

Global health funders and priority setting for universal health coverage

The world is transitioning from the millennium development goals (MDGs) to the sustainable development goals (SDGs). Global health financing channelled through global health funders such as GAVI and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund) were instrumental to progress on the MDGs in low- and middle-income countries (LMICs). More recently, the Global Financing Facility (GFF) in Support of Every Woman Every Child was established to accelerate resource mobilization for investments to improve health among women, children, and adolescents towards 2030.

Universal health coverage (UHC) is now on top of the global health agenda, and increasing attention is now paid to priority setting for UHC. Accordingly, the role of global health funders in promoting cost-effective interventions in LMICs is receiving increased scrutiny. This has included calls upon global health funders such as the Global Fund to formally improve their health spending decisions, for example by introducing Health Technology Assessments (HTA) so as to make defensible decisions when investing in new health technologies (1,2). Furthermore, many middle-income countries are projected to transition from support from global health funders to full domestic financing (3,4), reinforcing the need for sound processes and well-informed decisions to support priority-setting during transition.

This symposium will explore how major global health funders shape what services are prioritized and how they best can do so from the perspective of UHC. The symposium will consider both how these funders do and can set priorities across services in-house and how they do and can promote priority-setting processes in partner countries, including when planning for transition.

Chair: Unni Gopinathan, Associate Professor, Institute of Health and Society, University of Oslo

Speakers:

- Trygve Ottersen, Executive Director, Division for Health Services, Norwegian Institute of Public Health, and Associate Professor, Institute of Health and Society, University of Oslo
- Kalipso Chalkidou, Professor, Imperial College London, and Director of Global Health Policy and a Senior Fellow, Center for Global Development (by video conference)
- Michael Borowitz, Head of Strategic Investment & Partnerships, The Global Fund to Fight AIDS, Tuberculosis and Malaria (by video conference)
- Mariam Claeson, Director, The Global Financing Facility
- Ingvar Theo Olsen, Policy Director for Health, Norwegian Agency for Development Cooperation
- Ole Frithjov Norheim, Professor of Medical Ethics, Dept. of Global Public Health and Primary Care, University of Bergen, and adjunct professor at the Department of Global Health and Population, Harvard TH Chan School of Public Health

References

1. Chalkidou and Keller. Six Reasons Why the Global Fund Should Adopt Health Technology Assessment. Center for Global Development (2017).
2. Kanpirom et al. How Should Global Fund Use Value-for-Money Information to Sustain its Investments in Graduating Countries? *Int J Health Policy Manag.* 2017 Sep; 6(9): 529–533.
3. Yamey G, Gonzalez D, Bharali I, Flanagan K, Hecht R. Transitioning from foreign aid: is the next cohort of graduating countries ready? Working paper. The Center for Policy Impact in Global Health & Pharos Global Health Advisors. March, 2018.
4. Projected Transitions from Global Fund support by 2025 – projections by component. March 2018 update. The Global Fund.