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

Slide courtesy: Devi Sridhar
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

## Table 1

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

Frenk J and Moon S. NEJM 2013
Key Actors in Global Health

Agencies of the United Nations

• WHO - World Health Organization

• UNICEF - United Nations Children’s Fund

• UNAIDS - Joint United Nations Program on HIV/AIDS

Engaged in advocacy, generating and sharing knowledge, setting global standards and other key functions
Key Actors in Global Health

**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
Key Actors in Global Health

**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
Key Actors in Global Health

Foundations (Philanthropy)

• The Rockefeller Foundation
• The Wellcome Trust
• Ford Foundation
• The Bill and Melinda Gates Foundation
Key Actors in Global Health

**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
Nongovernmental Organizations

**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
Nongovernmental Organizations

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

Advocacy Organizations

• E.g. Treatment Action Group (TAG), Global Health Council, RESULTS, Treatment Action Campaign (TAC)

• Carry out research and policy studies

• Advocacy activities for public at large, funding agencies, national legislatures, governments

• May be aligned with specific issues
Nongovernmental Organizations

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
Nongovernmental Organizations

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

Pharmaceutical Firms

Beyond their normal profit-oriented activities, they sometimes:

• 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’

World Bank: ‘alleviate poverty and improve quality of life’

Problem-Focused
Global Fund ‘attract & disburse additional resources to prevent and treat HIV/AIDS, TB and malaria’

GAVI ‘increase access to immunization in poor countries’

Slide courtesy: Devi Sridhar
2. Who has voice & voting rights?
World Health Organization - Executive Board Composition

State 100%

World Health Organization - World Health Assembly Composition

State 100%

World Bank - Board of Governors Composition

State 100%

World Bank - Board of Directors Composition

State 100%

Slide courtesy: Devi Sridhar
Global Fund Board Composition

- State: 53%
- Communities Living with the Disease: 4%
- NGO: 7%
- Private Sector: 4%
- Private Foundations: 4%
- Non-voting Members: 3%

Global Fund Board Composition - Voting Members Only

- State: 75%
- NGOs: 5%
- Private Foundations: 5%
- Private Sector: 5%
- Communities Living with the Disease: 5%

Gavi Board Composition

- Independent Individuals: 36%
- CEO: 7%
- Research Institutes: 4%
- State: 3%
- Global Health Aid Institutions: 3%
- Vaccine Industry: 3%
- Civil Society Organizations: 11%
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

**The Global Fund**
To Fight AIDS, Tuberculosis and Malaria

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 “piffle 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 (US$ 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
WHO Top 10 Voluntary Contributors

2012 Contribution ($ Millions)

- Gates Foundation
- U.S.
- U.K.
- Canada
- GAVI
- Others

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
Gavi Donors, 2000-2013
Total= $8.3 billion*

Bill & Melinda Gates Foundation: 25%
United Kingdom: 17%
United States: 12%
Norway: 12%
Italy: 6%
The Netherlands: 6%
Canada: 5%
France: 4%
Other: 13%

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

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
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 Institute of Health Metrics and Evaluation [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
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.”

http://www.cfr.org/international-organizations-and-alliances/reinventing-world-health-organization/p28346
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 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

www.thelancet.com Vol 384 October 11, 2014
“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 the New Leader of WHO Save the Agency?

Can Dr. Tedros Save the WHO?
June 13, 2017 - 10:58am | admin

By Craig Moran
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-funded 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 50 million lives, and add up to 100 million years of healthy, living years to the world’s population and add up to 4 percent of economic growth in low and middle-income countries by 2035.

Achieving these results would require an investment of $1.1 trillion from 2019 to 2035, 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 benefiting 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 this 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.”
Growing role of private philanthropy & concerns about that
There are so many sessions! I can't decide between 'hunger' and 'poverty'!
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

Pitching Investors in Global Health: Funding Lessons From Social Entrepreneurs

Mobilizing Private Capital for Public Good

Canadian Task Force on Social Finance

December 2010
Strategy, investment, and impact: the new buzz words
Global health investments are now made using impact and DALYS averted as ROI (return on investment)
### Table 2. Four Essential Functions of the Global Health System.

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

Challenges for governance

• the sovereignty challenge
• the sectoral challenge
• the accountability challenge

Challenges for governance: power rests in high income countries

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

<table>
<thead>
<tr>
<th>Leading Sources of DAH</th>
<th>Amount, 2018 $, in Billions</th>
<th>Primary Channels of DAH</th>
<th>Amount, 2018 $, in Billions</th>
<th>Principal Program(s) of DAH</th>
<th>Amount, 2018 $, in Billions</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>13.15</td>
<td>Nongovernmental organizations</td>
<td>10.78</td>
<td>Health system strengthening, excluding pandemic preparedness and human resources for health</td>
<td>3.33</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>3.28</td>
<td>US bilateral</td>
<td>6.75</td>
<td>HIV/AIDS treatment</td>
<td>3.12</td>
</tr>
<tr>
<td>Bill &amp; Melinda Gates Foundation</td>
<td>3.24</td>
<td>Global Fund</td>
<td>3.19</td>
<td>Reproductive, maternal, newborn, and child health, excluding vaccines, nutrition, family planning, and health system strengthening</td>
<td>3.12</td>
</tr>
<tr>
<td>Germany</td>
<td>1.65</td>
<td>World Health Organization</td>
<td>2.57</td>
<td>Vaccines</td>
<td>2.82</td>
</tr>
<tr>
<td>Japan</td>
<td>1.19</td>
<td>World Bank</td>
<td>2.30</td>
<td>Human resources for health</td>
<td>1.89</td>
</tr>
<tr>
<td>Canada</td>
<td>0.91</td>
<td>Bill &amp; Melinda Gates Foundation</td>
<td>2.18</td>
<td>Reproductive, maternal, newborn, and child health system strengthening</td>
<td>1.68</td>
</tr>
<tr>
<td>France</td>
<td>0.76</td>
<td>United Nations Children’s Fund (UNICEF)</td>
<td>1.90</td>
<td>Other infectious diseases, excluding health system strengthening, Ebola virus, and Zika virus funding</td>
<td>1.55</td>
</tr>
<tr>
<td>Sweden</td>
<td>0.70</td>
<td>Gavi, Vaccine Alliance</td>
<td>1.52</td>
<td>Maternal health, excluding family planning and health system strengthening</td>
<td>1.44</td>
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<tr>
<td>Netherlands</td>
<td>0.70</td>
<td>UK bilateral</td>
<td>0.83</td>
<td>HIV/AIDS prevention</td>
<td>1.43</td>
</tr>
<tr>
<td>Norway</td>
<td>0.67</td>
<td>United Nations Population Fund (UNFPA)</td>
<td>0.83</td>
<td>Family planning</td>
<td>1.26</td>
</tr>
</tbody>
</table>

\(^a\) Data from the Global Burden of Disease Health Financing Collaborator Network. Channels are the last development agency to have the DAH before it is provided to an implementing agency. They include bilateral and multilateral aid agencies, private foundations and nongovernmental organizations, and public-private partnerships such as the Global Fund and Gavi.
DAH is stagnating and is under threat due to nationalism & populism
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.
“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

A New World Health Era
Ariel Pablos-Méndez, 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

End of Euro-colonialism  End of the Cold War  The Great Recession

Tropical Medicine  International Health  Global Health  A New World Health

1960s  1990s  2010s

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.”