

# *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

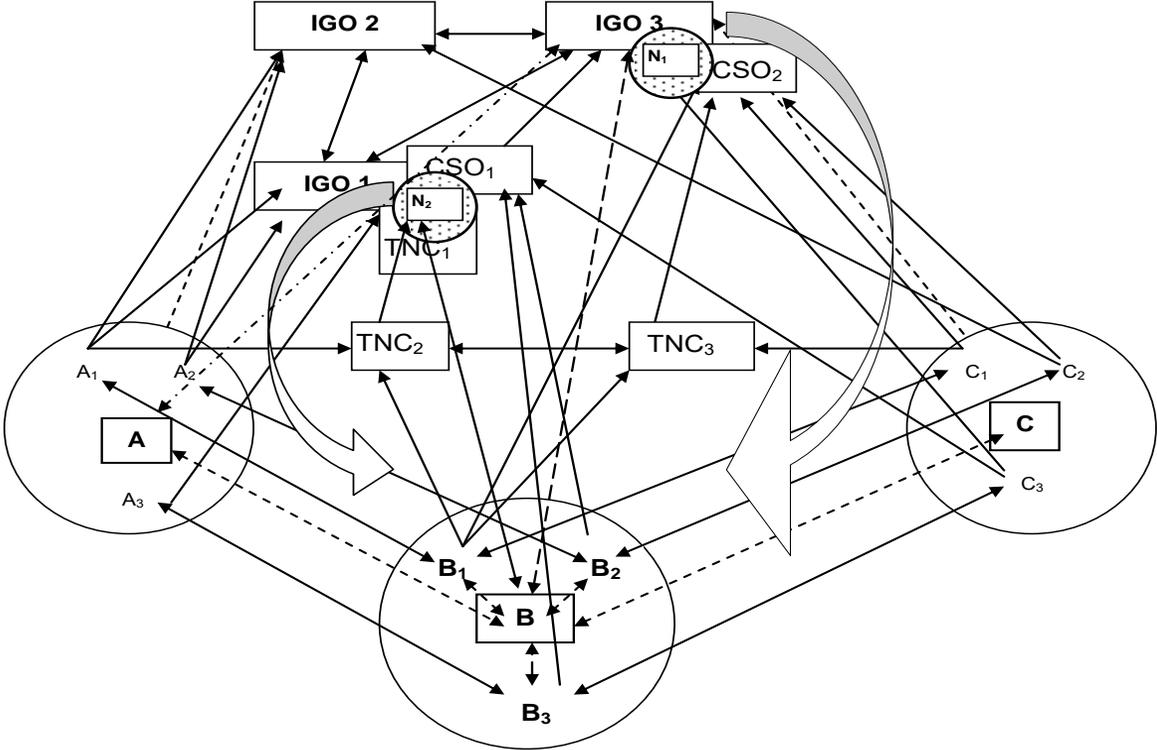


Figure 2.2: Global politics in a post-Westphalian system

CHELSEA CLINTON

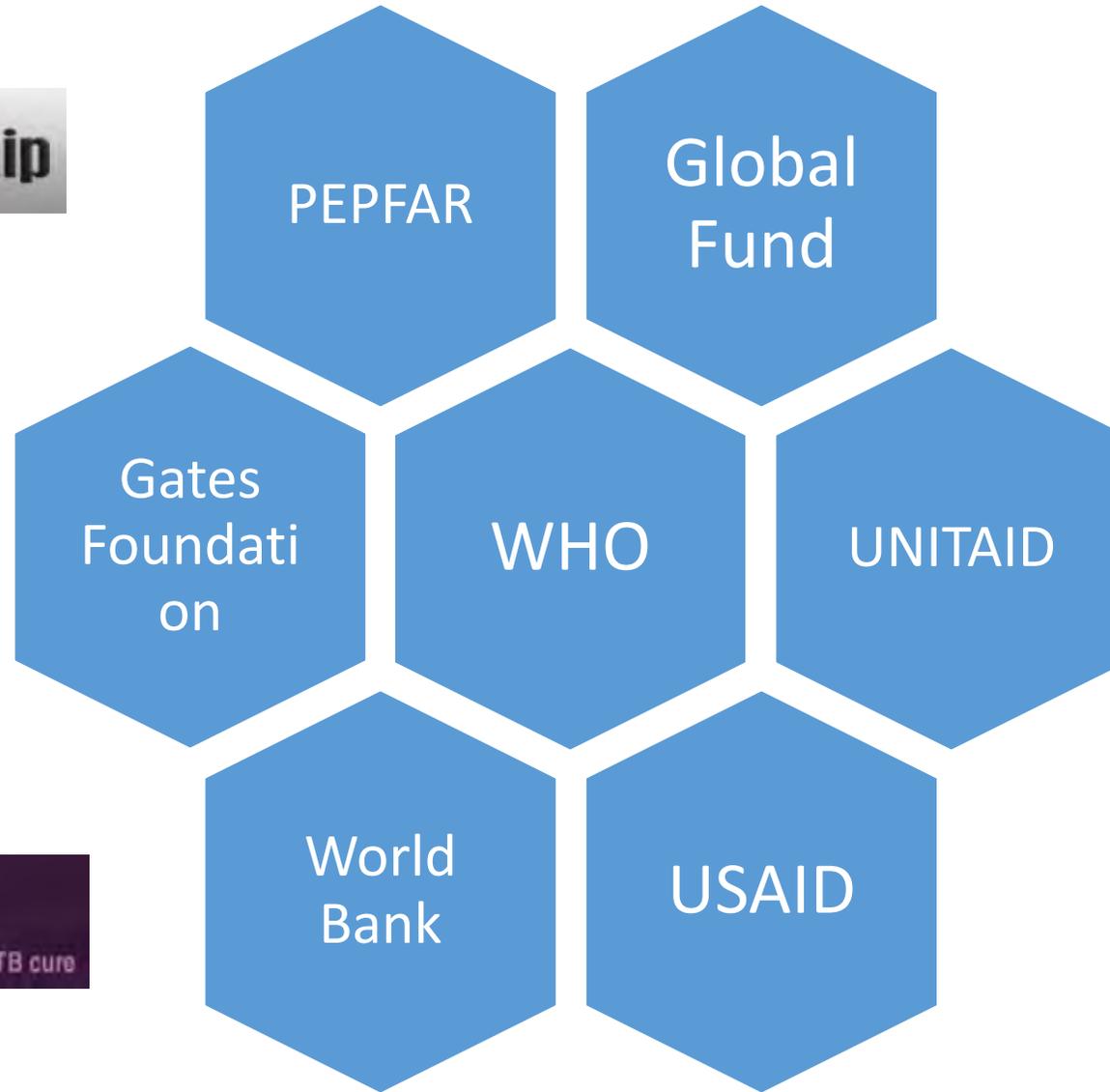
DEVI SRIDHAR



**GOVERNING  
GLOBAL HEALTH**

WHO RUNS THE WORLD AND WHY?

# Several new agencies in the past 2 decades

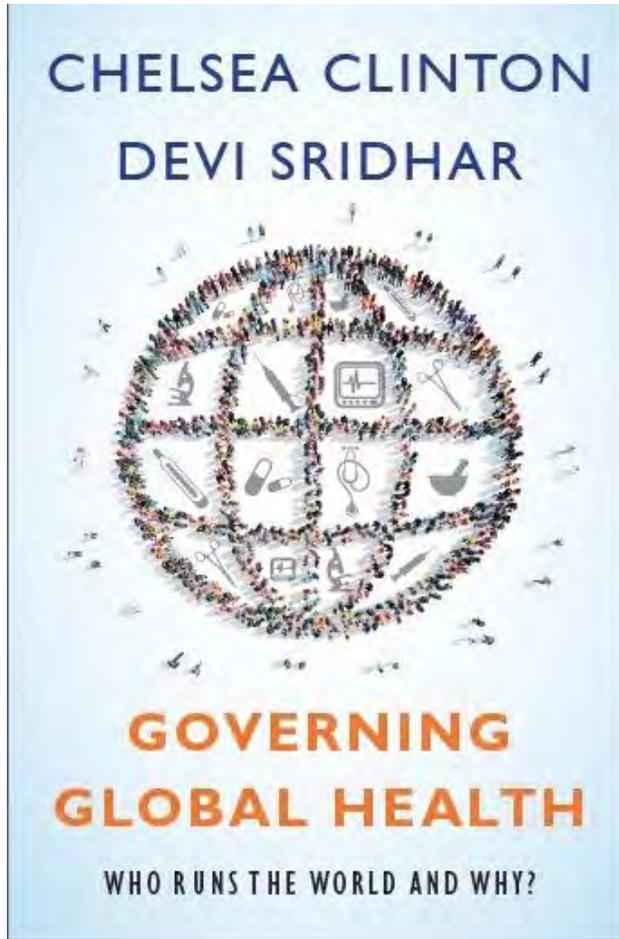


# Mayor players

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

**Table 1. Primary Types of Actors in the Global Health System, with Examples.**

Type of Actor and Examples	Annual Expenditures <sup>29</sup> <i>millions of U.S. dollars (year)</i>
<b>National governments</b>	
Ministries of health†	ND
Ministries of foreign affairs†	ND
Public research funders	
U.S. National Institutes of Health	30,860 (2010) <sup>10</sup>
Bilateral development cooperation agencies	
U.S. Agency for International Development and U.S. Department of State (global health and child survival)	7,779 (2010) <sup>11</sup>
U.K. Department for International Development (global health)	585 (2011) <sup>12</sup>
Norwegian Agency for Development Cooperation (health and social services)	329 (2010) <sup>13</sup>
<b>United Nations system</b>	
World Health Organization	2,000 (2010) <sup>14</sup>
United Nations Children's Fund	3,653 (2010) <sup>15</sup>
United Nations Population Fund	801 (2010) <sup>16</sup>
Joint United Nations Program on HIV/AIDS	242 (2009) <sup>17</sup>
<b>Multilateral development banks</b>	
World Bank (health and other social services lending)	6,707 (2011) <sup>18</sup>
Regional development banks	NA
<b>Global health initiatives (hybrids)</b>	
Global Fund to Fight AIDS, Tuberculosis, and Malaria	3,475 (2010) <sup>19</sup>
GAVI Alliance	934 (2010) <sup>20</sup>
UNITAID	269 (2010) <sup>21</sup>
<b>Philanthropic organizations</b>	
Bill and Melinda Gates Foundation (global health)	1,485 (2010) <sup>22</sup>
Rockefeller Foundation (all sectors)	173 (2009) <sup>23</sup>
Wellcome Trust	1,114 (2010) <sup>24</sup>
<b>Global civil society organizations and nongovernmental organizations</b>	
Doctors without Borders (Médecins sans Frontières)	1,080 (2010) <sup>25</sup>
Oxfam International	1,210 (2010) <sup>26</sup>
CARE International	805 (2010) <sup>27</sup>
<b>Private industry</b>	
Pharmaceutical companies (global market)	856,000 (2010) <sup>28</sup>
<b>Professional associations</b>	
World Medical Association	NA
<b>Academic institutions</b>	
Postsecondary educational institutions for health professionals	100,000 <sup>29</sup> ‡



