Strengthening Multilateral Relationships for Global Health

By leveraging the support of donors like the U.S., multilateral institutions protect the world against public health threats, helping countries prevent, treat, and protect their citizens from disease.

THE ISSUE

Multilateral organizations are integral to coordinating and mobilizing global health efforts and driving collective action through policies, programs, and funding to deliver on commitments such as the Sustainable Development Goals, and tackle global pandemics like COVID-19.

Global health governance has traditionally been led by the World Health Organization (WHO) — which has a unique convening authority derived from its constitution — and a handful of actors, including UNICEF. Multilateral institutions on global health have expanded over the past two decades, creating a complex landscape largely dominated by donor governments, the private sector, and UN agencies, including WHO. This new landscape is much more diverse and flexible, with access to more funds and resources.

Key multilateral actors include:

- The Global Fund to Fight AIDS, Tuberculosis and Malaria, the world's largest multi-stakeholder global health financer.
- GAVI (the Vaccine Alliance), a public-private health partnership dedicated to immunization. GAVI has been the global convenor and coordinator of the COVID-19 global response, leading the COVAX vaccine facility.
- The Coalition for Epidemic Preparedness Innovations (CEPI), a multilateral partnership that focuses on developing vaccines for future epidemics.
- UNITAID, which invests in innovations to prevent, diagnose, and treat HIV, tuberculosis, and malaria and improves access to diagnostics and treatment for HIV co-infections, such as hepatitis C and human papillomavirus (HPV).

Multilaterals have contributed significantly to improvements in global health. In some cases, they serve as key components of the U.S. global health response, including financing, governance, oversight, and technical assistance.[1] The partnership between the U.S. government and WHO has been particularly productive; successes such as ending smallpox, eradicating polio, and responding to AIDS are just a few examples of the ways that this multilateral relationship has saved millions of lives around the world.[2]

WHAT'S AT STAKE

As we slowly get the worst pandemic in nearly a century under control, the next decade in global health will require a new level of global cooperation and new ways of working.

Multilaterals possess different strengths and networks and can serve as meaningful partners to advance efforts toward improved outcomes. Yet, COVID-19 has highlighted critical weaknesses and shortcomings in multilaterals' ability, capacity, and willingness to tackle global health threats and deliver on global health agendas, including Universal Health Coverage.

Global health governance is fragmented and uncoordinated.

Despite many efforts to achieve better coordination, fragmentation among multilateral organizations is an enduring feature of the global health landscape. The fragmentation is compounded by the absence of a clear, overarching coordinating institution.[3] This leads to duplication of efforts and gaps in implementation, as well as siloed and vertical approaches to health programming and funding.

WHO's financing is broken and its role has been undermined by politics.

The pandemic has highlighted the vulnerability of WHO, whose authority has been challenged by political and disinformation campaigns. The institution's capacity and ability to lead and coordinate the global health agenda has been significantly undermined by a chronic funding crisis and political agendas[4] that prevent adequate support to the agency. Global cooperation and governance have been weakened through violations of International Health Regulations (IHR) obligations.[5]

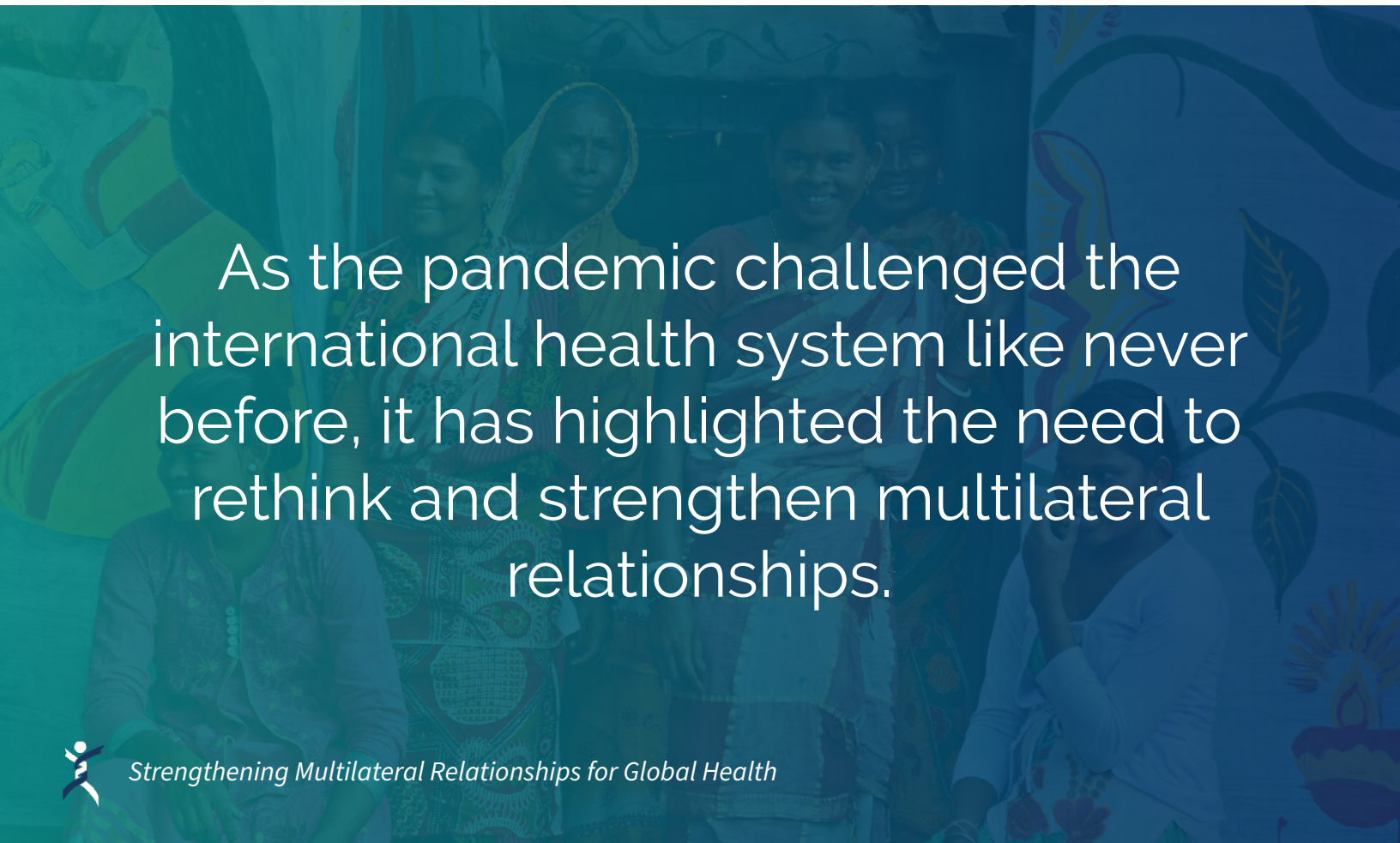
Despite seving as the world's global coordinating authority for health, only 16% of WHO's budget can be counted on year after year. This leaves vital functions, such as emergency preparedness and response, reliant on voluntary funding. The agency also depends on a small number of top donors that tend to influence funding allocation. This, combined with the fact that more than 25% of WHO staff are on temporary contracts, affects the quality of technical assistance and human resources capacity.

