

Time for Global Public Investment

Leaders and experts rethink sustainable development finance



FOCUS ON **HEALTH** AND **HEALTH FINANCING**

The global finance system is **out of date**.

It suffers the hangovers of colonialism and isn't ready for the global challenges we face today.

What needs fixing?

The SDG commitment to solve common global challenges such as the climate crisis **cannot be met by ODA**.

Contributions **come from a small pool of donors** and are often based on their own national priorities.

Lack of meaningful representation means **poor decision-making and weaker impacts**.

We need a **new approach**.

One that ensures sufficient public quantities of finance and rebalances unjust power dynamics.

How would GPI help?

GPI would mean all countries committing funds according to a **fair-contribution formula**, based on capacity and responsibility.

GPI would involve a more **representative decision-making** structure, including civil society, enhancing legitimacy and effectiveness.

GPI's inclusive approach will provide the **long-term, reliable investments** we need to meet shared global ambitions without overburdening ODA.



of average bilateral ODA spent on the provision of **global public goods** by members of the OECD Development Assistance Committee (2017-21).



of ODA came from just 8 donors in 2022.



Most countries in Africa, Asia and Latin America and the Caribbean already contribute to global initiatives.



USD 2.4 trillion

[see here](#)

Without a change in approach, we can't hope to fund the estimated USD 2.4 trillion needed annually to meet the SDGs.

Foreword



Wanjiru Kanyiha

Network Coordinator, Global Public
Investment Network

We are excited to participate in this year's World Health Summit 2023, a notable event for global health conversations. We find ourselves on the brink of a significant turning point, offering us a unique opportunity to shape the future of global health. This year's summit theme, "**A Defining Year for Global Health Action**," is profoundly relevant to the opportunities and challenges that lie ahead.

Global Public Investment (GPI) is a groundbreaking public finance concept that advocates for equitable contributions from all countries, both north and south, for financing of global public goods. This approach is guided by a fair contribution formula based on capacity, responsibility, and solidarity. The concept is both ambitious and transformative, while also being straightforward: all nations contribute, all nations benefit, and all participate in determining the allocation of funds. The need for financing models based on this concept has long been evident; despite our interconnected world, we lack a unified system for coordinating and strategizing global expenditures on shared challenges. A coordinated, equitable, and efficient mechanism for raising and disbursing international public funds is long overdue.

Through GPI's core principles of **All Contribute**, **All Decide** and **All Benefit**, we aim to secure: more public funding; more equitable represen-

tation and participation by all key stakeholders in global, regional and national decision-making and oversight bodies and processes; and more resources being targeted wherever they are most needed. In the health sector this will speed the realisation of universal health coverage and pandemic preparedness for countries and communities alike, and ultimately the achievement of the SDG 3 goal of ensuring healthy lives and wellbeing for all at all ages.

The GPI Network (GPIN), constituted a year ago, is the global movement for implementation of the GPI principles. The network unites stakeholders, from local and international organizations, academic institutions, think tanks, civil society and individual supporters, to drive advocacy, share progress, and harmonize strategies.

As we participate in this year's summit, these key critical areas remain relevant:

1. Health related SDG Challenges

The Sustainable Development Goals (SDGs) provide a roadmap for a more equitable world. However, there are significant obstacles at global, regional and national level to achieving SDG 3, focused on Good Health and Well-Being. GPIN underscores the urgency of tackling these challenges and the need to make significant systemic changes in order to do so.



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*Our commitment is to **bridge the gap** between the universal right to health and financial constraints.*

2. Preparing for the Next Pandemic

The COVID-19 pandemic has demonstrated the imperative of preparedness to avert future global health crises. GPIN acknowledges that it's not a matter of “if,” but “when” the next pandemic will strike. To underscore the urgency of preparedness, it's worth noting that the economic cost of the COVID-19 pandemic is estimated at over \$26 trillion, affecting millions of lives. This paper outlines strategies and frameworks for improved global preparedness as a global public good.

3. Rethinking Health Financing

Sustainable public finance for public purpose is the linchpin for achieving health-related SDGs. To ensure health financing models are adequate, effective, and equitable, GPIN advocates for a thorough re-evaluation of the current health financing structures. Consider that currently, an estimated 400 million people lack access to essential health services, and approximately 100 million are pushed into extreme poverty due to healthcare costs each year. Our commitment is to bridge the gap between the universal right to health and financial constraints.

The World Health Summit is a platform for sharing these insights, strategies, and commitments. As we engage in open dialogue, guided by science and the principles of the UN Sustainable Development Goals, we continue to foster global health as a pivotal political issue.