# 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'



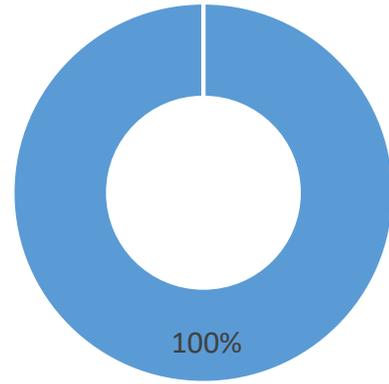
GAVI 'increase access to immunization in poor countries'



2. Who has voice & voting rights?

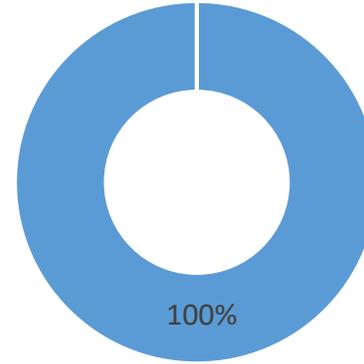


World Health Organization - Executive Board Composition



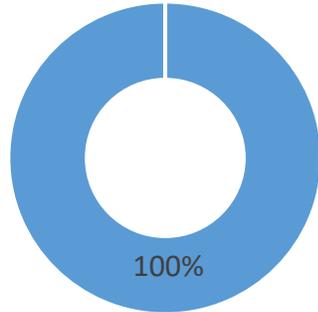
■ State

World Health Organization - World Health Assembly Composition



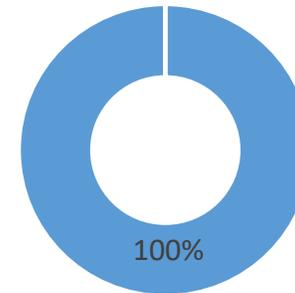
■ State

World Bank - Board of Governors Composition



■ State

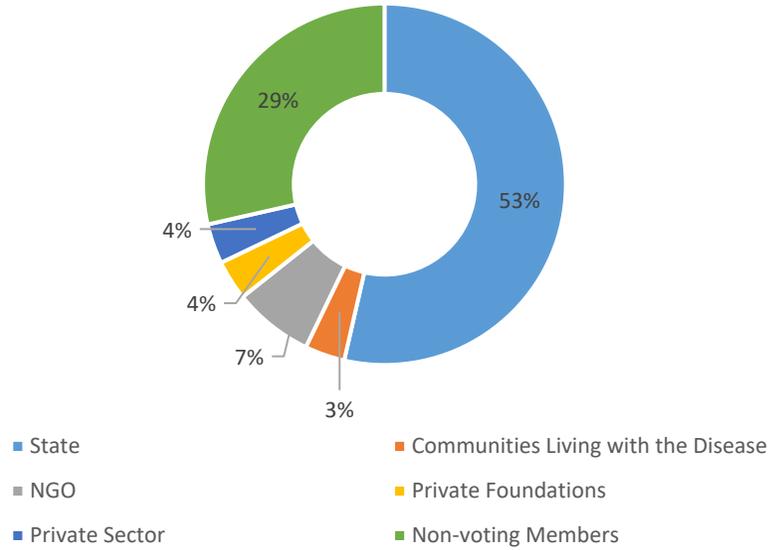
World Bank - Board of Directors Composition



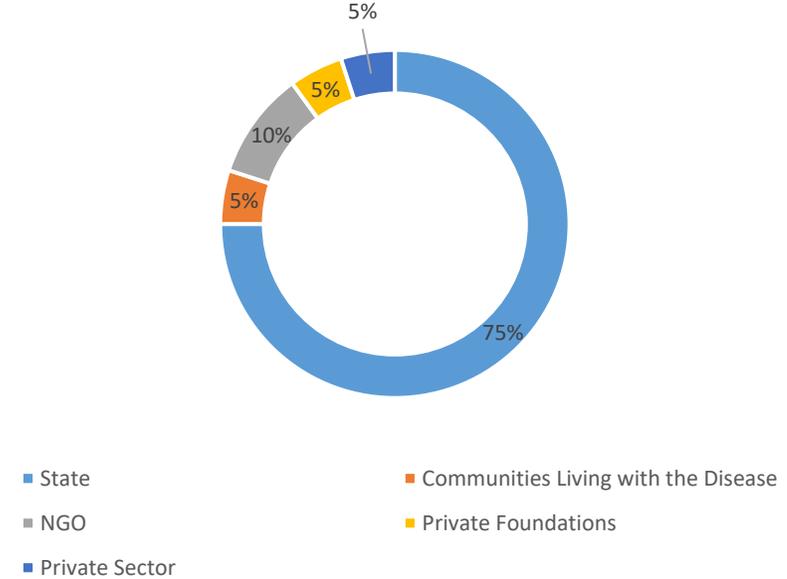
■ State



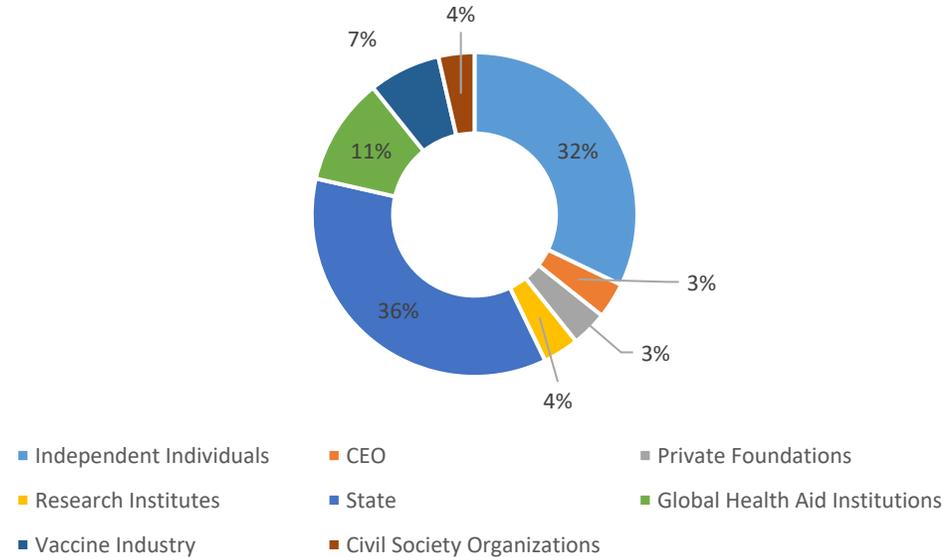
Global Fund Board Composition



Global Fund Board Composition - Voting Members Only



Gavi Board Composition



Slide courtesy: Devi Sridhar

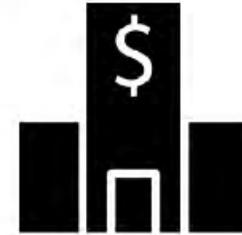
# Peter Sands named executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria

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



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

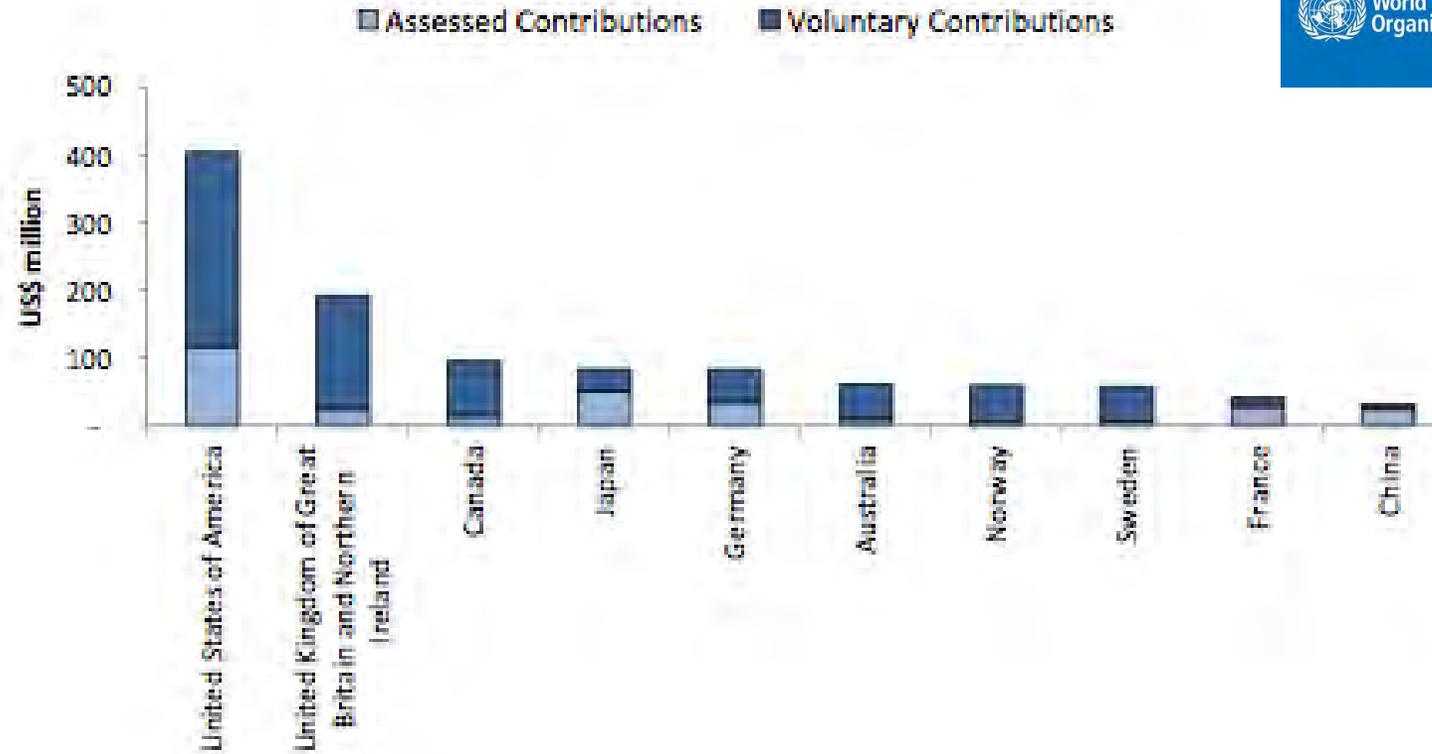
**A former banker could be a welcome change for the organization, which has struggled financially in recent years**

