the Investment Case
- · Download the full investment case
- · Background technical paper
- · WHO's General Programme of Work

Growing role of private philanthropy & concerns about that

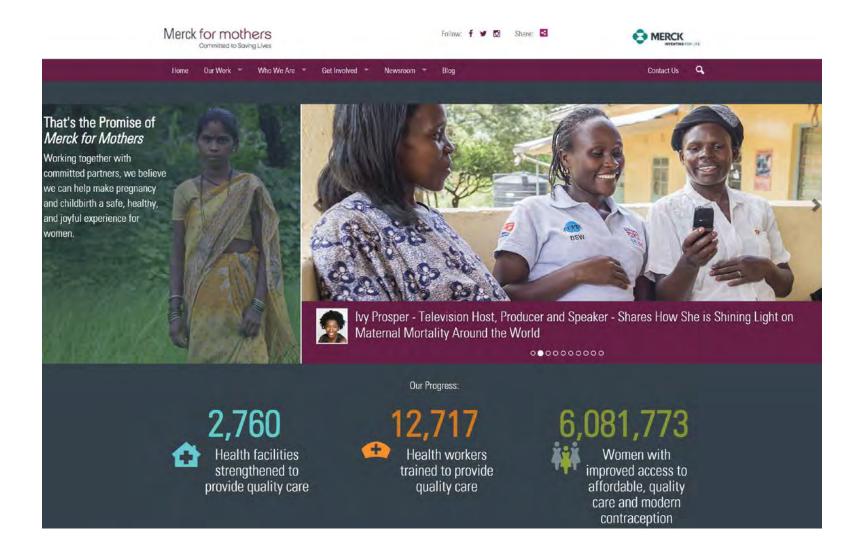








Industry, entrepreneurs and social investors



"Merck for Mothers, known as MSD for Mothers outside of the United States and Canada, is a 10-year \$500 million initiative focused on improving the health and well-being of mothers during pregnancy and childbirth.

As a global healthcare company, Merck created *Merck for Mothers* to address this critically important issue. We are committed to using our business and scientific expertise to end preventable maternal mortality and are already working in more than 30 countries around the world."

http://merckformothers.com/



Impact Investing for Global Health: From 'Why' to 'How'

December 2012

Written by: Grand Challenges Canada



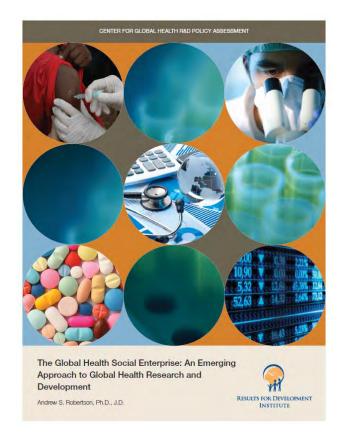
Cathy Clark Become a fan

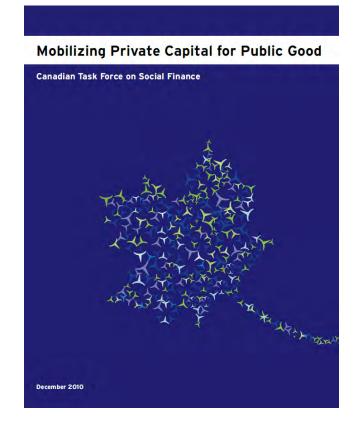
Director, CASE i3 Initiative on Impact Investing and Professor at Duke University



Pitching Investors in Global Health: Funding Lessons From Social Entrepreneurs

Posted: 03/18/2014 4:27 pm EDT | Updated: 05/18/2014 5:59 am EDT







Strategy, investment, and impact: the new buzz words



PERSPECTIVE

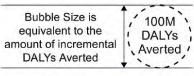
Honing the Priorities and Making the Investment Case for Global Health

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Global health investments are now made using impact and DALYS averted as ROI (return on investment)