The World Health Summit's interdisciplinary, science-based, and cross-sectoral approach resonates with our own commitment to holistic solutions for global health.

We invite you to read this copy of “**Focus on Health and Health Financing**” and our GPI report with wider focus titled “[Time for Global Public Investment](#)”, representing a pivotal moment in reforming the Global Financial Architecture.

The report assembles insights from prominent thinkers and influential figures, reflecting on GPI and its implications for the Global Financial Architecture. Distinguished individuals from various fields, thinkers, academics, activists, and thought leaders, have collaborated to offer perspectives on reimagining development finance, encompassing health financing. Through this report, the goal is to progress beyond theoretical discussions and initiate the practical application of GPI Principles to address the world's most complex challenges.

We hope through continued dialogue, we can create pathways for implementation of GPI in health financing and policy, to bridge the financial deficit that currently exists.

We urge you all to grab a copy of the innovative and bold report and contribute to this ongoing dialogue.



Mike Podmore

Director, STOPAIDS

GPI means better governance and more impact

The Global Public Investment principle of ‘all decide’ is not some new or utopian impractical notion. Rather, it is a simple expression of the established approach of effective inclusive decision-making and governance in many institutions and processes around the world. The global HIV movement is one sector where this principle has [long been championed](#) in the mantra of ‘nothing about us without us!’. It practically translates that if you want to have quality, well-targeted and appropriate services for people living with and affected by HIV then you will only be able to achieve that if you fully and meaningfully involve all those most affected by HIV, particularly the poorest and most marginalised, in their design, decision-making, implementation and governance at all levels – local, national, regional and global.

Global health institutions like the Global Fund, Unitaids, Gavi and UNAIDS have 20 years of established norms and the success of inclusive global health governance bodies to learn and build from. One of the best examples we can draw from is the Global Fund to Fight AIDS, Tuberculosis and Malaria. As a board member there, I saw first-hand that when all stakeholder groups involved with or affected by an issue have a seat, a voice and a vote in decision-making and oversight bodies: there are more stakeholders invested in its success and helping it raise more funds; there is stronger understanding and solidarity built between different stakeholder groups; and the institution comes to better-informed decisions that are widely supported and ultimately have more impact.

It is an unsurprising fact that “[people want to influence their futures](#)” and it is important that this is already enshrined in the right to participate and is protected in international human rights law (see [here](#) and [here](#)). However, it is not yet universally understood that inclusive decision-making and governance leads to better outcomes, and some of those in powerful positions still find many reasons to resist the inclusion of low- and middle-income country governments, civil society and communities. To ensure inclusive governance we must systematically reject rationales given for [exclusion of the less powerful](#), collate evidence of how inclusive governance has improved global health outcomes, and establish and uphold global principles for the meaningful involvement of all stakeholder groups. By linking our work in health with other development sectors we hope that ‘all decide’ will be an essential guiding principle for the achievement of the Sustainable Development Goals and the post-2030 agenda.

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It is not yet universally understood that inclusive decision-making and governance leads to better outcomes.



Solange Baptiste

Executive Director, International Treatment Preparedness Coalition



GPI to elevate community expertise in health

Achieving the Sustainable Development Goals targets relies on an acute awareness of their interconnectedness as no one target can be achieved in isolation. For example, [according to the World Bank](#), ensuring universal access to affordable, quality health services is vital to ending extreme poverty by 2030 and boosting shared prosperity in low- and middle-income countries, where most of the world's poor reside.

This inextricable link poses a challenge for global health advocates, who aspire to realize what might be the most ambitious health declaration to date, universal health coverage (UHC), defined by the World Health Organization (WHO) as all people having access to the full range of quality health services they need, when and where they need them, *without financial hardship*.

After almost 40 years focused on achieving disease-specific targets (such as those on HIV and TB), health activists are now grappling with how to solve interconnected problems. The key to unlocking this challenge is to fully engage the experts that have been left behind: communities.

The current global economic downturn sets the [unfortunate and debilitating context](#) in which we need to achieve UHC. This tight global financial condition, that cuts across both developed and developing countries, means that in countries, communities, households and at the individual level, we are pressed [to do more with less](#), prioritizing like never before and making difficult trade-offs. Inevitably, this context brings decision-making and decision-makers into sharp focus. *Who gets to decide what gets funded and at what level?*

These questions are especially important when it comes to health. All too often people who are directly affected by policy decisions have little or no input on setting priorities, they have weak channels to influence change and they end up the furthest from the benefits that are intended for them.