- 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 “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

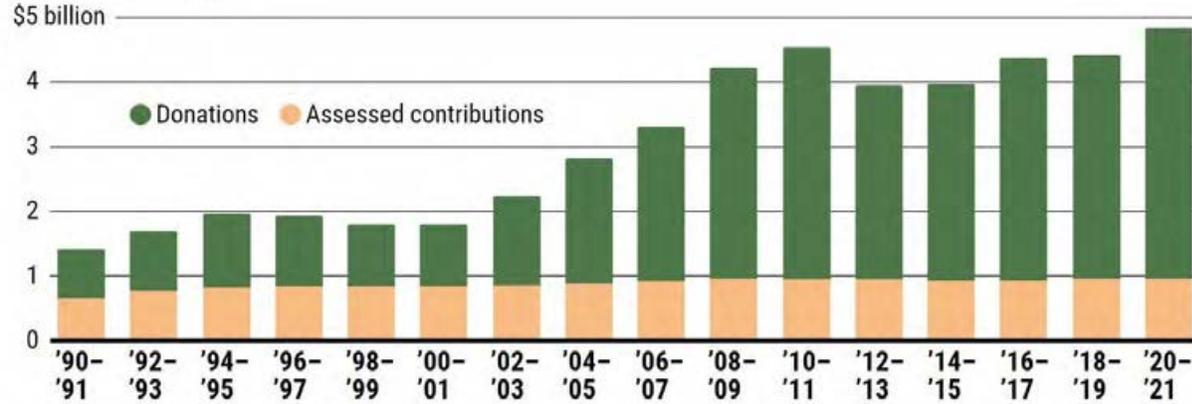
3. Who pays for the institution?

**Figure 2. Top 10 Member State contributors for 2014, combining assessed and voluntary contributions (US\$ million)**

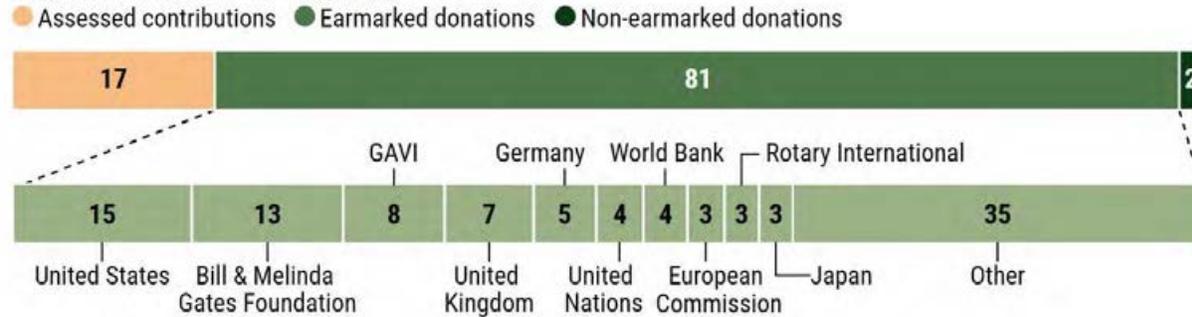


"Assessed contributions," or fees from member countries, make up a small part of the World Health Organization's (WHO's) budget and have remained mostly flat for 30 years. Donations have risen, but most are earmarked for specific goals.

### WHO biennial budget



### Sources of the 2018-19 budget (%)\*



\*data up to 7 January 2019

(GRAPHIC) N. DESAI/SCIENCE; (DATA) WORLD HEALTH ORGANIZATION

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

<https://www.sciencemag.org/news/2020/02/mission-impossible-who-director-fights-prevent-pandemic-without-offending-china>



**Tedros Adhanom Ghebreyesus** ✓

@DrTedros

Following



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

118 Retweets 258 Likes



11

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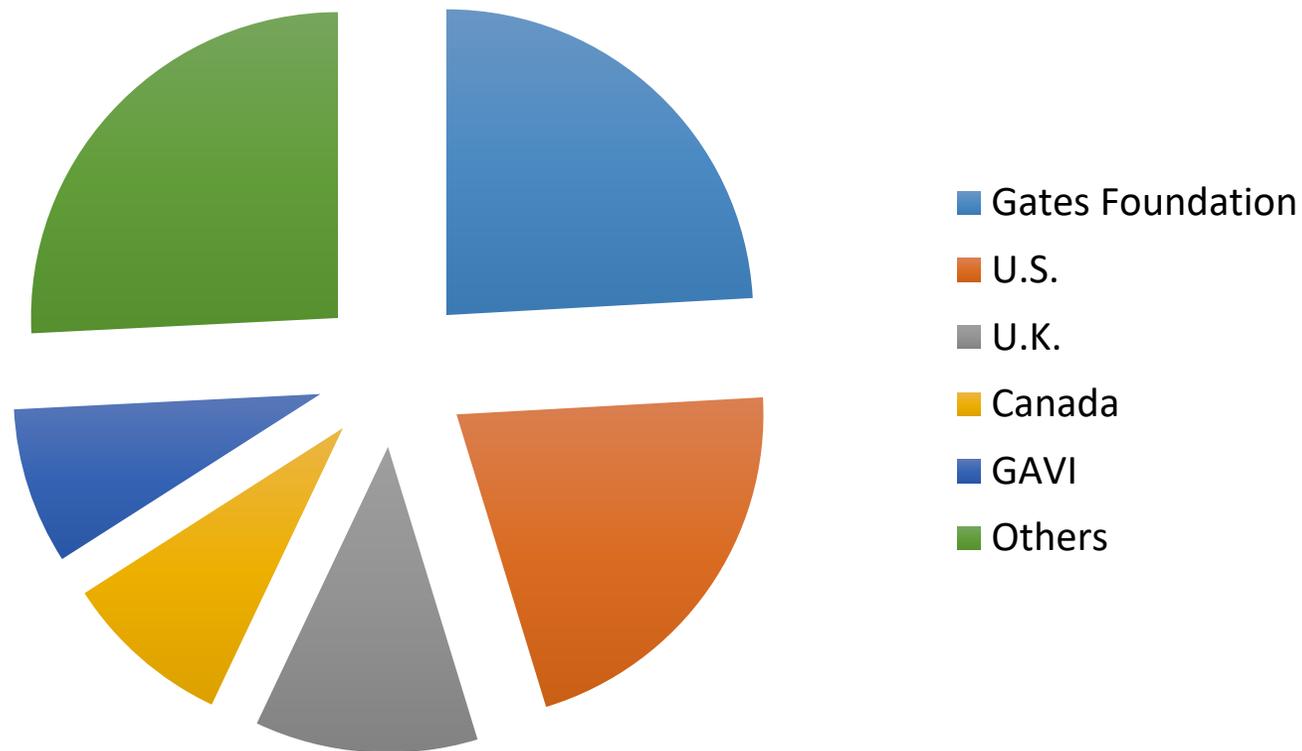
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# WHO Top 10 Voluntary Contributors

