



# The Taskforce on Innovative International Financing for Health Systems

## **Overview of the Taskforce Work & Progress with Recommendations**

**October 29-30, 2009**

**NICOLE KLINGEN**

WORLD BANK  
TASKFORCE SECRETARIAT

**BOB FRYATT**

WHO  
TASKFORCE SECRETARIAT

---

# Taskforce Overview

# Taskforce Goals and Objectives

---

- Taskforce launched September 2008
- Taskforce Report launched May 2009
- Taskforce's mandate expired on September 23, 2009 at UNGA event and transferred the mandate to the global health community

## **Goals:**

- Strengthen health systems in poor countries
- Help meet national financing gaps to reach the health MDGs

## **Objectives:**

- Finding innovative financing mechanisms to strengthen health systems in the poorest countries in the world.
- Mobilizing additional resources and increasing the efficiency of health financing and the use of funds in order to reach the health MDGs.

# Taskforce Members

---

- Prime Minister Gordon Brown (*United Kingdom*) (co-chair)
- Robert Zoellick (*President of the World Bank*) (co-chair)
- President Ellen Johnson-Sirleaf (*Liberia*)
- Prime Minister Jens Stoltenberg (*Norway*)
- Tedros Adhanom Ghebreyesus (*Health Minister, Ethiopia*)
- Bernard Kouchner (*Foreign Minister, France*)
- Giulio Tremonti (*Finance Minister, Italy*)
- Heidemarie Wieczorek-Zeul (*UNSG Special Envoy for Finance for Development Conference & Development Minister, Germany*)
- Stephen Smith (*Foreign Affairs Minister, Australia*)
- Margaret Chan (*Director-General of the World Health Organization*)
- Graça Machel (*President and Founder, Foundation for Community Development, Mozambique*)
- Shigeru Omi (*Special Adviser to the Minister of Foreign Affairs, Japan*)
- Bert Koenders (*Development Cooperation Minister, The Netherlands*)

## Special Adviser to the Taskforce:

- Philippe Douste-Blazy (*United Nations Secretary General's Special Adviser for Innovative Financing for Development*)

