



2013 – Pieces of the puzzle have fallen into place...

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2012 was an exciting year. Several pieces of the “global health” puzzle have fallen into place, creating extra-ordinary conditions for an even better year in 2013. At a meeting with Sweden’s Minister for International Development Cooperation Gunilla Carlsson, WHO Director-General Margaret Chan and World Bank President Jim Yong Kim they said: “The stars in the sky are now in the right place”.

In brief, this refers to several international actors now having a stronger interest than previously in collaborating and, above all, in increasing the long-term effectiveness of their actions at country level. Today, the Global Fund is changing its funding model, the US administration is speaking a different language, the GAVI Alliance is strengthening its support to health systems and WHO has begun reforms.

The recent article in *The Lancet*, written jointly by the Swedish Minister for International Development Cooperation and the undersigned, makes the case that greater global engagement for health can achieve even better results. The article has gained strong international resonance, enhancing the interest in getting the international health organisations to work together more effectively together.

So, building on the foundations we built in 2012, what opportunities do we have to look forward to in 2013?

A momentous event this year will be the **re-launch of the International Health Partnership (IHP)** which is planned in connection with the World Health Assembly in May 2013, and will be attended by Jim Kim, Margaret Chan and Minister Gunilla

Carlsson. In large part we can thank Dr Jim Yong Kim for this initiative. While Dr Kim has not made health issues a priority since his appointment as President of the World Bank last year, he did make waves in the health community by taking the initiative to gather the heads of the eight international actors in the health arena (WHO, UNICEF, UNFPA, UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI, the World Bank and the Gates Foundation) as well as the US, the UK, Norway and Sweden, in a meeting where the idea of a renewed and strengthened IHP was presented.

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The key will be to get a revitalised IHP to deliver real results at country level so as to secure broad confidence in IHP as the mechanism to enhance the efficiency of the international health system. At a major meeting of the IHP in Nairobi it was made clear that the partner countries stand firmly behind IHP as a more effective and rational way of cooperating and achieving results and expectations on developments partners to improve coordination are high.

Also of considerable importance is the **positive shift of the US Government** toward working multilaterally as well as more closely together with other bilateral partners. Former Secretary of State Clinton’s personal commitment has meant a great deal. There is a clear message regarding country

ownership and a desire to work within the framework of national systems.

The major international health institutions are also committing to working to the greatest extent possible within national systems and are working toward greatly improving their internal and external efficiencies in order to contribute to better health outcomes at national and global levels.

For the **Global Fund** this has meant undergoing far reaching reforms of its funding model which will do away with the old application procedure and 'rounds', introducing instead a type of country allocation. To the greatest extent practicable, the fund will be working within the framework for national systems and be on budget. The Global Fund has also committed to participate as a partner in coordination at country level and not act outside national systems. Those are important decisions and provide great opportunities during 2013.

The **GAVI Alliance's** desire to be more effective and strategic is manifesting itself in a push to strengthen its operations aimed at national health systems strengthening, necessary for improving immunisation coverage rates. An expert group has been appointed to look into how GAVI can develop this part of its operations. The group includes representatives from the World Bank, WHO, UNICEF, the Global Fund and the Gates Foundation as well as international experts and country representatives. The work involves also how GAVI can operate even more effectively within the framework of national strategies and budgets and use common assessments, financial controls and follow-up systems.

A central piece in the puzzle is the **WHO reform agenda** that Director-General Chan presented in 2011. The WHO is the key global health player but has failed to fully live up to the expectations at country level (especially in sub-Saharan Africa). For this reason the proposed reforms are very welcome. The most important strategic issue in the reform agenda is a new financing model. A structural change in the financing of WHO paves the way for the real changes required in terms of quality and relevance at country level. In 2013

continued WHO reforms will be key to making the organisation the player we all want at country level.

In terms of **long term financing needs for health and HIV/AIDS**, UNAIDS, African Union (AU) and the African Development Bank (AfDB) have led a discussion that has resulted in an AU declaration on Shared Responsibility and Global Solidarity, signed by all Heads of States. Reducing aid dependency is a central message. The AfDB also invited African finance and health ministers to a very successful meeting which resulted in the Tunis Declaration, also on the theme of long-term, sustainable funding.

In 2013, continued intensive work on **MDGs 4 and 5** will be required, both to ensure that the extra resources that have been invested deliver the intended results and that proposed coordination improvements function well. A range of activities relating to MDGs 4 and 5 are taking place as follow-ups to the Child Survival Call to Action high-level forum, the London Summit on Family Planning and the report on Life Savings Commodities. Norway and Sweden have in various ways pushed for greater coordination and alignment in these various initiatives and the conditions are now emerging for this.

Finally, the important process of drawing lessons from the current millennium goals has begun along with the process of formulating goals for the next 15–25 years. WHO and UNICEF are leading the thematic consultation on health with the support of Sweden and Botswana. 2013 will be critical to ensuring that important health outcomes remain prominently on **the global development agenda post 2015**.

In summary, the challenge for 2013 is to maintain the momentum we achieved during 2012. I am confident we can do this and there is no doubt that the coming year holds excellent prospects for bringing about real change with a more effective international health system that can respond to countries' priorities, and ultimately for people's chances of survival and better health.

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