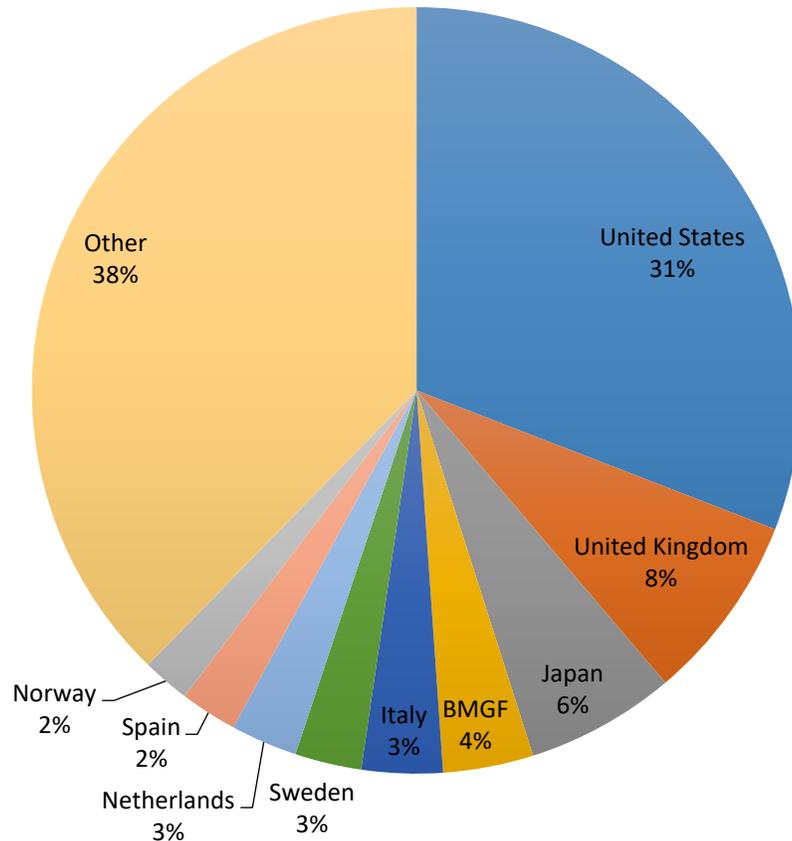


2012 Contribution (\$ Millions)



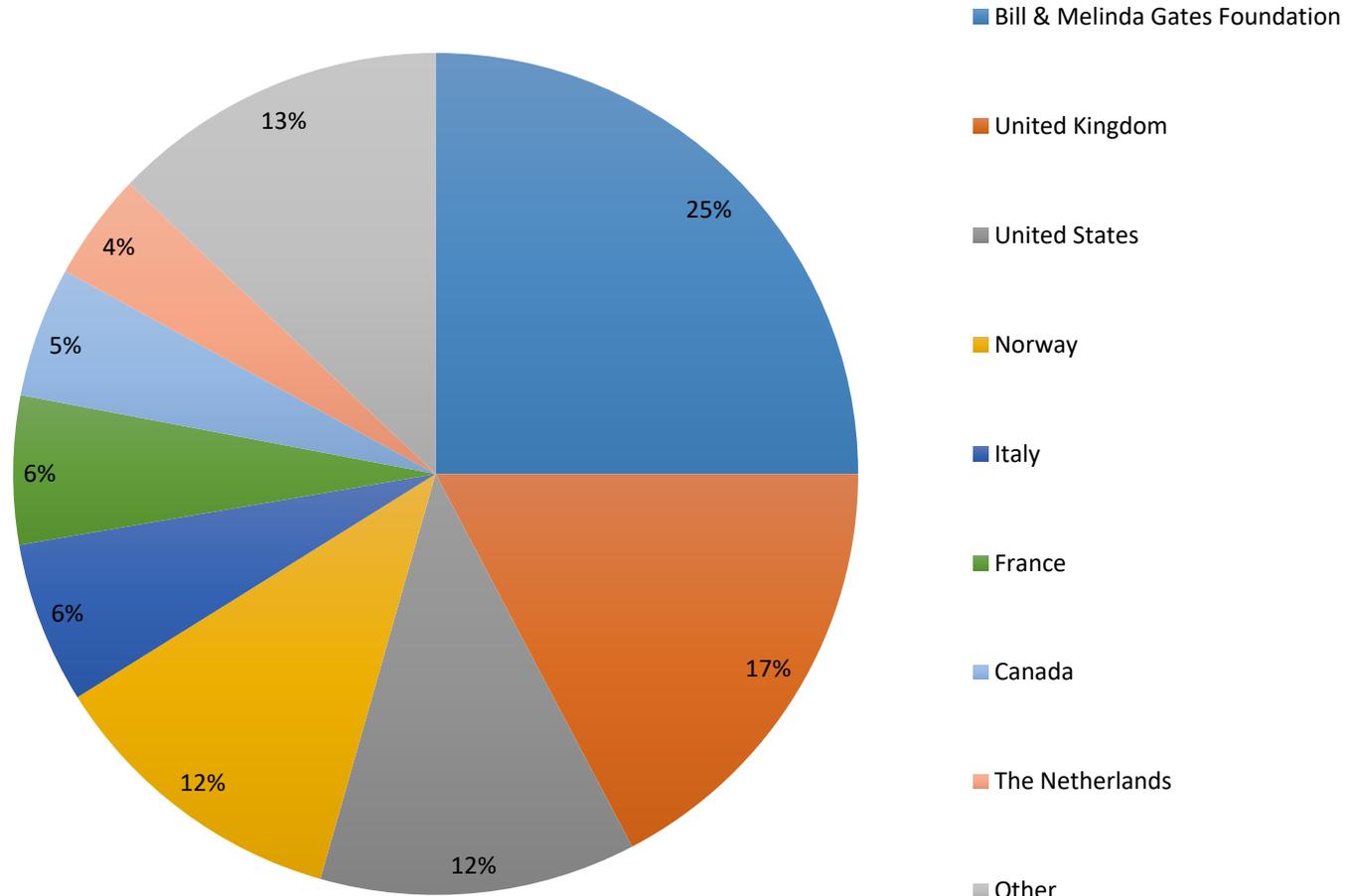
Slide courtesy: Devi Sridhar

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



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

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



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

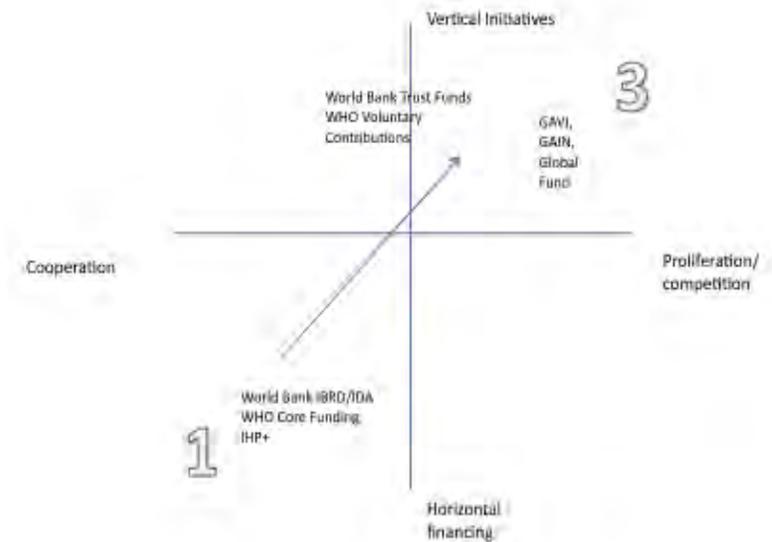
	Financial Information	Governance Information	Contract/Grant Information	Transparency Policies
World Health Organization	Forward-looking programmatic budgets and retrospective audited financial statements publicly available	Resolutions and supporting documents submitted to the WHA and to the EB publicly 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

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 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?**

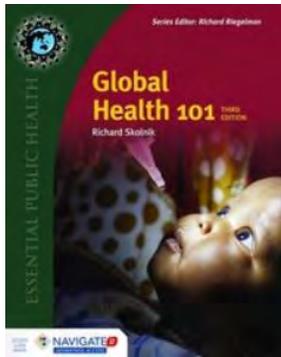
The remit of the WHO isn't a very precise thing. They face a certain paradox: Are they a friend of the countries and just there to help them or are they a critic of the countries?

