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**The Future of Multilateral Engagement on
Global Health: What's the Right Balance?
Kaiser Family Foundation
November 16, 2010**

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JOSH MICHAUD: Good day and welcome to this edition to the Kaiser Family Foundation's web cast series, U.S. Global Health Policy In Focus. We are coming to you live from our broadcast studio in Washington, D.C. I'm Josh Michaud, Senior Policy Analyst, U.S. Global Health Policy at the Kaiser Family Foundation. In Focus brings you discussions and takes your questions about current issues and debates concerning the U.S. government's role in global health as a donor, partner, implementer, and often world agenda setter.

Each program features leaders in their fields who share their views and experiences with us. Today we are very pleased to have an expert panel to discuss the present and future of U.S. multilateral engagement in global health. While it is one of the most generous supporters of important multilateral health institutions such as the World Health Organization and the Global Fund to fight AIDS, Tuberculosis, and Malaria, the U.S. has historically emphasized bilateral support over giving to multilateral organizations.

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Yet the Obama administration has stated an intention to reinvigorate U.S. support for multilateral global health efforts. In fact, the U.S. global health initiative incorporates strengthening and leveraging multilateral organizations as a key principle for the U.S. going forward.

So what is the right balance for the U.S. between multilateral and bilateral support for global health? Can and should the U.S. provide a greater share of its global health assistance through multilateral channels? These are among the topics that we will discuss today.

In addition, our panel will also address U.S. participation in health-related treaties and international agreements and the role of the U.S. in governing multilateral health organizations. Today's conversation is live and interactive and we encourage you to submit your questions now or as we go along. You can email your questions to infocus@kff.org.

I would now like to introduce our guests. We have Mark Abdo, Director for Global Health and Food Security on the National Security Staff at the White House, Natasha Bilimoria,

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4

President of Friends of the Global Fight, and Jennifer Kates, Vice President and Director of Global Health Policy and HIV at the Kaiser Family Foundation.

Thank you very much for being here. Again to our audience, you can email us questions during this web cast. Send them to infocus@kff.org. I will be monitoring the submitted questions as we go.

Mark, I'd like to start by asking you a question. It's been the stated intention of the Obama administration to reinvigorate multilateral engagement in global health. Can you tell us what this means in what ways has or will the U.S. change its practices towards multilateral engagement?

MARK ABDOO: Sure Josh. This means a number of things for the U.S. government. Most importantly is a realization as spelled out in the President's global development policy, which he announced on September 22nd in New York at the United Nations that the U.S. can play a leadership role in developing the policies and capacities of multilateral institutions, which are critical to the evolving nature of global health.

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In doing so, we are looking broadly around, at the range of capacities that currently exist with multilateral organizations and seeking to determine where we need new capacities, where those existing capacities need to be bolstered, and how we can work better with the global donor community, and with developing countries and the multilateral institutions themselves.

One of the highlights of the work thus far, I would say, is the historic U.S. pledge over three years of \$4 billion to the Global Fund replenishment. This is the first time that the U.S. has actually been involved in the Global Fund replenishment conference and demonstrates an interest in looking at the medium term horizon to see how we can target both our financial resources but also our technical and catalyzing resources to help the organization as it moves into its next phase.

JOSH MICHAUD: Okay. Well let's put some perspective on this question of bilateral versus multilateral and I want to turn to you Jen and ask you currently what is the split between

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funding for bilateral versus multilateral programs in global health for the U.S. government?

JENNIFER KATES: Yes. In looking at that question, there's a number of ways to look at it but we chose to do at Kaiser was to look at the global health initiative, which encompasses most of the U.S. global health programs that exist, bilateral and multilateral, and when you look at that set of activities, about 14-percent of funding goes to multilaterals. That includes primarily the Global Fund, which Mark was talking about as well as GAVI and UNAIDS and several others.

The 14-percent has been fairly consistent over time. Sometimes it's 13-percent, sometimes it's a little bit more but in general, it's about 14-percent. So I think that's been the historic balance. The U.S. is largely a bilateral donor as several other governments are. I guess a question is what would a shift even mean? Would it shift to 15-percent or 16-percent; we're talking probably on the order of those kinds of shifts but that's been the historic trend.

MARK ABDOO: What I think is critical though is the realization that one can shift the balance of engagement

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without shifting the resource envelope. A renewed engagement in multilateralism doesn't necessarily equate simply to greater funding. It is a way of doing business, a way of leveraging our leadership in the organization and a way of looking at programming and policy more broadly bringing together the full range of our partner countries and expertise.

JOSH MICHAUD: Well I wanted to go further on this question about the Global Fund. Obviously the U.S. is the largest donor to the Global Fund and historically been a strong supporter of that. Could you, Natasha, put some perspective on the U.S. engagement with the Global Fund historically and where we are now?

NATASHA BILIMORIA: Sure. Well to really build on what Mark has said, I think the Global Fund is actually a great example of these various ways that the U.S. can actually show leadership in a multilateral. I mean in my view, there's sort of three key ways that they've done this within the Global Fund. Financing, which is the thing everybody talks about, their role on the board of directors as well as providing technical assistance to Global Fund grants in the field.