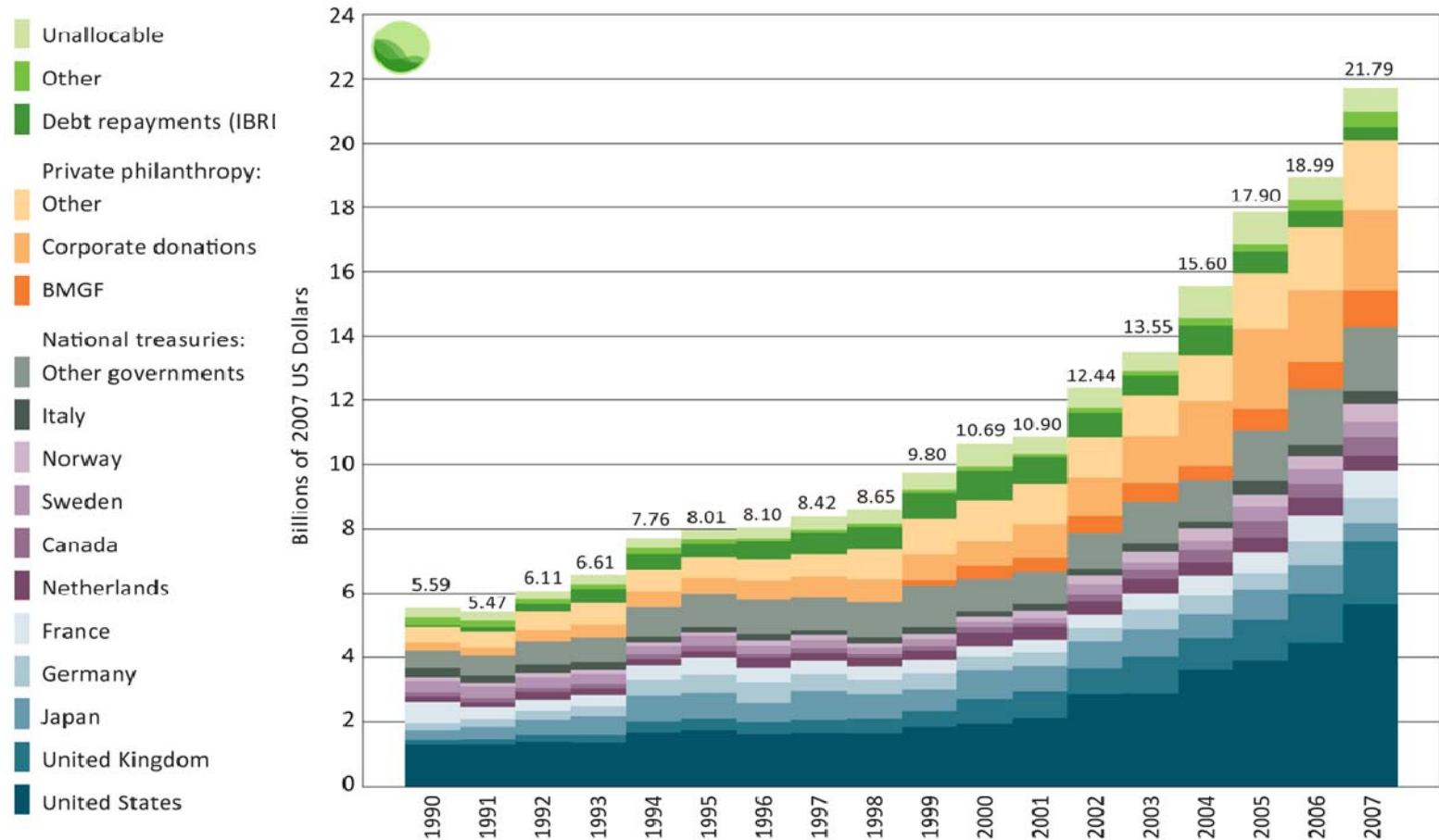
# The Problem

---

## **Global impediments to making progress in reaching the health MDGs:**

- **Fragmented Funding Flows**
- **Unbalanced Funding Flows**
- **Uneven Flows to Countries**
- **Financial/Economic Crisis**
- **Health Systems Constraints**

# DAH by Source of Funding (1990-2007)



Source: IHME DAH Database

# The Challenge: More Money for Health; More Health for the Money

- **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 more \$\$ per Year?

- *Spending today:*
  - US\$31 billion (US\$25 per capita, per annum)
- *Additional costs to achieve health MDGs*  
(today-2015):
  - US\$36-45 billion (US\$24-29 per capita, per annum)

Additional:  
US\$24-29 per  
capita

Today:  
US\$25 per capita

---

# Progress with Recommendations

# The Recommendations

---

1. Need to raise up to an additional US\$10b per year to spend on health in poor countries.
2. Expand the mandatory solidarity levy on airline tickets and explore the technical viability of other solidarity levies on tobacco and currency transactions.
3. Expand the use of the International Financing Facility for Immunization and other approaches to ensure predictability.
4. Provide public catalytic funding for large-scale private giving initiatives such as voluntary solidarity contributions and a proposed 'de-tax'.
5. Establish or expand existing funds for results-based 'buy-down' funding.
6. Strengthen the capacity of governments to secure better performance and investment from private, faith-based, community, NGO and other non-state actors in the health sector.
7. Make the allocation of existing and additional funds in countries more efficient, by filling gaps in costed and agreed national health strategies.
8. Request OECD/DAC with partners to undertake a review of all current technical assistance, with a view to focusing it on strengthening national and local institutional capacity in priority areas such as public administration and accountability, financing, service delivery arrangements and the non-state actors.
9. Establish a health systems funding platform for the Global Fund, GAVI Alliance, the World Bank and others to coordinate, mobilize, streamline and channel the flow of existing and new international resources to support national health strategies.
10. To monitor how well we are doing, a regular forum will be held for countries and partners, building on the IHP+ Ministerial Review.

---

**THANK YOU!**