SUMMARY: This brief summarizes the key findings of an analysis of the extent to which global public goods (GPGs) for health represent shared priorities across multilateral organizations and present opportunities for increased collective action. The analysis focused on the four multilaterals that provide the most development assistance for health (DAH): Gavi, the Vaccine Alliance (Gavi); the Global Fund to Fight AIDS, TB and Malaria (the Global Fund); the World Bank, including the Global Financing Facility; and the World Health Organization (WHO), including the Global Polio Eradication Initiative. Analysis of published literature, strategic and financing documents, and key informant interviews with senior leaders of these and other organizations found that all four multilaterals see a shared opportunity to support three critical GPGs for health: health data, access to new health technologies, and global health security.

BACKGROUND

GPGs for health is shorthand for a set of collective action activities that address transnational health challenges. These activities are categorized as (i) traditional GPGs (e.g., global health research and development), (ii) control of negative regional and global externalities (e.g., pandemic preparedness), and (iii) global health leadership and stewardship (e.g., global convening to build consensus). Our definition thus encompasses a broader set of investments that goes beyond the purely economic definition of a GPG.

The changing global health landscape—including country transitions from health aid, the complex health needs of middle-income countries (MICs), and emerging global health threats—is spurring Gavi, the Global Fund, the WHO, and the World Bank to evaluate ways to intensify their joint activities. Upcoming funding replenishments and the highly ambitious health-related Sustainable Development Goal targets are also driving this evaluation process.

As described below, our analysis found that all four multilateral organizations see an important opportunity for collective action in support of GPGs for health and agree on three specific opportunities:

- Improving the production, quality, and harmonization of health data
- Accelerating the development of and access to new health technologies in both low-income countries (LICs) and MICs
- Strengthening global health security, particularly epidemic and pandemic preparedness.

GPGs for health are essential to achieving global health goals. Shared action in the areas identified by the multilaterals could have a transformative effect on global health.

A CRITICAL ROLE FOR THE MULTILATERALS

- There is substantial underinvestment in GPGs for health, with only one-fifth of all donor financing for health directed to these critical areas. The lack of investment was starkly exposed by the 2014-2016 Ebola outbreak in west Africa where underfunding of global health research and development meant that there was no Ebola vaccine, therapeutic, or rapid diagnostic test and outbreak surveillance and preparedness systems performed poorly.

- Multilaterals are well placed to deliver support for GPGs given their clear global or regional mandates. To explore this potential role, we conducted a policy analysis based on (i) a review of published literature and strategic and financing documents produced by Gavi, the Global Fund, the World Bank, and the WHO (the four multilaterals that provide the most DAH), and (ii) 42 key informant interviews with senior leadership in these and other organizations. The analysis found that multilateral health agencies have signaled their intention to step up investment in support of GPGs and to intensify their activities to collaborate more closely.

- Among these four multilaterals, there is significant convergence in support of three immediate opportunities for collective action to help address the global neglect of GPGs for health.
OPPORTUNITY 1: Improving the production, quality, and use of health data

- The four multilaterals view data quality and harmonization as an important means for achieving advancements in global health.
- More disaggregated and timelier global health data is needed at all levels for more evidence-based decision-making.
- Clearer guidance on and improved exchange of existing data resources would also facilitate better policy at all levels. Such support can already be achieved by further leveraging existing collaboration platforms.
- The multilaterals identified three ways to support higher quality and more harmonized data to inform decision-making at all levels:
  » Increase efforts to provide more granularity across databases in a timely fashion by supporting countries to develop national health data and information systems
  » Provide more guidance to the community on which data resources are best suited for which purposes
  » Prioritize data exchange efforts.

OPPORTUNITY 2: Accelerating the development of and access to health technologies in LICs and MICs

- The four multilaterals currently work in various ways to promote access to affordable, high quality health technologies (e.g., antiretroviral medicines, vaccines).
- Multilaterals are well positioned to help sustain access to these products as MICs transition away from donor support and to expand access to such products in MICs that never received Gavi or Global Fund support.
- The multilaterals identified three key areas for enhanced collective action:
  » Help to sustain transitioning countries’ access to quality products, such as through strengthening procurement and supply chains
  » Provide clear and actionable guidance to countries on accessing products as they prepare for transition
  » Improve access to new health products in MICs that are not receiving Gavi or Global Fund support.

OPPORTUNITY 3: Strengthening global health security, particularly epidemic and pandemic preparedness

- Several reforms and new initiatives are already underway to address gaps in global health security.
- The four multilaterals see an opportunity to strengthen the call for and mobilize increased investments for health security by leveraging their collective voice.
- The multilaterals agree that they can help countries prevent and respond to cross-border disease threats by working more closely together to (i) strengthen national health institutions and systems, (ii) improve capacities of regional networks, and (iii) address challenges caused by transition from donor financing, escalating humanitarian crises, and climate change.
- The multilaterals proposed three approaches to collectively address health security needs:
  » Mobilize increased international financing for pandemic preparedness
  » Improve national health system capacity to prevent and respond to cross-border threats
  » Develop a mechanism to coordinate and guide decision-making on health security.

---

1 This policy brief was written by a team of policy researchers under the leadership of Duke University’s Center for Policy Impact in Global Health (Gavin Yamey, Kaci Kennedy), in partnership with SEEK Development (Jessica Kraus, Hugo Petitjean, Christina Schrade), the Global Health Group at University of California, San Francisco (Sara Fewer, Naomi Beyeler), and Spark Street Consulting (Nina Schwalbe). The work was supported by a grant from the Bill & Melinda Gates Foundation to Duke University’s Center for Policy Impact in Global Health. Please find the full policy paper here or visit the centerforpolicyimpact.org for more of our work.

2 In the purely economic definition, a global public good is “non-rival” and “non-excludable”—its consumption by one person does not reduce availability to others and no one can be denied access to the good.