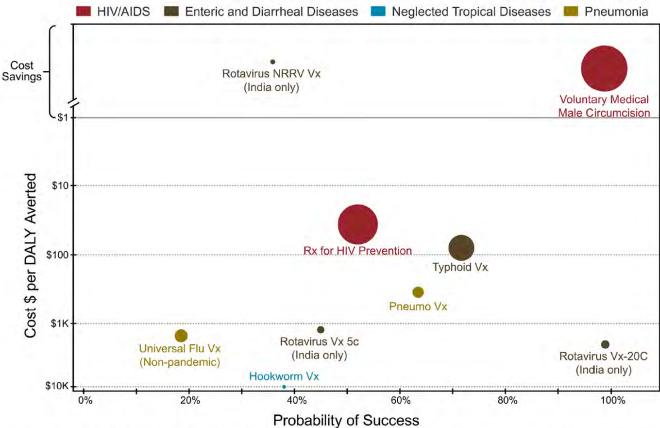


Fig 1. Portfolio analysis for global health impact. Cost per disability-adjusted life year (DALY) averted is the incremental cost to deliver incremental DALY savings versus only the standard of care. Probability of success is the estimate of probability of technical and regulatory success (PTRS) informed by industry benchmarks and expert opinion. NRRV: Non-replicating rotavirus vaccine. Both the cost and the probability of success are dynamic values and subject to change with information that is constantly evolving.

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Essential functions for good governance

Function	Subfunctions
Production of global public goods	Research and development, standards and guidelines, and comparative evidence and analyses
Management of externalities across countries	Surveillance and information sharing and coordination for preparedness and response
Mobilization of global solidarity	Development financing, technical cooperation, humanitarian assistance, and agency for the dispossessed
Stewardship	Convening for negotiation and consensus building, priority setting, rule setting, evaluation for mutual accountability, and cross-sector health advocacy

Challenges for governance

- the sovereignty challenge
- the sectoral challenge
- the accountability challenge

Challenges for governance: power rests in high income countries



Academic rigour, journalistic flair

Global health still mimics colonial ways: here's how to break the pattern

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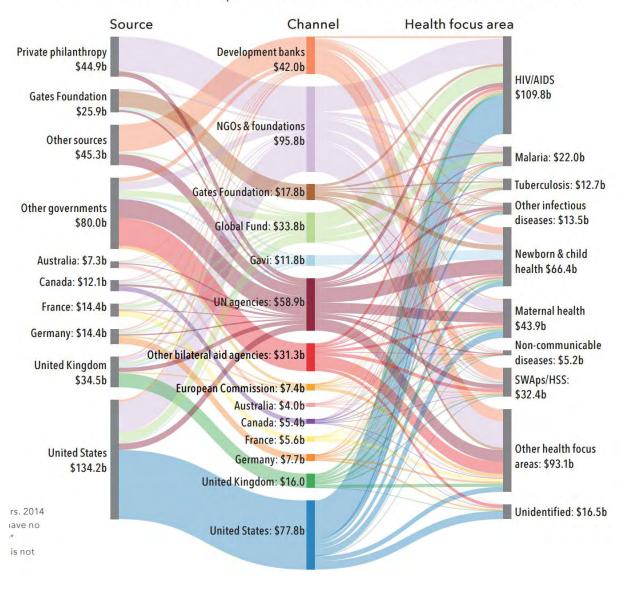
Majority of global health agencies (e.g. World Bank, Global Fund, Gavi, Stop TB, Unicef, Unitaid) are lead by experts from high income countries

Who is funding global health?

Development Assistance for Health

Spending on development assistance for health (DAH) 2013 2000 2010 DAH peaked at \$38 billion DAH grew 11.4% each 38 year on average during 2015 the "golden age" of Total DAH 34 global health 36.4 billion financing 28 -26 -24 -22 -12 -1990 2015* *Preliminary estimates for 2014 and 2015