LMICs are not at the table and their priorities and needs not reflected in global health decision-making.

Global multilateral partnerships are comprised of and led by high-income countries and other global health actors, with LMIC governments only marginally engaged in their governance structure.[6] This outdated system perpetuates decision-making that is driven by donors' priorities and agendas, which are often tied to their own national trade and security interests. This leads to a gap between LMICs' priorities and political attention and funding. This is best illustrated by the lack of investment in health system strengthening, including funding for human resources for health and operational costs. This is arguably the most essential of needs, yet donors often prefer funding more tangible activities, such as the ordering and administration of vaccines.

Civil society and affected communities are not represented or lack meaningful engagement.

Global health structures and decision-making are overwhelmingly dominated by donors and institutions, with civil society organizations (CSOs) and affected communities excluded. For example, GAVI has systemically excluded CSOs from discussions on COVID-19 vaccines, reflecting its historical lack of engagement with this constituency.[7] This has resulted in CSOs not being involved in the COVAX Facility[8] and low vaccine uptake among key populations. Without reaching this community, the ability to meet global vaccination goals is jeopardized.



As the pandemic challenged the international health system like never before, it has highlighted the need to rethink and strengthen multilateral relationships.

RECOMMENDATIONS

COVID-19 has reminded us that no country acting alone can effectively and efficiently respond to health threats and challenges in the increasingly interconnected and globalized world in which we operate. Multilateral institutions drive cross-country collaboration, apply technical leadership and expertise, build capacity, and support under-resourced health systems. They are essential to a coordinated global response. But they are also a collective resource in helping to protect the health of the world's citizens. They require collective support to accomplish shared global goals.

The U.S. government, other donors, and WHO must:

CHAMPION AND DRIVE structural reform for a stronger and sustainably financed WHO. Multilaterals must continually improve operations and outcomes through structural changes and, where needed, reforms.

- Member States should increase the share of assessed contributions to the WHO base budget by 50% by 2029, following the stepwise approach recommended by the bureau of the Working Group on Sustainable Financing.
- The U.S. should explicitly commit to providing sustainable funding to WHO.

SCALE UP financial and technical support to multilateral organizations and commit to new ways of working that are more equitable.

- The U.S. should step up its contributions to multilaterals, including GAVI and the Global Fund.
- Ensure that global health actors' activities better correspond with LMICs' priorities and needs.
- Ensure the representation of LMIC governments in multilateral organizations and partners' governance structures. Similarly, ensure that LMICs have equal footing in decision-making.

PROVIDE ADEQUATE MECHANISMS AND STRUCTURES to secure the meaningful participation of CSOs and communities in multilateral institutions.

- WHO and its Member States must agree to the creating of a WHO Civil Society Commission and Network, as proposed by Global Health Council members.
- Donor governments and the executive of multilaterals, including GAVI, must recognize the value added by CSOs and communities and take the necessary steps to include them in all decision-making processes in a meaningful way. This is critical to ensure that communities and populations most at risk of being left behind are at the center of global health financing, policy development, implementation, and monitoring.
- Look to the experience of the Global Fund by way of example. That organization places civil society and affected communities at the heart of its governance structure, clearly proving that they are critical stakeholders for other multilateral partnerships.

Join us in working to achieve equity in global health.
To learn how, visit: www.globalhealth.org

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