



Health Research Brief

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Who Pays for Cooperation in Global Health?

(A Comparative Analysis of WHO, the World Bank, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, and Gavi, the Vaccine Alliance by Clinton, C. and Sridhar, D.)



RECOMMENDATIONS



- ✓ Local health agenda must be clear, strategic and committed to pursue long term goals.



- Transparency measures must be instituted and capacity to deal with donors must be strengthened to ensure least donor interference on local agenda.

KEY FINDINGS



Financing for global cooperation comes from a few powerful donors who can influence global health governance.



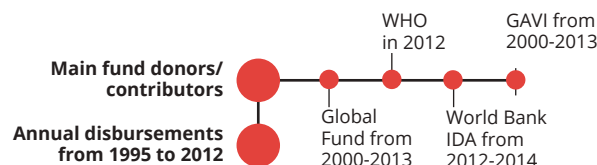
Mechanisms for institutions to maintain autonomy and discretion when relying on voluntary donor commitments must be developed.

METHODOLOGY

Data from the following institutions were obtained:

1. World Health Organization
2. The World Bank
3. The Global Fund
4. GAVI, the Vaccine Alliance

To analyze the financial flows of the institutions, the following data were gathered:



RESULTS

Shifting Trends in Global Health Governance and its Effects

TRENDS



From Core or long-term funding



To More discretionary funding¹



From Government-centered decision-making



To Multi-stakeholder governance²



From Broader systemic goals



To Narrower mandates³

EFFECTS



Positive impact on areas with historic underinvestment (e.g. HIV/AIDS)



Created mechanisms that encourage donors to favor short-term priorities



Strengthened power of donors to impose priorities



Reduced attention and resources for other important capacities







Underinvestment in health systems relative to other priorities



ALL FOR HEALTH
TOWARDS
HEALTH FOR ALL

Case of Four Global Health Institutions

While governance is key to organizing and focusing efforts that protect and improve the health of a country's citizens, various global institutions take part in country-level initiatives that influence in-country governance:

Organization	Funding Source/ Mechanism	Donor Influence over Funding
 World Health Organization	Tranche 1: Assessed contributions from its 194 member states; consistency in this area has been challenged, since WHO has no real sanction to impose Tranche 2: Voluntary contributions from member states, foundations, corporations, NGOs, and private individuals	WHO full discretion on how collected funds from Tranche 1 are used with approval from the World Health Assembly Inevitable re-arrangement of priorities with donors earmarking their voluntary funds
 The Global Fund	Voluntary contributions with replenishments or ad hoc contributions; funding base is similar to WHO's and the World Bank's IDA	Strong influence by US, but not brought about by any hard rule on commensurate influence and percentage shares; auxiliary power by US (publication of points of views on Board Decisions and debates)
 Gavi The Vaccine Alliance	Ad hoc contributions and scheduled replenishments Long-term pledges from donors, and innovative bonds mechanism (e.g. International Financing Facility for Innovation, and Advance Market Commitment)	Donor influence not evidently observed but not necessarily non-existent; Donor influence exerted quietly, or Gavi's agenda conformant to the views of its donors
 THE WORLD BANK	International Bank for Reconstruction and Development (IBRD) - capital contributions from members; capital contribution translates to vote allocation International Development Association (IDA) - scheduled replenishments or donor commitments in intervals	Fund directions not entirely controlled by countries Donor earmarking for specific uses only through trust funds

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¹ *More discretionary funding* is when budgets are used to achieve particular outcomes without increasing core budget support

² *Multi-stakeholder governance* is governance not centered to traditional government representation and decision-making

³ *Narrower mandates or problem-focused vertical initiatives* mean that goals are more specific and not sought through multilateral cooperation