Cumulative development assistance for health, 2000-2015





From: Global Health Spending and Development Assistance for Health

JAMA. Published online April 25, 2019. doi:10.1001/jama.2019.3687

Amount, 2018 Leading Sources of DAH \$, in Billions		Primary Channels of DAH	Amount, 2018 \$, in Billions	Principal Program(s) of DAH	Amount, 2018 \$, in Billions
United States	13.15	Nongovernmental organizations	10.78	Health system strengthening, excluding pandemic preparedness and human resources for health	3.33
United Kingdom	3.28	US bilateral	6.75	HIV/AIDS treatment	3.12
Bill & Melinda Gates Foundation	3.24	Global Fund	3.19	Reproductive, maternal, newborn, and child health, excluding vaccines, nutrition, family planning, and health system strengthening	3.12
Germany	1.65	World Health Organization	2.57	Vaccines	2.82
Japan	1.19	World Bank	2.30	Human resources for health	1.89
Canada	0.91	Bill & Melinda Gates Foundation	2.18	Reproductive, maternal, newborn, and child health system strengthening	1.68
France	0.76	United Nations Children's Fund (UNICEF)	1.90	Other infectious diseases, excluding health system strengthening, Ebola virus, and Zika virus funding	1.55
Sweden	0.70	Gavi, Vaccine Alliance	1.52	Maternal health, excluding family planning and health system strengthening	1.44
Netherlands	0.70	UK bilateral	0.83	HIV/AIDS prevention	1.43
Norway	0.67	United Nations Population Fund (UNFPA)	0.83	Family planning	1.26
	the last developm	ealth Financing Collaborator nent agency to have the DAH b		ilateral aid agencies, private foundations and nongover nizations, and public-private partnerships such as the G	

Top Sources, Channels, and Health Focus Areas of Development Assistance for Health (DAH), 2018a

DAH is stagnating and is under threat due to nationalism & populism





POLITICS

Canadian Foreign-Aid Spending So Low It's A 'Potential Tragedy': Report

O 01/13/2017 02:32 EST | Updated 01/13/2017 04:46 EST



Canada's foreign aid bucks global trend, drops under Trudeau: OECD report

Trudeau's new 'feminist' plan commits 95% of foreign aid to gender, women and girls by 2022

Aid groups, which have focused on women and girls for years, welcomed Prime Minister Justin Trudeau's unapologetically feminist foreign aid policy Friday, though the plan does not increase funding.

At just under \$5 billion, Canada's international assistance budget has been flat for the last few years, even as the economy grew. At an estimated 0.26 per cent of gross domestic product, Canada's development spending is near an all-time low and ranks 18th in the world, according to the Organization of Economic Co-Operation and Development.

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"Global health should not be a matter of endless charity, political whim, profiteering, or philanthropic trendiness. Health is a right, which must be demanded from the bottom up, and achieved through the largesse, skills, and commitment of all, sharing and hoping for the future of humanity." – Laurie Garrett

Future?



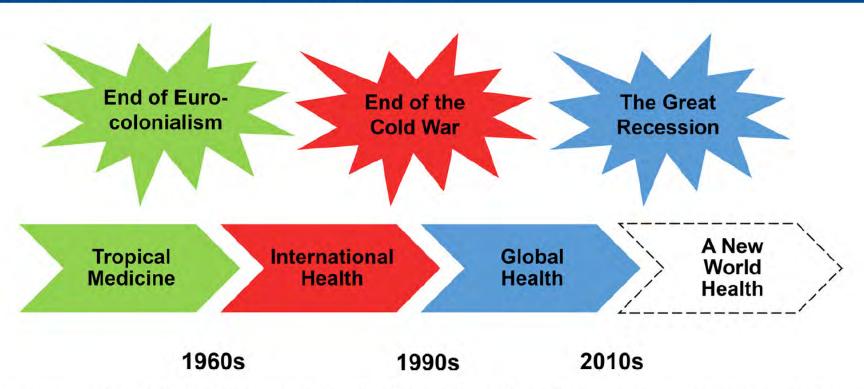
COMMENTARY

A New World Health Era

Ariel Pablos-Méndez, a Mario C Raviglione

Unprecedented economic progress and demands for social protection have engendered an economic transition in health in many low- and middle-income countries, characterized by major increases in domestic health spending and growing national autonomy. At the global level, development assistance is refocusing on fragile states, the poorest communities, and cooperation on global public goods like health security, technical norms, and innovation. Intergovernmental organizations like WHO need the wherewithal and support to provide leadership and to properly advance this new world health era.

FIGURE 2. A New Chapter in International Health History



Note: This graph is only a didactic tool; historical periods often overlap and vary from one country or region to another, and many components of one period carry over to future ones.

Future?

- "Global health is moving past its stage of development assistance to a new era of country ownership and global cooperation.
- At the national level, the economic transition of health and growing political demands for social protection create conditions favorable for domestic resource mobilization and universal health coverage with new forms of private-sector engagement.
- At the global level, development assistance is refocused on fragile states, the poorest communities, and global public goods like health security, normativity, and innovation."