



Applying Global Public Investment Principles to U.S. Global Health and Development Programs



CONCEPT NOTE

Author: Mike Isbell

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Global Public Investment (GPI)

GPI is being cocreated through a process of global consultation, as well as ongoing thought leadership and outreach with key partners, supported by an Expert Working Group.

For more information on GPI, including key background resources, please visit:
<https://globalpublicinvestment.org>

Equal International

Equal International is a specialist inclusive development consultancy focused on addressing the needs of marginalised communities through research, strategy and programme support. Over the past five years, Equal International has facilitated thought leadership on the future of international development assistance. Taking a co-creation approach, we support engagement with and between civil society, government ministries, UN agencies, community groups and the corporate sector. Equal International helped to convene and acts as Secretariat to an Expert Working Group on Global Public Investment and is overseeing the global consultation on the Report on Progress of the GPI Expert Working Group. We are committed to promoting and helping to facilitate the ongoing co-creation of a Global Public Investment approach to financing the major global challenges such as health, climate and inequality.

For more information on Equal International please visit:
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Introduction

The global community, with the active support of the U.S. government, has pledged to make sustainable health and development a reality in all parts of the world by 2030. However, despite these ambitious commitments, it is clear that the mechanisms in place to support global health and development efforts are wholly unfit for the purpose of reaching these lofty goals. This reality has given rise to a visionary initiative to re-think the mindset and architecture for global health and development – Global Public Investment (GPI) – with the aim of ensuring that the U.S. and the rest of the world are applying 21st century solutions to meet 21st century challenges. This briefing note describes why this re-think is urgently needed, key elements of the GPI approach, and opportunities and challenges associated with applying GPI principles to U.S. engagement in global health and development.

Why Re-Thinking Global Health and Development is Urgently Needed

Current global approaches to global health and development – which primarily rely on a “charity” model in which wealthy countries in the Global North provide aid to “fix” perceived problems in the Global South – reflect underlying assumptions that motivated the creation of the Bretton Woods institutions in the aftermath of World War II. The global institutions that emerged from this period – including the United Nations, the World Bank, and the International Monetary Fund – reflect geopolitical power dynamics that prevailed in the mid-20th century, with overwhelming decision-making authority vested in a small number of wealthy countries and minimal decision-making authority among countries receiving international assistance. These institutional arrangements no longer correspond to the reality of the far more fluid and multi-polar global power dynamics of the 21st century, and they have proven inadequate to tackle the world’s most important challenges.

The COVID-19 pandemic has vividly underscored the inability of current global arrangements to address pressing global needs. Even as COVID-19 has been understood by all as a genuinely global threat that requires global solidarity and strategic, shared action, the global architecture for health and development has utterly failed to rise to the greatest global health challenge in 100 years. As of October 29, 2021, while 68% of people in the U.S. and Canada had received at least one dose of a COVID-19 vaccine, only 8.4% of people in Africa had received a vaccine dose.¹ Global inaction is contributing to preventable illness and death, inviting the development of even more dangerous variants, and reversing hard-won health and development gains.

The climate emergency is yet another global challenge that has yet to elicit an effective global response. As a result, the U.S. and the rest of the world are experiencing the devastating consequences of climate change, and we are already past the point when it will be possible to avoid even more calamitous effects in the coming decades.² The most severe effects of climate change are being felt in the countries with the least resources.



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¹ Holder J, Tracking Global Coronavirus Vaccinations Around the World, New York Times, October 29, 2021, <https://www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html> (accessed on October 29, 2021).

² Intergovernmental Panel on Climate Change, Climate Change 2021: The Physical Science Basis, 2021, https://www.ipcc.ch/report/ar6/wg1/downloads/report/IPCC_AR6_WGI_Full_Report.pdf (accessed on October 29, 2021).

Global Public Investment: Updating Global Health and Development for the 21st Century

GPI has emerged as a truly global, inclusive, consultative effort to ensure that our global approaches to health and development reflect global values and realities in the 21st century and are prepared to meet the 21st century's most pressing global challenges. GPI seeks nothing short of full realization of the vision of the 2030 Agenda for Sustainable Development – by increasing public investments toward a global future that is healthier, more equitable and more prosperous and by ensuring that efforts to address global challenges are truly global in their scope, governance and approach. GPI aims to move beyond the charity model of global health development assistance and the neo-colonial character of the international architecture for global health and development. In the place of a mindset that assumes scarcity as an operating assumption, GPI looks instead to the abundance of potential resources that are available to address global challenges – *if* there is sufficient will and an enabling global architecture, and *if* such spending is understood as an essential investment in the future rather than solely a current, optional expense.

GPI is founded on three principles:



All benefit: Global public finance should prioritize the poorest people, regardless of where they live. Under a GPI approach, middle-income countries would not “graduate” from eligibility for international support based on arbitrary categories of national income but instead would receive a fair share of support that is commensurate with their needs and circumstances.



All decide: Rather than place global decision-making in the hands of a small number of wealthy countries, GPI insists that all countries, including those in the global South, have a meaningful say in charting the future for the global community. In addition to national governments, civil society, communities and other stakeholders must have a place at the table in a more representative decision-making structure for global health and development.



All contribute: Just as the most important global challenges affect people in every region, every country, regardless of national income, should contribute to shared efforts to improve global health and well-being. Tiered, up-front contributions from countries could be complemented by innovative international sources.

