



## The Taskforce on Innovative International Financing for Health Systems

### **High Level Taskforce calls for new ways of raising additional money to fund health in poor countries**

**Paris, Friday 29 May 2009:** The Taskforce on Innovative International Financing, co-chaired by UK Prime Minister Gordon Brown and World Bank President Robert Zoellick, today made recommendations to raise additional funds as 100 million of the world's most vulnerable people remain trapped in poverty as a result of the food crisis that preceded the economic downturn.

Bernard Kouchner, French Foreign Minister and host to the Taskforce speaking at the meeting said: "It is now vital that, rather than turning off the aid tap, we look for the means to increase its flow. The cost of not raising the additional funds is dire – 4 million children and more than half a million adults could die each year – all from preventable illnesses."

The Taskforce met in Paris during the meeting of the Leading Group on Innovative Financing to Fund Development. The chairs of the Taskforce and the Leading Group warmly welcomed their shared objectives and noted the benefits of working together.

Taskforce members recommended that the additional funds required to strengthen health systems in poor countries can be raised by expanding existing mechanisms and complementing these with additional new approaches. These recommendations included encouraging more countries to consider introducing the solidarity levy on airline tickets and expanding the use of the International Financing Facility for Immunisation.

Remarkable progress has been made during the past decade with a significant decline in child mortality, measles, tetanus, iodine deficiency and malaria, as well as dramatic increases in access to antiretroviral treatment for HIV – all of which have saved millions of lives and improved the quality of life of millions more.



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But this encouraging trend could quickly be reversed without new ways of funding and running efficient national primary health-care systems throughout the 49 poorest countries in the developing world.

The Taskforce's recommendations were informed by the work of two Working Groups and a series of successful consultations with governments, civil society organisations and the private sector over the last few months. These proposals could mobilise up to \$10 billion (US) per year to 2015 which, together with existing commitments, could fill the financing gap to reach the health Millennium Development Goals (MDGs). To mobilise these funds and make better use of existing funds the Taskforce recommended the following set of innovative financing options that countries and other stakeholders can choose to support:

- Expansion of the mandatory solidarity levy on airline tickets and tickets and explore the technical viability of other solidarity levies on tobacco and currency transactions;
- Expansion of the use of the International Financing Facility for Immunisation and other approaches to ensure predictability;
- Provision of public catalytic funding for large-scale private giving initiatives such as De-Tax and voluntary solidarity contributions;
- Establish or expand existing funds for results-based 'buy-down' funding;
- 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;
- Make the allocation of existing and additional funds in countries more efficient, by filling gaps in costed and agreed national health strategies;
- The Taskforce requests OECD/DAC undertake a review of current technical assistance by international and bi-lateral agencies, 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 sectors;



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- 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;
- Monitor how well we are doing an annual forum will be held for countries and partners, building on the IHP+ Ministerial Review.

### **The Facts – why funds are needed now:**

- Halfway to 2015, numerous countries are lagging behind in reaching the health MDGs
- Worldwide a child dies every three seconds, a mother dies in pregnancy or childbirth every minute and 7,000 people are infected with HIV every day
- More than half a million women die from preventable complications in pregnancy and childbirth every year. Over 300 million suffer from preventable illness and disability
- Current donor funding is not sufficiently predictable or sufficiently large to support reaching the health MDGs

**For more information on the Taskforce and interviews with spokespeople:**  
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[www.internationalhealthpartnership.net/taskforce.html](http://www.internationalhealthpartnership.net/taskforce.html)

**-ENDS-**

### **About the Taskforce**

1. The Taskforce will make recommendations on the mix of innovative international financing mechanisms needed to deliver the extra resources required.
2. The Taskforce will promote international support for these recommendations to ensure they are implemented.
3. The Taskforce's first meeting was held in Doha in November 2008. The second meeting was held in Downing Street, London on 13 March 2009 and this is the third meeting in Paris.



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4. There have been a number of civil society consultation events - London in March 2009; Johannesburg May 2009 and Abuja in May 2009. A number of meetings have been held with the private sector, Government Ministers and MEPs.

### Taskforce members:

1. Prime Minister Gordon Brown (United Kingdom) (co-chair)
2. Robert Zoellick (President of the World Bank) (co-chair)
3. President Ellen Johnson-Sirleaf (Liberia)
4. Prime Minister Jens Stoltenberg (Norway)
5. Tedros Adhanom Ghebreyesus (Health Minister, Ethiopia)
6. Bernard Kouchner (Foreign Minister, France)
7. Giulio Tremonti (Finance Minister, Italy)
8. Heidemarie Wieczorek-Zeul (UNSG Special Envoy for Finance for Development Conference & Development Minister, Germany)
9. Stephen Smith (Foreign Affairs Minister, Australia)
10. Margaret Chan (Director-General of the World Health Organization)
11. Graça Machel (President and Founder, Foundation for Community Development, Mozambique)
12. Shigeru Omi (Special Assistant to Minister of Foreign Affairs, Government of Japan)
13. Bert Koenders (Development Cooperation Minister, Netherlands)

Phillippe Douste-Blazy the UN Secretary-General Special Envoy on Innovative Financing serves as Special Envoy to the Taskforce.

For more information on the work of the Taskforce and to see copies of Working Group reports please visit [www.internationalhealthpartnership.net/taskforce.html](http://www.internationalhealthpartnership.net/taskforce.html)

### Working Group 1: Costs and constraints

Julio Frenk (Dean, Harvard School of Public Health), Co-Chair  
Anne Mills (Head, Public Health and Policy, the London School of Hygiene and Tropical Medicine), Co-Chair  
Edward Addai (Head of Evaluation, The Global Fund)  
Flavia Bustreo (Deputy Director, Partnership for Maternal and Newborn Child Health, WHO)  
Helga Fogstad (Coordinator, MNCH, Global Health and AIDS Department, NORAD)  
Elliot Harris (Special Representative to the UN, IMF)  
Brenda Killen (Head, Aid Effectiveness, OECD)  
Jacqueline Mahon (Senior Policy Adviser, Health Systems, UNFPA)  
Martina Metz (Head of Section, Health, Population Policy, BMZ)  
Chris Murray (Director, Institute of Health Metrics & Evaluation)  
Kampeta Pitchette Sayinzoga (Director of Macroeconomic Policy Unit, Ministry of Finance and Economic Planning, Govt of Rwanda)  
Srinath Reddy (Head, Public Health Foundation of India)  
Keizo Takemi (Research Fellow, Harvard School of Public Health)



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Christine Kirunga Tashobya (Public Health Advisor, Ministry of Health/DANIDA, Kampala, Uganda)  
Rajeev Venkayya (Director, Global Health Delivery, The Bill and Melinda Gates Foundation)

### Working Group 2: Innovative mechanisms and channelling

Anders Nordstrom (Head, SIDA), Chair  
Alice Albright (Chief Financial & Investment Officer GAVI)  
Susan McAdams (Director, Multilateral and Innovative Financing, WB)  
David Evans (Director, health financing and social protection, WHO)  
Jay Naidoo (Secretary General, Congress of South African Trade Unions)  
Rajat Gupta (Ex-Management Director Mckinsy)  
Christopher Egerton-Warburton (Partner, Lion's Head Global Partners)  
Ismael Serageldin (Director Alexandria Library)  
Christine Kirunga Tashobya (Public Health Advisor, Ministry of Health/DANIDA, Kampala, Uganda)  
Kampeta Pitchette Sayinzoga (Director of Macroeconomic Policy Unit, Ministry of Finance and Economic Planning, Govt of Rwanda)