

The Taskforce on Innovative
International Financing
for Health Systems

**Raising and Channelling Funds for
Stronger Health Systems:**

Options

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Bamako

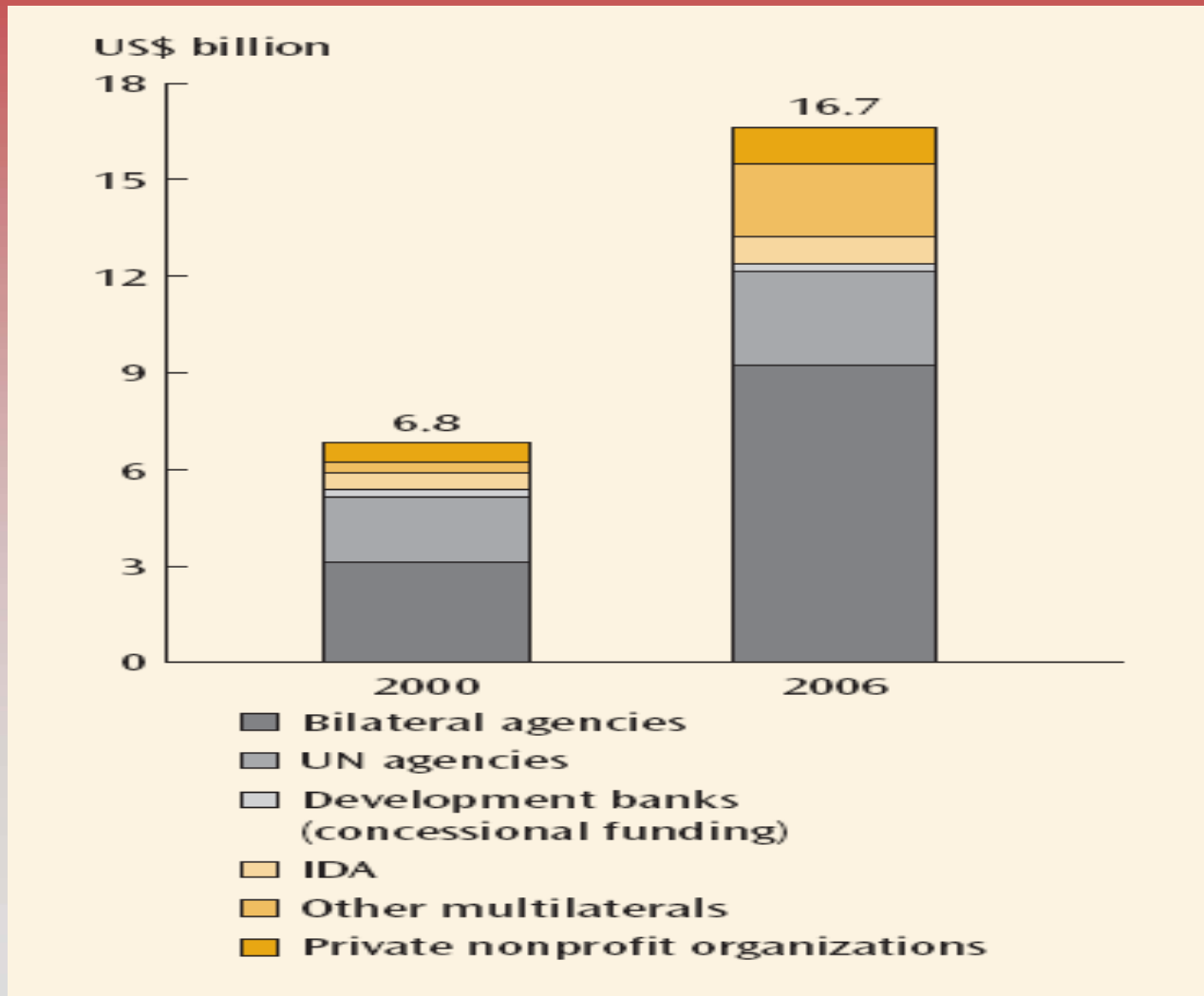
The Problem:

- **Progress towards the health MDGs is impeded:**
 - insufficient funding,
 - poor use of resources,
 - unbalanced funding of different services,
 - and fragmented funding flows
 - Unbalanced flow to countries (health ODA per capita between 2002 and 2006 ranged from \$20 in Zambia to \$1.6 in Chad)

The Problem cont.:

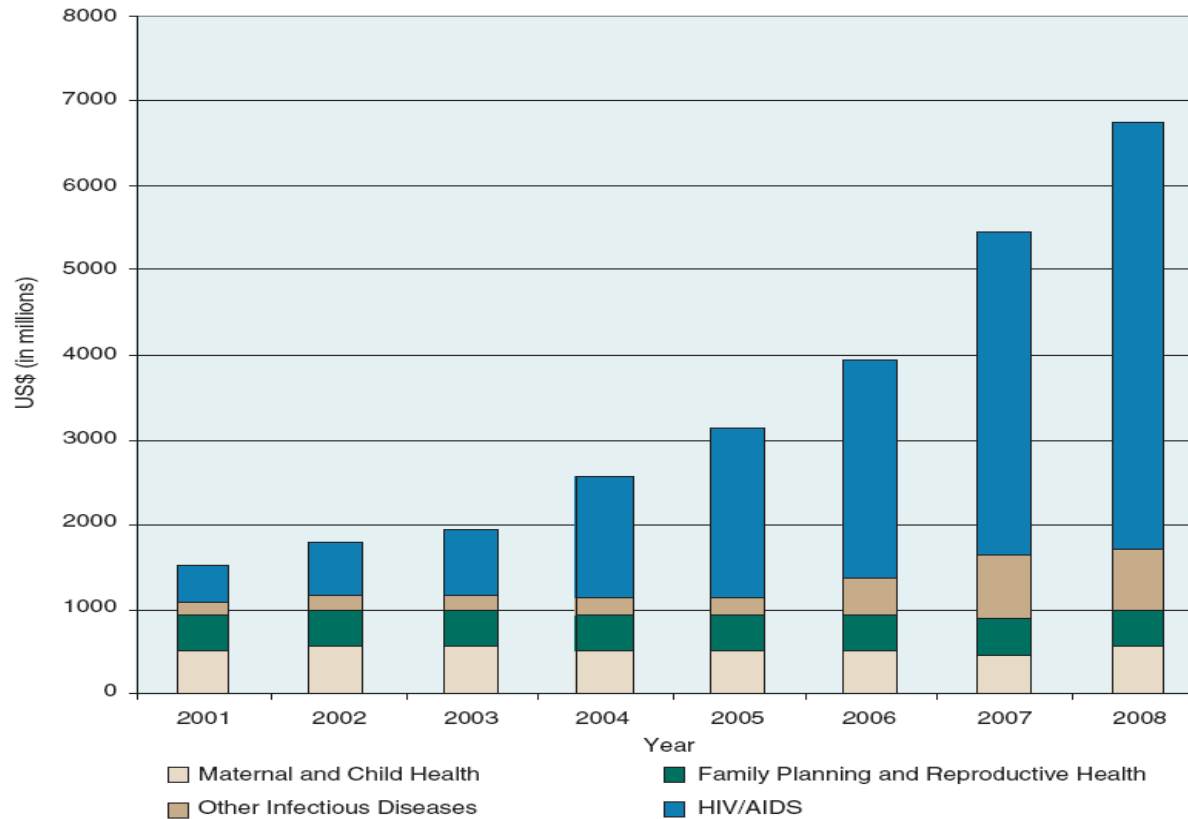
- **Progress towards the health MDGs is impeded:**
 - In 2006 more than 50% of all health aid provided directly to countries was absorbed by commitments relating to MDG 6, leaving only \$2.25 per capita per year for MDGs 4 and 5.
 - A substantial proportion (41% in 2006) of health ODA is spent on technical cooperation and there are a large number of small projects and activities, resulting in a high level of fragmentation and adding to transaction costs at country level.
- **Economic Crisis**

Development Aid for Health 2000-2006



US funding on global health (2001-2008)

FIGURE 4 State Department Global HIV/AIDS Initiative (GHAI) and USAID spending on global health (2001-2008)



SOURCE: Committee's calculations based on Salaam-Blyther, 2008.

The Challenge:

- Much more money is needed from domestic and external resources
- Better use of domestic and international resources is needed to maximize the impact of all investments in health.

How much money?

- **Spending today:**
US\$31 billion (US\$25 p.c.)
- **Additional costs** to achieve health MDGs:
US\$36-45 billion (US\$24-29 p.c.)

The Task

100 existing mechanisms analyzed:

- what they have delivered
 - potential to achieve
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- Potential to be expanded or adapted for use to strengthen health systems

More Money for Health

- Expand mandatory solidarity levy on airline tickets, explore technical viability of other solidarity levies (tobacco and currency transaction)
- Expand the International Financing Facility (IFF), as with IFFIm, and explore other approaches to ensure predictability
- Provide public catalytic funding for large-scale private giving initiatives (de-tax and others)
- Establish or expand results-based 'buy-down' funding
- Strengthen government capacity to secure better performance and investment from non-state actors

More Health for the Money

- Make allocation of existing and additional funds more efficient by filling gaps in costed and agreed national health strategies **(IHP+ PRINCIPLES)**
- Request OECD / DAC to review current technical assistance by international and bilateral agencies focusing on strengthening national and local institutional capacity in priority areas
- Establish health systems funding platform to coordinate, mobilize, streamline and channel flow of existing and national resources for health strategies **(LINK TO JOINT ASSESSMENT)**
- Monitor how well we are doing in an annual forum building on the IHP+ ministerial review.

Adaptability is Key; Sustainability and Country Focus are Critical

- No fixed and agreed path to scale up interventions to meet the health MDGs.
- Funding flows in response to country health strategy to ensure country ownership, donor alignment and harmonisation – **IHP+ PRINCIPLES**
- National systems are first option to channel money, purchase drugs and supplies, recruit technical assistance, and report on use of funds -- **IHP+ PRINCIPLES**
- Focus on managing for results for which countries and donors are mutually accountable –**IHP+ PRINCIPLES**
- Predictability is vital – **IHP+ PRINCIPLES**
- Tailor specifics and pace of change to country contexts

Statement of G8 Finance Ministers -- Lecce, Italy, 13 June, 2009

“We note the publication of the report by the High Level Task Force (HLTF) that presents proposals to accelerate progress in the health systems of the world's poorest countries.”

Commitment to Taskforce

GFATM, GAVI, WHO, and the World Bank have accepted the challenge from the HLTF to **strengthen their partnership on HSS.**

THANK YOU