When it comes to elevating community expertise, Global Public Investment offers a concrete plan for a transformative way forward, diversifying decision-making and establishing [mutual responsibility for how international public finance for sustainable development is mobilized and allocated](#).

Simply put, GPI is about [how public money is used to invest in goods and services that are of global benefit](#). To make GPI work for civil society and not just countries or groups of countries, we must comprehensively apply and widen our understanding of the core principles of '[all decide, all contribute and all benefit](#)'. Decision-making needs to include affected communities, contributions need to go beyond mere monetary assets and benefits should reach all people.

To attempt to build UHC without a people-centered approach means that priority setting and resource allocations will continue to happen in non-transparent ways in the halls of Geneva and New York among '[founding donors](#)' and select groups of countries. GPI resists this status quo and demands a different way of working. It calls for community input (*contribute*), meaningful engagement (*decide*) and equal access (*benefit*) to public goods for all individuals, including essential health services.

Community-informed initiatives such as the Action Agenda of the UHC Movement gives voice to community priorities and pushes for [concrete](#)



When it comes to elevating community expertise, GPI offers a concrete plan for a transformative way forward.

[te actions to strengthen resilient and equitable health systems](#), thereby advancing UHC and health security. The Action Agenda was informed by a [public consultation](#) which gathered 830 responses from over 100 countries, including 38 low- and middle-income countries. By deliberately designing a community leadership and accountability approach to UHC, governments, civil society and other stakeholders can leverage GPI across the framework of *decision-making, resourcing and equity* so that primary care is strengthened and robust health systems are built using equitable funding allocations for improved health of communities worldwide.

[Community-led monitoring \(CLM\)](#) is one of many community-led interventions that supports strong, responsive and resilient health systems. CLM enables communities and service users to routinely collect data – localized, actionable evidence – that can help managers and providers identify gaps and trends, and use that information to improve services, programs and policies. There are numerous examples of CLM successes across diseases including HIV ([here](#) and [here](#)), [malaria](#), tuberculosis, hepatitis C and [non-communicable diseases](#) as [implemented by recipients of care across the world](#). When the voices and perspectives of those directly affected are not only heard but sought as experts that provide unique and valuable contributions, we guarantee more contextually appropriate and effective interventions and much-needed fiscal efficiencies.

Despite its rising popularity in health, community-led monitoring goes beyond data collection. CLM shifts power. It shines a light directly on how governments and those with power relate to and share that very power with those on the frontlines of the consequences of policies. As GPI is implemented, claims of ‘all contribute’ cannot just be about countries contributing mo-

ney, but must also include affected communities contributing their resources, their lived experiences, their unique insights, ideas and community data to co-create solutions for the issues we collectively face.

What is the way forward? Global leaders persistently call for reimagining global health and [harnessing the ‘lessons learned’ from HIV](#) to forge a future that achieves universal health care. However, accomplishing this vision necessitates a resolute call for action that drives the equalization and transformation of relationships, ultimately enabling real and meaningful change. Without GPI, we are merely tweaking a rotten foundation that keeps power concentrated with governments and rich countries. The ‘all decide’ principle of GPI offers this much-needed transformative approach to address the governance challenges faced in global health funding. By embedding and operationalizing GPI in funds like the [Financing Intermediary Fund for Pandemic Prevention, Preparedness and Response](#) and activating initiatives such as CLM, we move closer to achieving UHC and demonstrate how GPI can catalyze change from the ground up.

As we approach the World Health Summit, the Global Fund Board Meeting, the 2023 United Nations Climate Change Conference (COP28) and [other critical global events](#), we should advocate for the adoption of GPI to help address our major health funding challenges.

Read more on community-led monitoring on the ‘*International Treatment Preparedness Coalition*’ website.

<https://clm.itpcglobal.org/>



Christoph Benn

Director of Global Health Diplomacy, Joep Lange Institute



Applying GPI principles to global health funds

The world is badly in need of new approaches to financing global commons in health and other sectors. The needs are increasing through multiple crises while governments across the world are facing significant fiscal constraints leading to stagnant or reduced contributions to established international funds and institutions.

The principles of Global Public Investment have emerged as a critical innovation. But GPI needs to be more than a convincing theoretical construct. It requires a change of mindset among policymakers in countries all around the world. All countries need to establish budget lines to finance global issues. Traditional donor countries need to go beyond ODA budgets when it comes to financing global public goods such as climate change and pandemic response. All other countries need to recognize that they do have a role to play by making financial contributions according to their ability and supporting multilateral organizations in health, climate and other sectors.