GPI is currently engaged in a “co-creation” process to help translate these principles into a coherent, compelling and technically sound plan of action that governments, multilateral organizations, civil society and other stakeholders can enthusiastically support. Equal International is serving as the Secretariat to the Expert Working Group on Global Public Investment, which includes leading academic experts, bilateral and multilateral donors and institutions, and non-governmental organizations. Consultative outreach to key stakeholders is taking place in all regions of the world, and an open, online portal to obtain input on the development of GPI has been established. The “co-creation” process is being undertaken with financial support from the Bill & Melinda Gates Foundation, Joep Lange Institute, The Wellcome Trust, and Queen Mary’s University London.

GPI in the U.S. Context: Opportunities and Challenges

GPI “co-creation” is occurring at a time of bipartisan questioning of longstanding assumptions and modes of operating within the spectrum of U.S. global health and development programs. Growing support for a fresh emphasis on global pandemic preparedness is inviting new thinking about institutional arrangements for health and development.

However, there are important challenges that will need to be navigated if we are to apply GPI principles to U.S. global health and development programs. The extraordinary political polarization in the U.S. makes it difficult to achieve change of any sort, especially when such change involves wholesale paradigm shifts. Institutional inertia and turf-guarding by individual government departments and agencies, as well as the siloed nature of many global health and development programs, further impede efforts to drive change in the U.S. approach.

Incremental Application of GPI Principles: Possible Options

Although the U.S. approach to global health and development is far afield from GPI principles in many respects, there has been movement to incorporate some of these principles in different U.S. programs. Especially noteworthy is the robust U.S. support for the Global Fund to Fight AIDS, Tuberculosis and Malaria and for Gavi, The Vaccine Alliance. These multilateral vehicles have co-financing requirements that mandate that countries receiving aid also contribute their own domestic resources. Civil society and the global South are represented on the Global Fund board, many Global Fund Country Coordinating Mechanisms have civil society participation, and Global Fund grants are based on proposals developed by countries themselves. Even PEPFAR, often cited as an example of a top-down, Washington-driven program, has taken steps to facilitate greater civil society engagement in the development of its Country Operational Plans and has committed to transition its funding to local partners.

U.S.-based key informants, primarily from the global health arena, suggested that a useful way look might be to look for opportunities to better integrate GPI principles in existing or planned U.S. government programs. Opportunities suggested include:

- *PEPFAR*: There is a growing sense that PEPFAR is at inflection point, especially as new leadership (the President has nominated Dr. John Nkengasong, current head of Africa CDC, to lead PEPFAR) is expected to come on board in the coming months. Within PEPFAR, senior officials speak of the need for “transformation”, suggesting an openness to rethinking the way PEPFAR operates and how it partners with countries and communities.
- *Pandemic Preparedness Fund*: President Biden has called for a financial intermediary fund to undertake an “Apollo-like” mission to build robust pandemic preparedness over the next 7-10 years. Where this fund might be placed, whether Congress will fund it, and whether other countries will join the U.S. in this effort remain unclear. If the proposed fund does not materialize, efforts are likely to continue to find some other vehicle for building pandemic preparedness and response capacity. As these efforts remain nascent, there are potential opportunities to shape whatever vehicle might emerge, with respect to governance, inclusivity and accountability.

- *Global Fund*: The U.S. is the largest donor to the Global Fund, providing \$1.56 billion per year in core funding. In 2021, the U.S. government appropriated \$3.5 billion in one-time funding to the Global Fund to support COVID-related activities, and advocates have called for an expansion of the Global Fund’s work on pandemic preparedness.³ Given that the Global Fund, while imperfect, reflects GPI principles to a greater degree than the typical U.S. bilateral health or development program, increasing U.S. contributions to the Fund is one strategy for enhancing the prominence of these principles in the U.S. global health portfolio. One possible strategy for furthering support for the Global Fund would be to advocate for the U.S. to host the Fund’s 7th replenishment in 2022.

Moving forward: Questions for Consideration

- Key informant interviews revealed mixed opinions about whether it would be prudent or productive to approach Congressional offices at this point – some suggested that certain progressive members might be open to a conversation about GPI, while others worried that we might do more harm than good in approaching members before we have critical answers about GPI. *Should we engage Congressional offices at this time? If so, what guidance do you have about which offices we should engage and how we should do so?*
- A similar set of questions pertain to the Biden Administration. *When and how should we engage the Administration in discussions about incorporating GPI principles in U.S. global health and development efforts? Who within the Administration should be targeted for this outreach?*
- GPI envisions markedly greater public investments in global health and development. However, an impediment to realization of operating assumption among Washington decision-makers (and sometimes among advocates themselves) that international spending will always be done on the cheap, in part because it is politically unpopular. *How do we break the cycle of sharply limited U.S. funding for international health and development? Might we look to the Congressional Green New Deal resolution as a template for building Congressional awareness and commitment on global health and development funding?*
- With the aim of helping generate a robust dialogue about GPI within the global health and development fields in the U.S., we are hoping to sponsor and actively promote a virtual roundtable later this year to increase awareness of GPI. *What advice do you have about how best to plan and promote this roundtable? What outcomes would such a roundtable ideally achieve? Who might be invited, and who might serve as compelling speakers or discussants in this roundtable?*
- *How best might we engage with PEPFAR over the next few months to advocate for greater incorporation of GPI principles in the program? What specific changes to PEPFAR’s operations or model might help better reflect GPI principles?*
- *What is the best strategy for engaging with the Administration and Congress on the future of the pandemic preparedness fund? What approaches or institutional arrangements would help ensure that any such fund optimally reflects GPI principles?*

³ <https://results.org/blog/the-global-fund-a-foundation-for-health-equity/>.

CONTACT

Anton Ofield-Kerr

Director, Equal International

anton@equalinternational.org

www.equalinternational.org

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