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



Basic researcher



Epidemiologist/public health



Industry/pharma professional



Journalist



Political leader



Global health diplomat



Anthropologist/social scientist



Advocate



Policy maker



Humanitarian/medical worker

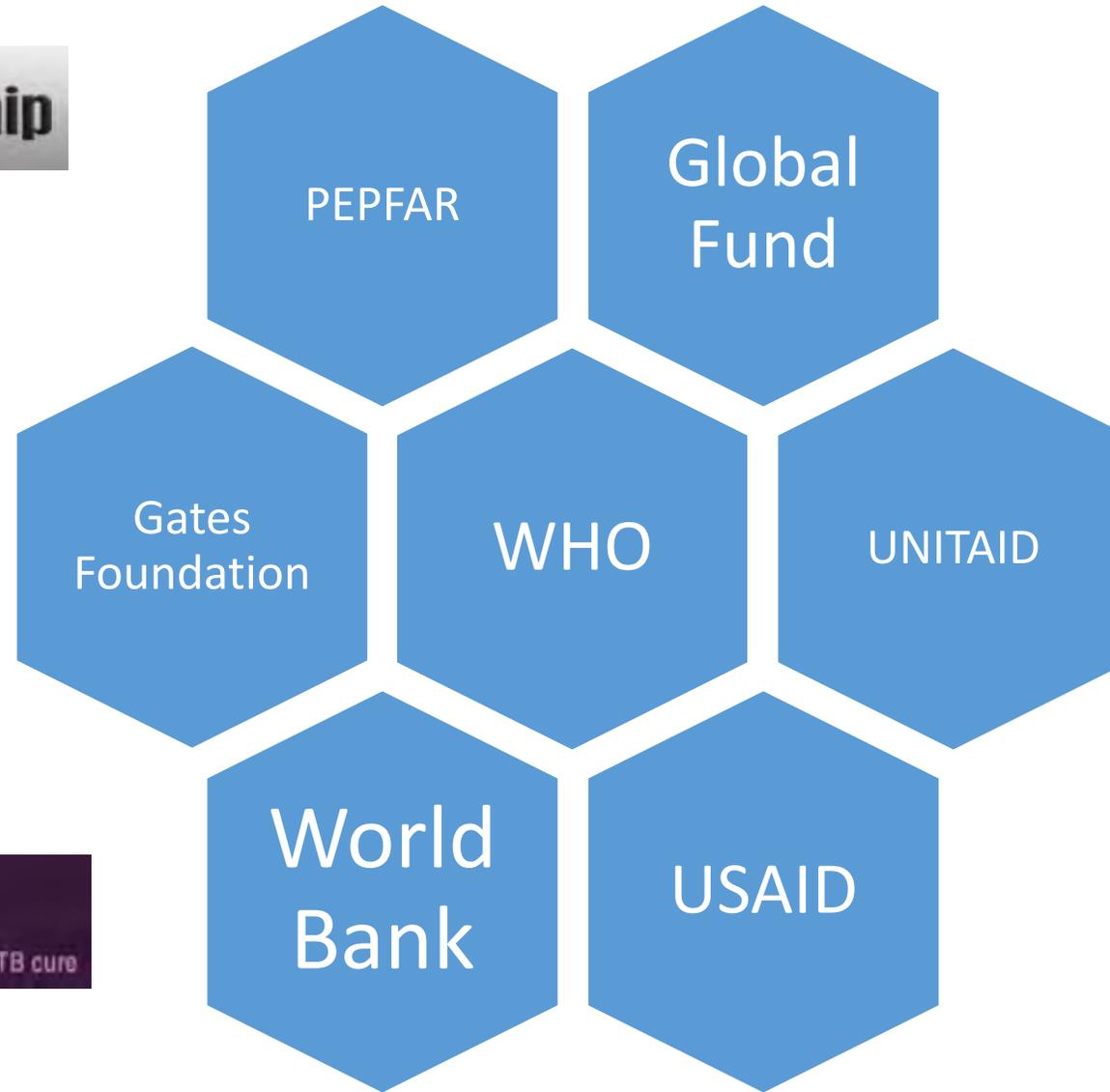


Negotiator/business leader



Philanthropist

# 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”.<sup>5</sup> 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”.<sup>6</sup> 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.<sup>7,8</sup> After a 2011 funding shortfall, WHO cut its already insufficient budget by nearly US\$600 million.<sup>8</sup> The organisation’s emergency response units were reduced, with some epidemic control experts leaving the agency.<sup>9</sup> Furthermore, WHO controls only 30% of its budget, and member states have co-opted WHO’s agenda through earmarked funds.<sup>8,10</sup>



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 fulfil their respective mandates. The Stop TB Partnership will continue to lead the global advocacy effort to raise awareness, funding and action against TB, coordinating



## Malaria

Malaria

Areas of work

Data and statistics

Document centre

Malaria Policy Advisory Committee

Information for travellers

## WHO commends the Roll Back Malaria Partnership’s contribution to global progress as governing board disbands secretariat

25 August 2015

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 years. In light of this restructuring and continued financial difficulties, the governing board has recommended disbanding the current RBM secretariat hosted by WHO in Geneva.



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# Ebola's Lessons

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How the WHO Mishandled the Crisis

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*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 the New Leader of WHO Save the Agency?

WHO leader Tedros Adhanom Ghebreyesus is tasked with salvaging the agency's reputation.

(Fabrice Coffin/AFP/Getty Images)

## 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-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."

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### Media Contacts



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### Related

- [Main page of the Investment Case](#)
- [Download the full investment case](#)
- [Background technical paper](#)
- [WHO's General Programme of Work](#)

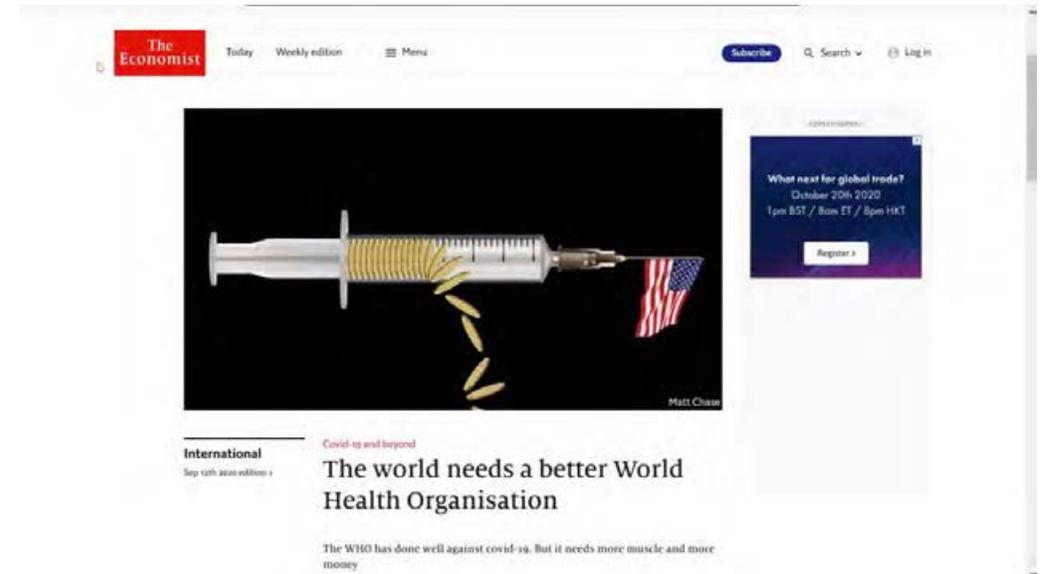
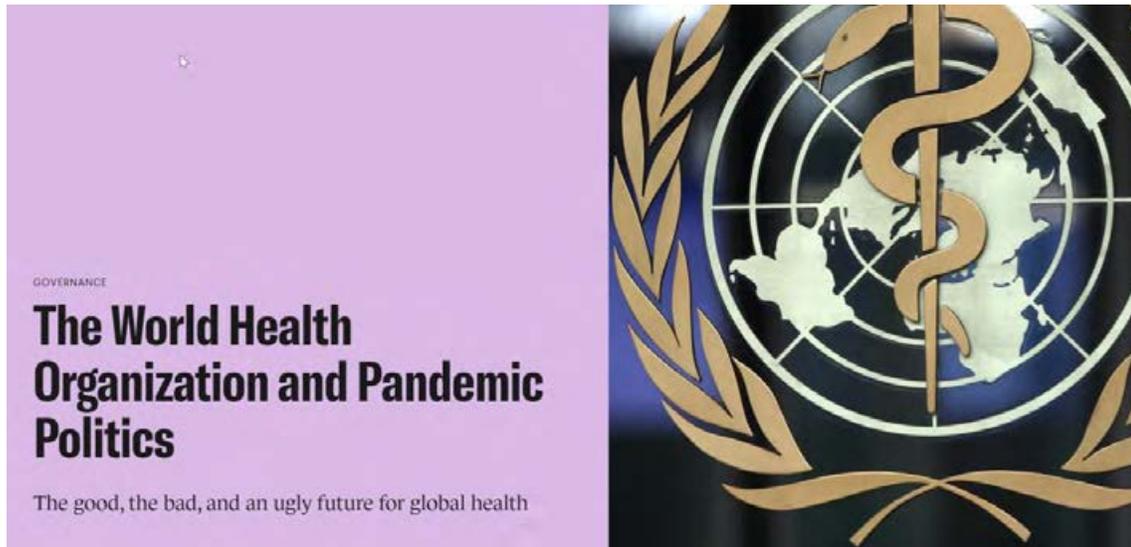


A REUTERS SPECIAL REPORT

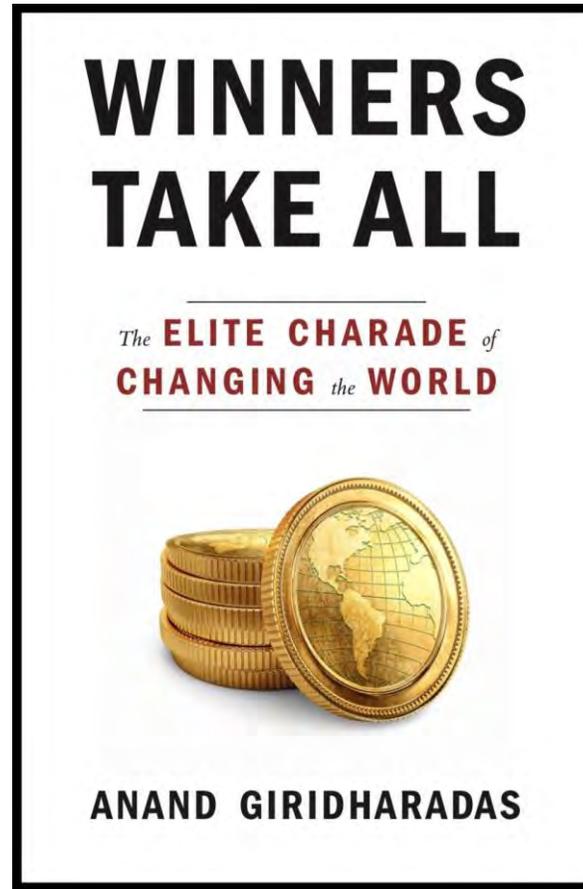
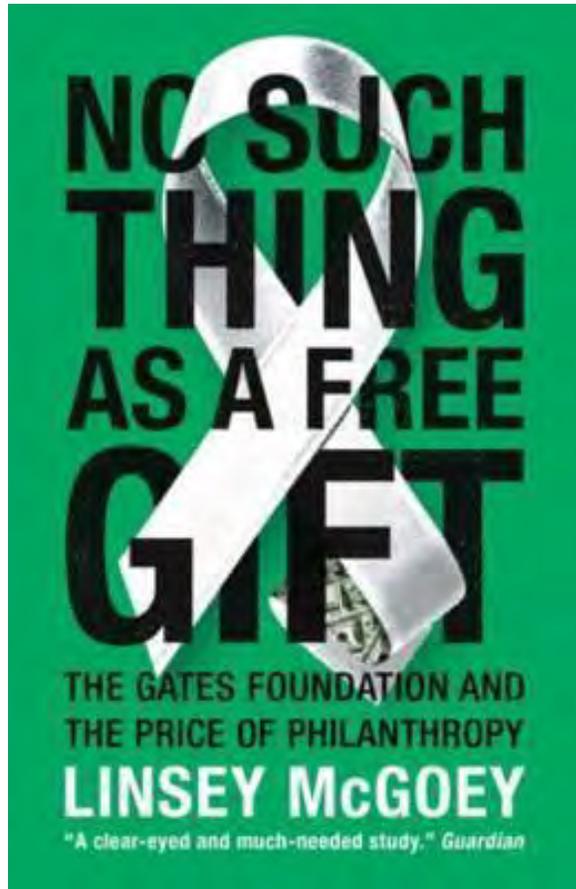
## Caught in Trump-China feud, WHO's leader is under siege

## US triggers exit from World Health Organization

One-year notice period leaves open possibility of reversal if Biden is elected president



# Growing role of private philanthropy & concerns about that



## Chan Zuckerberg Initiative announces \$3 billion investment to cure disease

Posted Sep 21, 2016 by [Josh Constine \(@joshconstine\)](#)

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Disease Category	Investment Amount
Heart Disease	10.8M
Infectious Disease	8.5M
Cancer	8.2M
Neurological Disease	6.8M
Other Disease	12.8M
Genetics and Genomics	5.8M
Other	3.1M

The Chan Zuckerberg Initiative just announced a new program informally called Chan Zuckerberg Science to invest \$3 billion over the next decade to help cure, prevent, or manage all disease. The money comes from the \$45 billion organization Mark Zuckerberg and his wife Priscilla Chan started last year to advance human potential and equality. The project will bring together teams of scientists and engineers "to build new tools for the scientific community" Priscilla Chan said on stage at an event in San Francisco.