A good opportunity for the application of the GPI principles is the Pandemic Fund created in the aftermath of the Covid crisis to support countries in preventing and addressing future pandemics. Some of us had argued in a *Lancet* commentary to strengthen the new fund through incentivizing all countries to contribute to pandemic preparedness and response, which is clearly a global public good benefiting all countries, and to establish an inclusive governance structure that gives countries of all income levels and geographies that make proportionate contributions the chance to be fairly represented in decision-making.

With countries such as Indonesia, China, India and South Africa making sizable pledges and with a board providing equal decision-making to investor and co-investor countries, the Pandemic Fund has made important steps towards the application of the GPI principles. At a board retreat in March 2023, the board did consider a resource mobilization strategy with strong references to GPI. However, the Pandemic Fund now needs to take the next step to encourage more countries to contribute and to empower the secretariat to do the necessary diplomatic outreach.

Another type of application is pursued by the Coalition for Epidemic Preparedness Innovation (CEPI). Their mandate is to support the development of new vaccines against existing and new pathogens. There is an increasing recognition that vaccine R&D and manufacturing should be strengthened at the regional level to increase the autonomy of these regions in case of future pandemics. Countries pooling their resources on a regional basis with shared governance and equitable access to potential products could be a viable option to achieve this important goal.



GPI requires a change of mindset among policymakers in countries all around the world.



Eloise Todd

Executive Director and Co-founder, Pandemic Action Network



Preparing for the next pandemic

Pandemic Action Network exists to make sure every country is better equipped to stop outbreaks from becoming pandemics. Global Public Investment has started to emerge in health settings and as regards pandemics and has the potential to help change power dynamics beyond financial investments.

There are at least three reasons why it has been hard to act globally when health threats emerge. Firstly, health threats test governments on one of their most fundamental responsibilities: to keep their citizens safe. Taking the global view when there is a threat at home is still too counterintuitive for many leaders. Secondly, this plays out in spending commitments. Responses during Covid-19 showed starkly that we are not yet a planet that thinks or acts globally when it comes to health threats. The UK government's [estimated Covid spend, for example, was GBP 372 billion](#) all at home, dwarfing the few billion the UK invested in the Access to Covid-19 Tools Accelerator. Thirdly, whether or not an outbreak becomes an epidemic or pandemic goes way beyond actions in the health sector; by keeping pandemics in the 'health' domain, therefore, the high politics of the security, economics, employment and other areas impacted barely get any focus.

Global Public Investment is a concept that has the potential to change our view of the national vs international investments paradigm, to help nudge our last-century thinking into 21st-century reality. The core tenets of GPI, that all countries contribute, all benefit in some way, and all get to decide, mirrors the reality of 2023: all countries are vulnerable to epidemic

and pandemic threats, to tackle them effectively everyone must be treated, and everyone must be included in the political decisions on deployment of tools.

Covid-19 underlined that the level of vulnerability to these threats differs enormously between countries, and created new energy behind [defining what equity in pandemic response looks like](#) and how pandemic countermeasures should be distributed. We need to normalise mechanisms whereby every country has the right to decide on issues such as spending during international crises; the moral case can be made, but this also doubles as the self-interested case since pandemics can come to a swifter end when everyone benefits more equitably – [numerous studies](#) showed this would have been the case with Covid. We have seen the influence of the model on the emerging global health architecture, e.g. [the Pandemic Fund has a wide-ranging board](#), split between nine contributors and nine co-investors.

Global Public Investment might not always show up described as "GPI". But the core principles that everyone – in every country – must benefit from investments in our commons, everyone must contribute relative to their means, and everyone must have a stake in those decisions are core tenets increasingly being played out the world over.

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GPI is a concept that can help nudge our last-century thinking into 21st-century reality.



Alicia Ely Yamin

Senior Advisor on Human Rights and Health Policy,
Partners In Health



Joel Curtain

Senior Director of Advocacy, Partners In Health

GPI would deliver human rights

As Thomas Kuhn noted in his famous analysis of [how revolutions in the physical sciences happen](#), when the dominant paradigm that organizes our thinking and action increasingly clashes with the reality people experience, that paradigm is ripe for change.

The global response to the pandemic made clear that the architecture of multilateral cooperation – whereby rich donor countries set priorities and dole out aid – is ripe for such change. Instead of incentivizing technology transfers and knowledge-sharing as global public goods, COVAX was a [poorly designed emergency facility](#) for pooling donated vaccines, which failed to meet even its dismally low aspirations for low- and middle-income countries.

