

Commonwealth Civil Society Policy Forum
Universal Health Coverage: leaving no-one behind

UHC and the future of foreign aid – ensuring no-one is left behind

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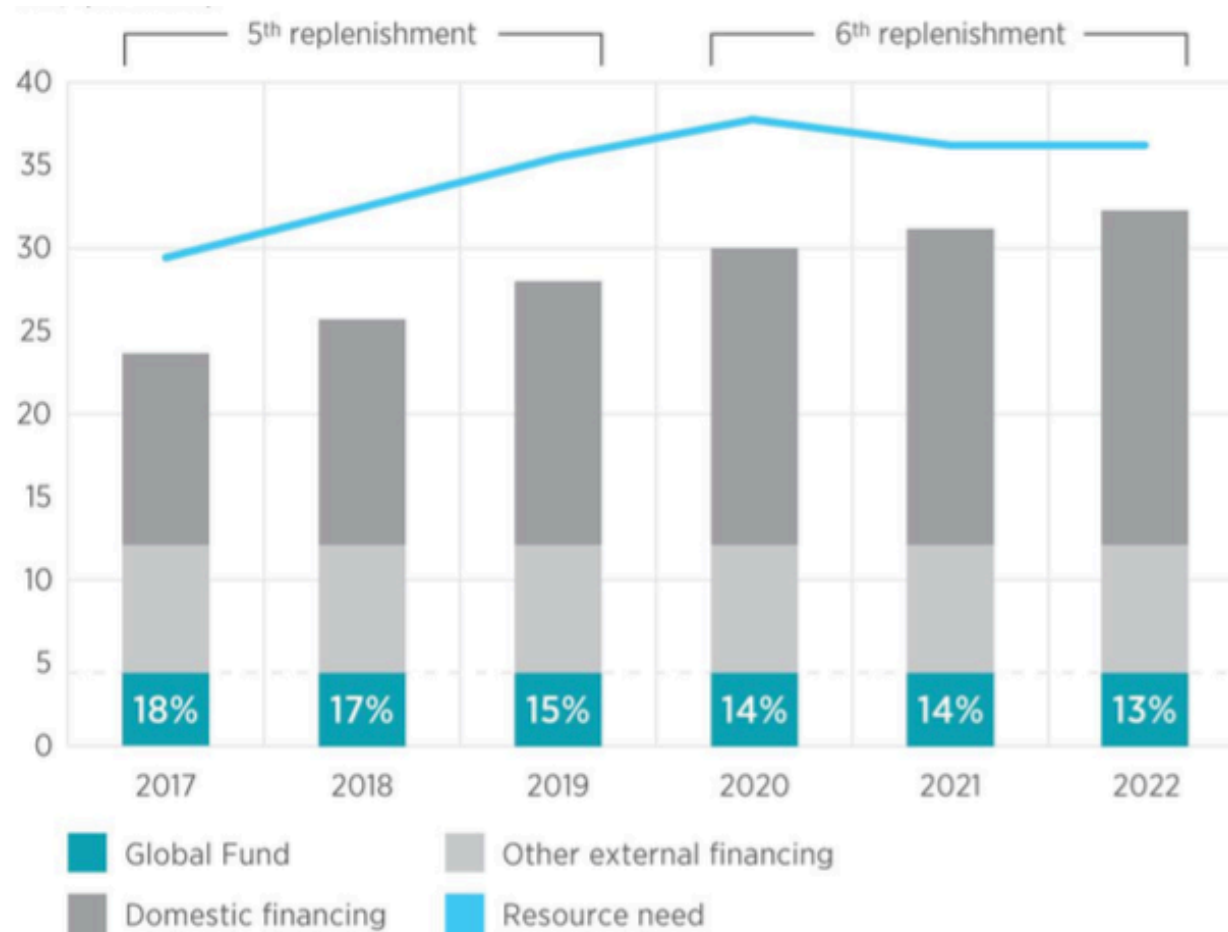


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Views on traditional aid

- Half of remaining 32 LICs are likely to “graduate” in next ten years, leaving only fragile states
- MICs will graduate from grants towards blended finance and eventually just private flows, as normal trading relations emerge between countries
- “Aid” becomes history

Overall projected investments in programmes for HIV, TB and malaria for 2017-2022 (in USD billions)



Universal versus Tailored

- Challenge to include ART essential services
- Financing UHC requires innovation, beyond funding
- Partially vertical and hybrid approaches

Beyond Health

- Multisectoral partnerships
- Not a new idea, too few good examples so far

Sustainable Responses

- Lessons from premature transitions
- Managing risk pools
- Continued need for direct & indirect investments in settings with limited fiscal space
- Engaging the private sector without privatizing the health sector
- Importance of policy advocacy

Sustainable Responses – Challenges in MICs

- Unwillingness to recognise the existence of key populations, fund or provide health services for these communities, or include them in governance and accountability mechanisms;
- Lack of investment in HIV services generally, particularly in relation to comprehensive prevention
- Lack of financial support for civil society efforts to hold governments accountable for upholding health rights, including those particularly relevant for health. Compounding this problem is the absence of social contracting mechanisms to support civil society in providing tailored, high quality services.

Access for all

- Societies are not equal
- In any setting, key populations, especially if facing criminalization, are most vulnerable
- Key does not equal hard to reach
- Meaningful engagement
- The last mile first

From Foreign Aid to Global Public Investment

Issue	Paradigm shift	Traditional analysis	21 st century
<i>Objective</i>	From primary health to UHC	Foreign aid should alleviate the most extreme deprivations and deliver primary health care.	Global Public Investment should support all aspects of health and related investments required to achieve UHC.
<i>Role</i>	From temporary to permanent	Foreign aid is needed in exceptional circumstances to fill a financial gap. It should come to an end as soon as other finances are available.	Global Public Investment is needed because of its particular characteristics. It will remain useful, and often essential, for the foreseeable future, and probably indefinitely.
<i>Geography</i>	From north-south to multi-directional	Wealthy countries offer foreign aid to poorer ones as a voluntary act of generosity.	<u>All</u> countries contribute to Global Public Investment , according to ability to do so, and all can benefit from it.
<i>Narrative</i>	From charity to investment	Foreign aid is charitable spending, which should be seen as a loss in accounting terms	Global Public Investment can expect a return, although not usually a financial one, but a global common good
<i>Governance</i>	From voluntary to contributory	Foreign aid is a voluntary act offered on an ad hoc basis as per the autonomy of the donor.	Global Public Investment should be replenished in an orderly way.

Source: Jonathan Glennie, "From International Aids to Global Public Investment", ICSS/FSP, March 2019

Impact of the paradigm shift

1. Mobilise larger amounts of the right kind of money to achieve development and global health progress
2. Halt the negative effects of graduation out of aid
3. Continue the evolution of North-South relationship (as southern actors assert themselves more powerfully)
4. Reflect the logic of the SDGs i.e. a holistic system of interdependent areas
5. Stronger and more sustainable support for long term spending and other forms of development cooperation