**NEWSLETTER**

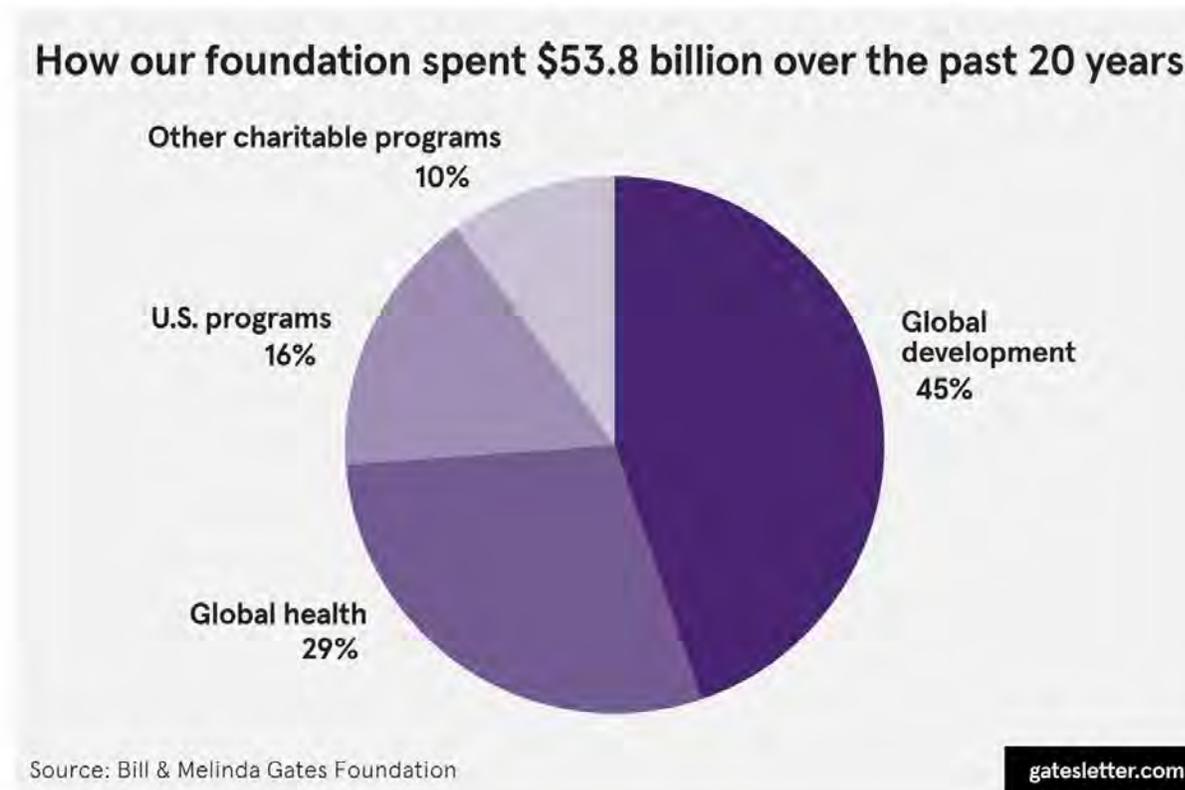
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Get a weekly recap of stories.
- Crunchbase Daily**  
The latest startup fl...

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# Gates Foundation has spent \$53.8 billion over the last 20 years

"We know that philanthropy can never—and should never—take the place of governments or the private sector. We do believe it has a unique role to play in driving progress, though." – Melinda & Bill Gates



Strategy, investment, and  
impact: the new buzz  
words

PERSPECTIVE

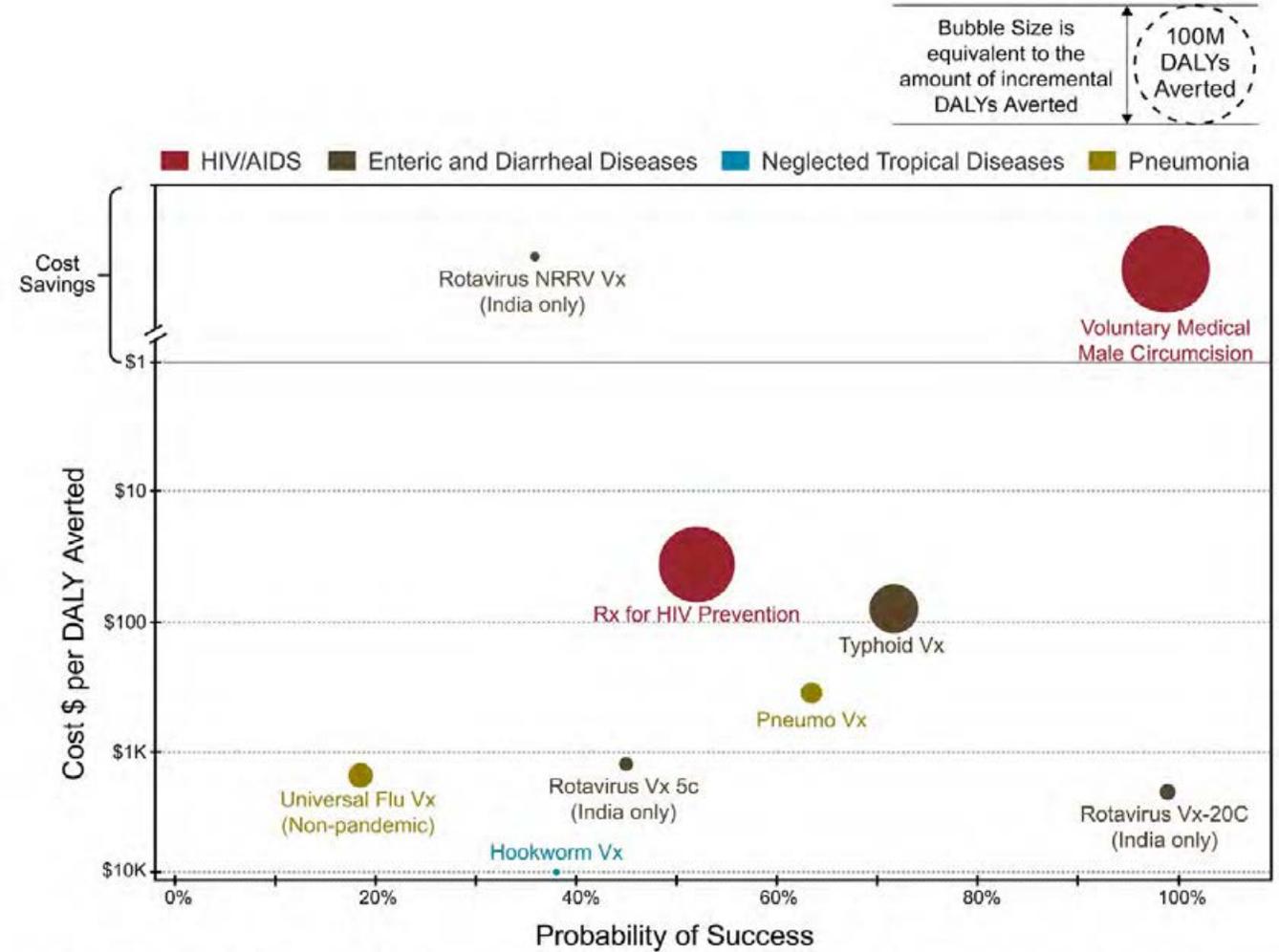
# Honing the Priorities and Making the Investment Case for Global Health

Trevor Mundel\*

Global Health Division, Bill & Melinda Gates Foundation, Seattle, Washington, United States of America

\* [ghpresident@gatesfoundation.org](mailto:ghpresident@gatesfoundation.org)

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.

# How McKinsey infiltrated the world of global public health

The Gates Foundation brought billions of dollars to the sector — and a business-friendly ethos consultants could exploit.

By Julia Belluz and Marine Buissonniere | Dec 13, 2019, 9:10am EST



<https://www.vox.com/science-and-health/2019/12/13/21004456/bill-gates-mckinsey-global-public-health-bcg>

**WORLD  
ECONOMIC  
FORUM**  
DAVOS, SWITZERLAND

THERE ARE SO  
MANY SESSIONS!  
..I CAN'T DECIDE BETWEEN  
'HUNGER' AND 'POVERTY'!