Then, despite tremendous advocacy efforts, a handful of powerful countries tightened their grip on the World Trade Organization, prompting it to reject any meaningful intellectual property waiver and subordinating the common good to pharmaceutical monopoly interests. And now the World Bank's [Financial Intermediary Fund for Pandemic Preparedness and Response](#) appears set to repeat mistakes of the past, with control of the fund held by a relatively small club of donors.

Three major lessons from the Covid-19 pandemic underscore the urgent imperative of building movements to shift that cooperation paradigm and advance health and other social rights.

First, in terms of how people fared, the formal enshrinement of health rights norms [mattered less](#) than the political culture and the infrastructure that existed to ensure in practice the effective enjoyment of the right to health and other rights. Covid-19 brought global attention [to the desperately underfunded state of health-care systems in much of the world](#). All other social determinants of health – which shape how diverse people can live their lives during a pandemic or in normal times, from education to [social protection](#) to digital networks – also require more sustained funding and long-term investments.

Second, proclamations to increase '[international assistance and cooperation](#)' without changing the rules of the game are radically insufficient to make a dent in the political economy of global health. International assistance will always pit domestic interests against aid for 'others out there' while maintaining status quo power relations. The G7 countries' refusal to meaningfully regulate multinational pharmaceutical monopolies or encourage the sharing of know-how and decentralization of vaccine and therapeutics production is not just morally repugnant, it undermines the well-being of the whole planet. In other words, pandemic preparedness and response is a common good – and a shared responsibility.

Third, Covid-19 revealed that rhetorical acknowledgement of the [universality, indivisibility, and interdependence](#) of rights is simply not enough to tackle the structural drivers of the interrelated challenges our world faces. Preventing future pandemics and advancing global health equity is [inextricably tied to food security and climate](#)



There may be no greater human rights imperative than working to restructure the global economy towards delivery of broadly shared goals for the global common good.

[justice](#), which in turn are also related to conflict and gender inequality. None of these intersecting challenges can be met through crisis-driven aid and rituals of fund replenishment; all require statutory budget assignments for sustained global and/or regional public investment from pooled international sources.

The ‘[cruel pedagogy](#)’ of this pandemic stripped away the [false inevitability of the global economic architecture](#), which breeds nihilism and poses one of the greatest barriers to social change. There is a window of opportunity to move toward a model of financing based on [Global Public Investment \(GPI\)](#), which incentivizes collective pooling and spending on *global and regional public goods* and common needs that transcend borders.

GPI is a simple concept: all countries pay (according to ability); all receive benefits; and all have a say in how the money is spent via a constituency-based model. Consistent with human rights principles, a [GPI model](#) also shifts governance of development mechanisms away from the status quo, whereby decision-making power is concentrated among a handful of Global North countries, to a plural model that takes seriously democratic decision-making, including a meaningful institutionalized role for civil society.

For the last two years, [Partners In Health](#), along with many other organizations, has contributed to co-creating the GPI model because we believe it is a crucial complement to the many other efforts to promote the structural conditions that underpin health and other social rights, including tax justice, debt forgiveness, intellectual property reform, and [principles of rights-based economies](#).

But GPI cannot become another tool for technocrats to discuss and deploy behind closed doors. We need a GPI movement that intersects with other progressive movements, including human rights, which are aimed at changing the structure of our institutionalized social order.

Changing global paradigms is daunting, but not impossible. The [Sustainable Development Agenda](#) wrested control over the political narrative of progress in the world from the club of donors who gave us the top-down Millennium Development Goals (MDGs). Civil society played a major role in that shift through, among other things, the [Open Working Group](#) process.

Now, to achieve a world in which swathes of people are not ‘left behind,’ let alone systematically crushed, we urgently need a similarly transformative paradigm shift in development finance, one that reclaims a central role for public money as an engine of sustainable development, as opposed to a gap-filler for market failure.

Advancing GPI will undoubtedly call for experimentalist strategies before and after the post-2030 development agenda is financed – and that’s a good thing. Piloting models and exploring contrasting strategies encourages institutional architectures that are open to revision in light of the embodied experiences of diversely situated groups, which is key from a human rights perspective.

Nonetheless, there is always a danger that the powers-that-be block the meaningfully progressive shift that GPI could help to catalyze – and an equally significant danger that they coopt it.

The human rights community has enormous expertise to contribute to a GPI Network to ensure that the design and implementation of GPI in government budgets and multilateral funding are consistent with human rights principles and genuinely transformative. There may be no greater human rights imperative than working to restructure the global economy “[towards delivery of broadly shared goals for the global common good](#).”

[An edited version was first published in Open Global Rights.](#)



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