ZAPIRO

Essential  
functions for  
good  
governance

**Table 2. Four Essential Functions of the Global Health System.**

<b>Function</b>	<b>Subfunctions</b>
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

THE CONVERSATION

Academic rigour, journalistic flair

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

August 18, 2019 4:17am EDT



Author



**Madhukar Pai**

Director of Global Health & Professor,  
McGill University

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

<https://theconversation.com/global-health-still-mimics-colonial-ways-heres-how-to-break-the-pattern-121951>

# Global Health: How Global?

Headquarters of 198 organisations across the globe

**38%**  
North America

**1.5%**  
Latin America  
and the  
Caribbean

**46%**  
Europe

**1.5%**  
Middle East  
and North  
Africa

**7%**  
Sub-Saharan  
Africa

**5%**  
Asia

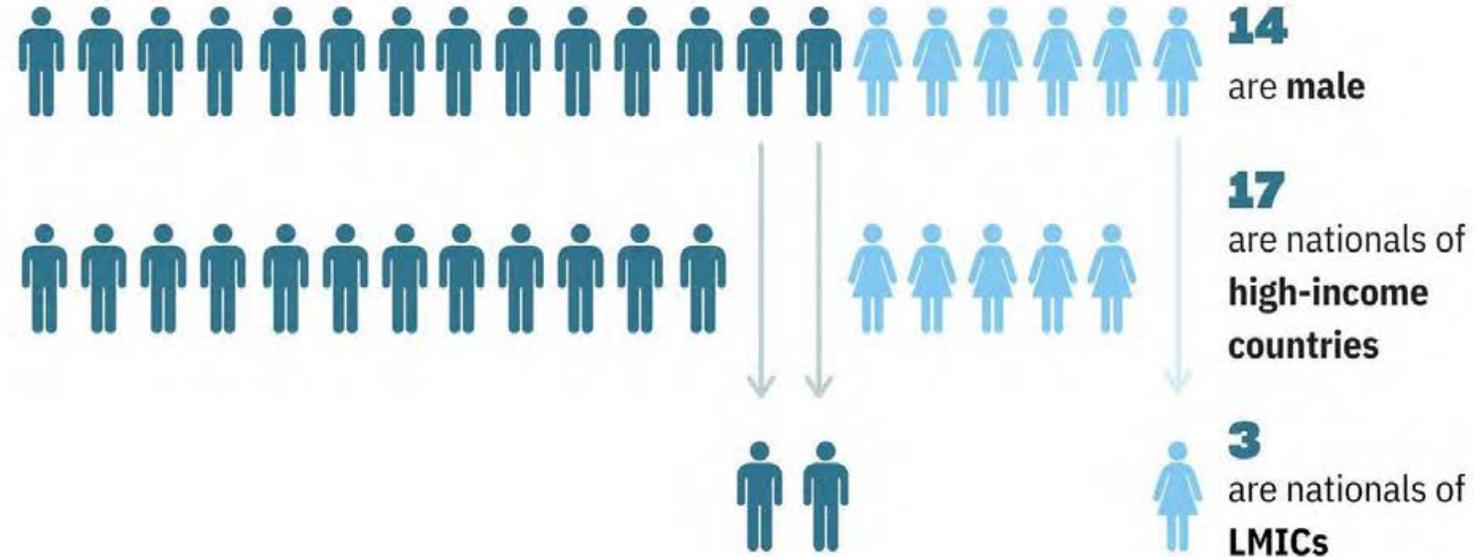
**1%**  
Oceania

**Power,  
privilege  
and  
priorities**

Global  
Health  
50/50  
Report  
2020

#ThisisGender  
#GH5050

## Global Health 50/50 found that for every 20 global health leaders...



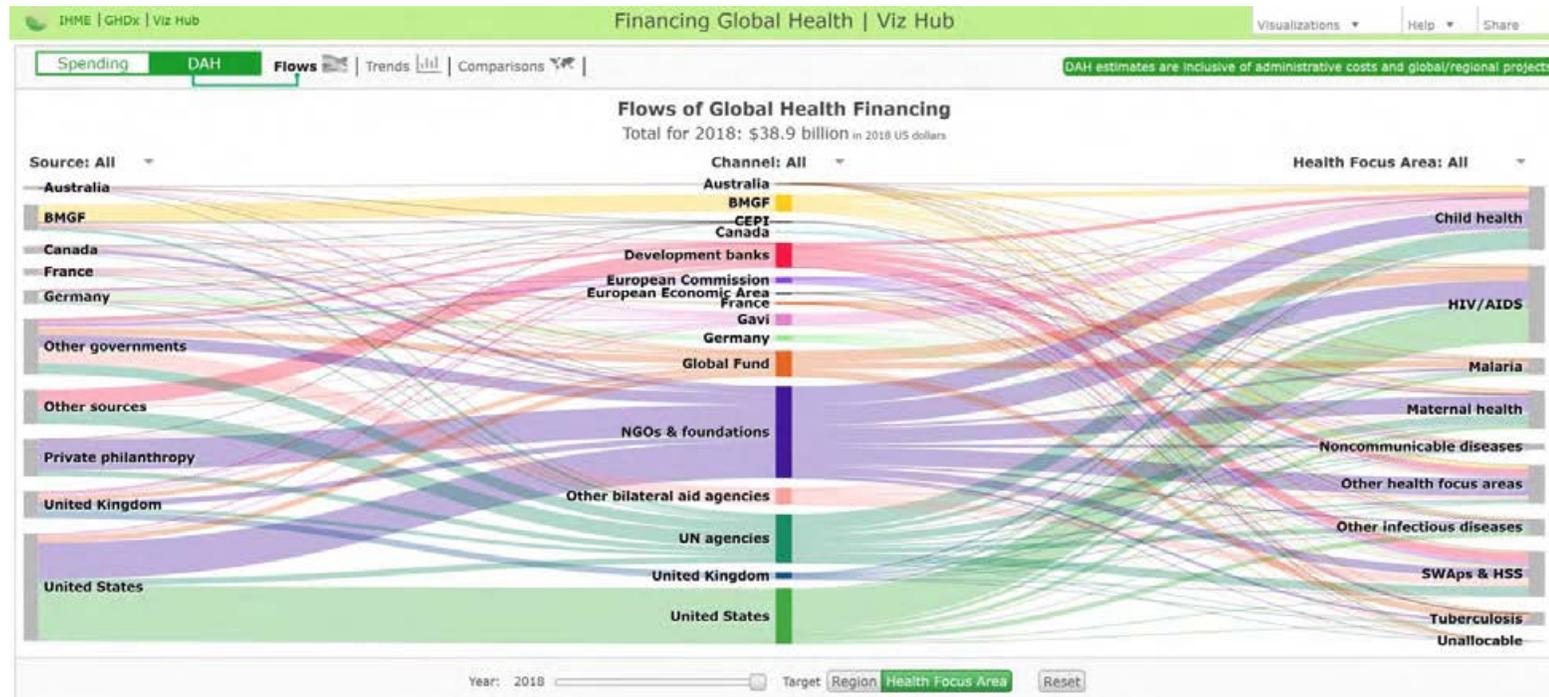
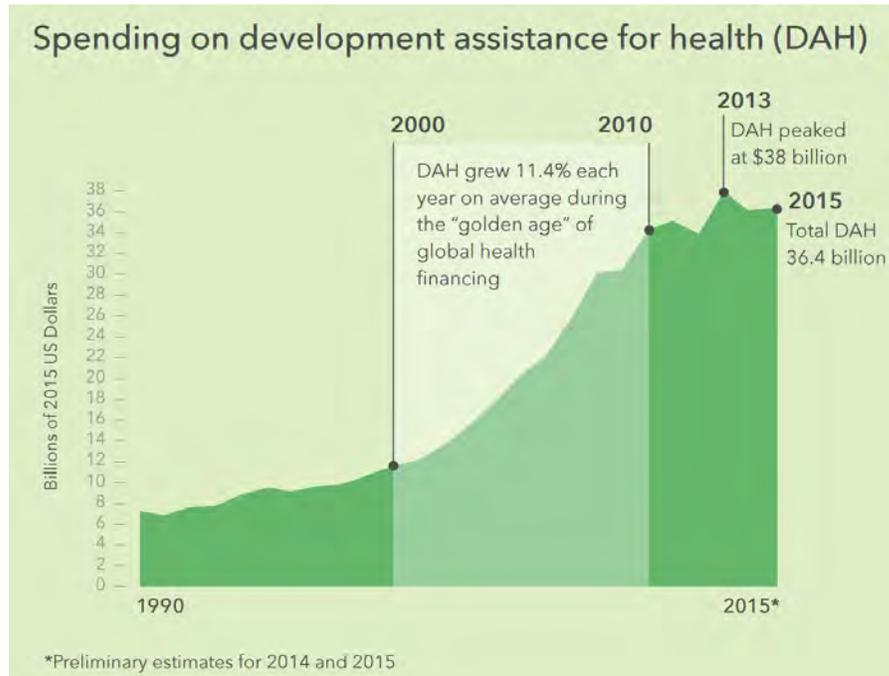
**...patterns of privilege prevail**

“Over 70% of CEOs and board chairs are men, while just 5% of leaders are women from LMICs. Gender parity will not be reached among CEOs for 40 years if current trends persist.”

<https://globalhealth5050.org/>

Who is funding global health?

# Development Assistance for Health



From: **Global Health Spending and Development Assistance for Health**

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

**Table. Top Sources, Channels, and Health Focus Areas of Development Assistance for Health (DAH), 2018<sup>a</sup>**

Leading Sources of DAH	Amount, 2018 \$, 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

<sup>a</sup> Data from the Global Burden of Disease Health Financing Collaborator Network.<sup>2</sup> 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.

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

# DAH is stagnating and is under threat due to nationalism & populism & now Covid-19

BROOKINGS

CITIES & REGIONS GLOBAL DEVELOPMENT INTERNATIONAL AFFAIRS U.S. ECONOMY U.S. POLITICS & GOVERNMENT



**TECHTANK**

## How the Trump budget harms global health and weakens international stability

Jake Schindler and Darrell M. West · Thursday, July 27, 2017

**TECHTANK**

**T**he [President Donald Trump budget](#) calls for a [24 percent reduction](#) in spending on foreign assistance for global health. These are the U.S. government funds that support efforts abroad to improve disease prevention and treatment. That draconian decrease could spell trouble for the fight against neglected diseases and, if enacted, would pose a serious threat to international stability.

[f](#) [t](#) [in](#) [e](#) [...](#)

**The Observer**  
Aid

## Fears grow that Trump's threat to US foreign aid is putting lives at risk

Former officials warn of further cuts and moves to deny assistance to any states perceived as hostile

Global development is supported by **BILL & MELINDA GATES foundation**

About this content

**Peter Beaumont**  
Sun 11 Feb 2018 00.05 GMT

[f](#) [t](#) [e](#) [...](#) 198

🕒 This article is over 7 months old



▲ Food aid provided by USAID and destined for South Sudan being unloaded at Port Sudan last year. Photograph: Achraf Sharif/AFP/Getty Images

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

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

**CBCnews** | Politics

Home Opinion World Canada **Politics** Business Health Entertainment Technology & Science Video

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## 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.



“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

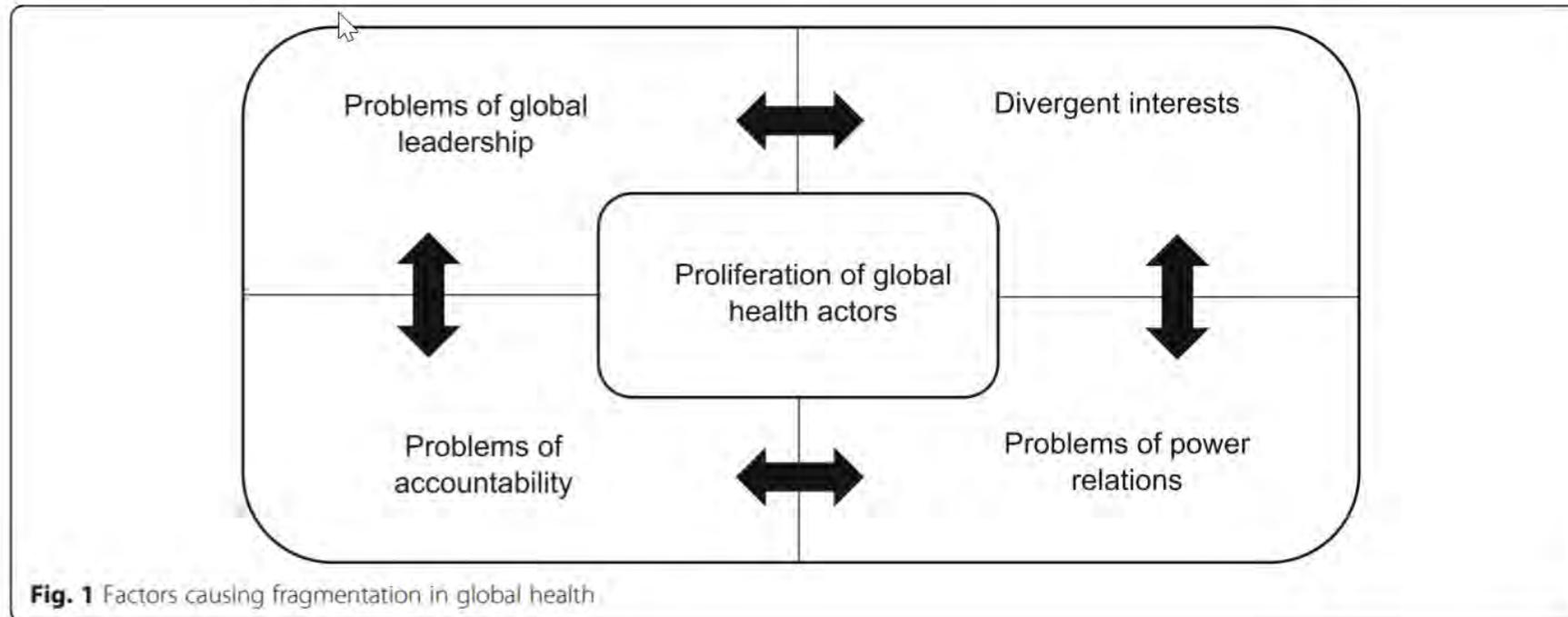
RESEARCH

Open Access

# 'It's far too complicated': why fragmentation persists in global health



Neil Spicer<sup>1\*</sup>, Irene Agyepong<sup>2</sup>, Trygve Ottersen<sup>3</sup>, Albrecht Jahn<sup>4</sup> and Gorik Ooms<sup>1</sup>



# Can We Reimagine Global Health In The Post-Pandemic World?



**Madhukar Pai** Contributor

Healthcare

*I write about global health, infectious diseases, and equity*

f

t

in



The Covid-19 pandemic will have a profound impact on global health GETTY

**Forbes**

# Likely fallout of the pandemic

## Positive

1. Health interdependence
2. Global solidarity
3. Health is wealth & UHC
4. Public health is valuable
5. Self-reliance among LMICs

## Negative

1. Cuts to foreign aid
2. Weaker WHO
3. Extreme securitization
4. Nationalism, isolationism, xenophobia
5. Worse health & economies in LMICs
6. Greater dependence on HICs

**Trump administration begins formal withdrawal from World Health Organization**

**Coronavirus: UK foreign aid spending cut by £2.9bn amid economic downturn**

**Covid-19 pandemic to sink over 13 million Africans into extreme poverty**

**COMMENTARY: Steep costs of pandemic will cut foreign aid funding when it's needed most**



## Coronavirus is a failure of global governance – now the world needs a radical transformation

May 5, 2020 6.58am EDT



### Author



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### Disclosure statement

Tom Pegram does not work for, consult, own shares in or receive funding from any company or organisation that would benefit from this article, and has disclosed no relevant affiliations beyond their academic appointment.



## Why 'vaccine nationalism' could doom plan for global access to a COVID-19 vaccine

September 7, 2020 4:12pm EDT

NEWS / WORLD HEALTH ORGANIZATION

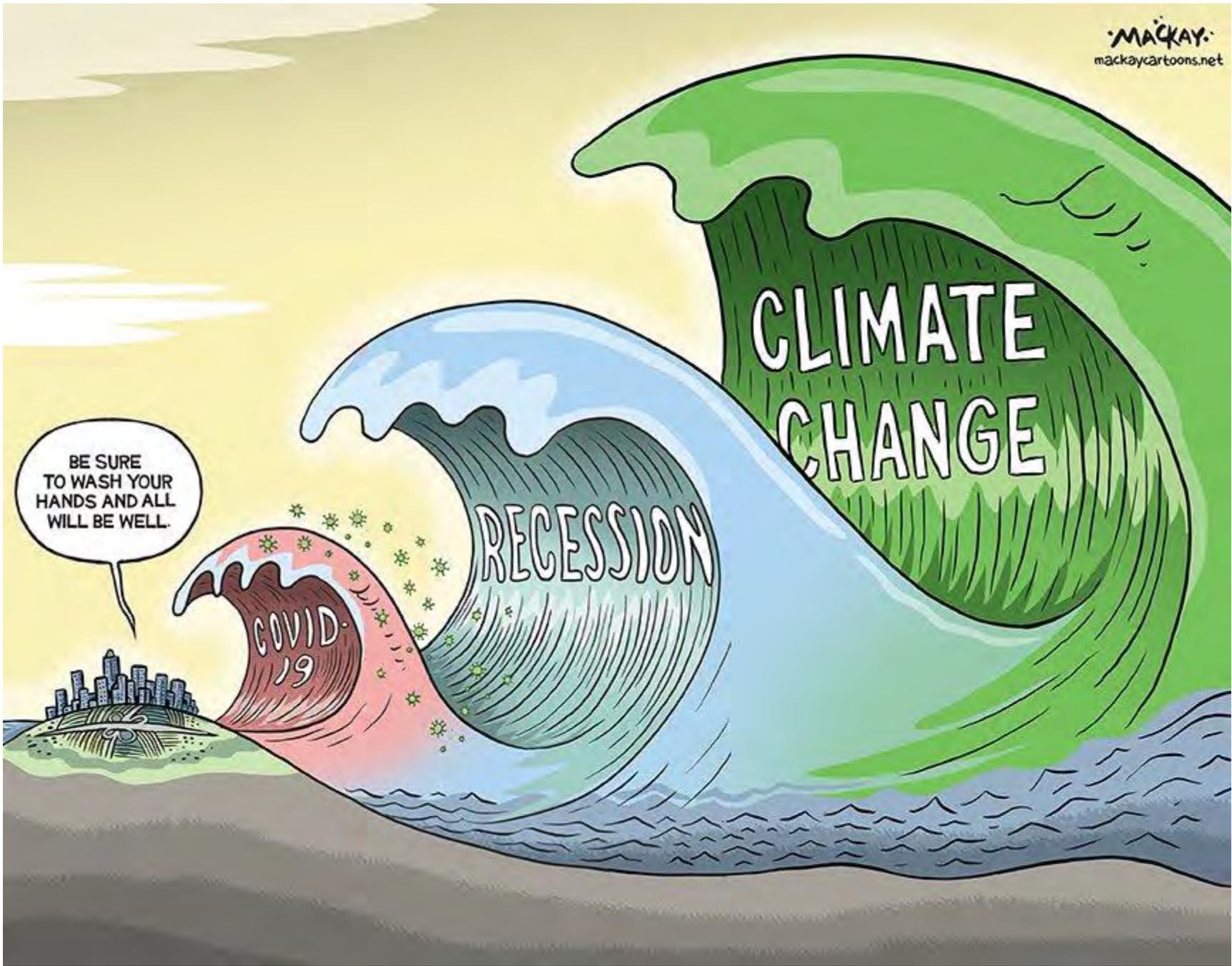
## WHO warns 'vaccine nationalism' cannot beat coronavirus

*UN health agency chief says existence of COVID-19 anywhere puts lives and livelihoods at risk everywhere.*

MIT  
Technology  
Review

coronavirus

## The unholy alliance of covid-19, nationalism, and climate change



BE SURE  
TO WASH YOUR  
HANDS AND ALL  
WILL BE WELL.

COVID-19

RECESSION

CLIMATE  
CHANGE



SF Chronicle