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So on the financing side, obviously this is where the bulk of the focus is on a regular basis and I think historically it has been on what is the U.S. contributing to the Global Fund and as has been mentioned, it is the largest donor, has consistently been the largest donor to the Global Fund. It was also the first donor in 2001.

This unprecedented commitment that was made in October of the \$4 billion pledge, as Mark mentioned, is the first time that has been done and within any replenishment cycle has been the largest pledge that any donor has provided.

I think that just to sort of look at that process, there are many in the community that were hoping for more but I think looking at sort of the situation around us, I mean we are facing quite an economic environment and have for the last few years. I don't think any of us would disagree that that is going to continue into the future. I think this pledge really marks U.S. commitment an ongoing U.S. commitment to the Global Fund.

The board is actually also another place where the United States has played an incredibly important leadership

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role. Again from the beginning, the U.S. actually is the only country that holds its own seat on the board and I think that actually is very telling because of its financial commitment but also the role it plays in policy making. Currently it sits as the chair of a subcommittee of the board called the Portfolio and Investment Committee, which basically has management over all of the grants within the Global Fund, so clearly a very important role for the U.S. to have. I think it is critical.

Then the third piece is really the piece that I don't think is really talked about as much but in my view is one of the most important pieces because it's what allows for Global Fund programs to have success, and it is the ability to provide technical assistance to those programs on the ground.

In every appropriations bill, recently, there has been language that allows up to five-percent of the Global Fund appropriation to be utilized to support Global Fund programs in the field. This can range from assistance with supply chain management to monitoring and evaluation and program management.

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So it's really things that many of these programs need to be successful on the ground.

I think that this is a very important piece. Again going back to what Mark said, it's using that leadership and quite frankly the structures that the U.S. government has on the ground to actually benefit these programs. So I think that the Global Fund is really a very unique example of how the United States is utilizing its various strengths to support the end goal of the organization.

MARK ABDOO: In conjunction with the pledge of \$4 billion over three years, which makes a funding envelope of approximately 32-percent of the Fund's total replenishment, we did issue a call to action to optimize the functioning of the Fund. This will be almost more important than the actual funding level that we provided because it ensures the continued viability and sustainability of the Fund's operations working efficiently and effectively with our donors.

JOSH MICHAUD: That brings us to another topic I wanted to touch on, which is this question of governance and the important role that the United States plays on the Global Fund

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board, for example, and the kinds of things that Mark was talking about in terms of being able to influence it becoming more efficient and effective.

Is the Global Fund and the reforms or the way that it's practiced up to now been a model for other multilateral organizations, would you say, in its approach to global health? What are the good lessons that have been learned from the Global Fund's approach to governance of global health programs?

NATASHA BILIMORIA: Well I think the short answer to your question is yes. I think it is a good example and I think sort of there are a few things I would say about that. One is that the Global Fund has always been a learning institution. I think that if you look at what has been accomplished in less than 10 years, it's actually quite phenomenal the results that it has achieved along with the key partners involved like PEPFAR and PMI.

So with that said though, I think that its sort of founding principles really laid a very good framework for movement historically but movement forward. I think the first is just on the results. I think all of us who work in global

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health, part of the reason these areas of work have been so successful as far as increased funding historically is because we've been very clear about the results that can be achieved with the investments made. I think again as we move forward this is going to continue to be a very critical piece of our progress moving forward.

The Fund has also been very clear about transparency and accountability, again very key principles to its foundings. I think that again it has been very active in making sure that issues are put forward and they're discussed and sometimes they're not always the easiest things to discuss. I think the other thing to keep in mind with all of this is the work that's being done in many of these countries is, in many ways, the way we're doing it is new.

We're dealing with economies and infrastructures that are young and infrastructures, quite frankly, that can be immature. So things are going to happen in places but I think what we're seeing with the Fund is that they're very open to what the issues are and I think one kind of lesson learned was and sort of benefit that was created was the creation of the

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Office of the Inspector General, which was actually something that the United States pushed for quite strongly in the last administration.

JOSH MICHAUD: IS that unique among multilateral health institutions?

NATASHA BILIMORIA: In my view that is. It is an independent office that actually answers to the board of directors. His job is to view grants and provide oversight and be very open about what some of the issues are and allowing the secretariat to respond to the concerns in the field. The other point I would just raise is again as a learning institution, these issues of what have we seen as we've moved along, I think this reform agenda is something that the Global Fund, first of all is doing, very much doing on its own.

There are several reforms that they have already started to ensure efficient and effective grants management and strategic use of the dollars but again as Mark mentioned that this was also part of the U.S. pledge at replenishment.

I think there's a lot of work that is being done and will continue to be done to ensure that the dollars that are

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being contributed to the Fund by the U.S. but all donors are really being put to best use.

MARK ABDOO: I think that this is a really good point and it's something that's not unique to the Fund and it's something that we're seeing across a number of multilateral institutions. Right now, there's focus on the global economic crisis and how it's affecting the funding envelope for global health. So that means that we need to have better accountability and more value for money from our multilateral partners.

So like with the Global Fund, we see the World Health Organization entering into a process to examine its future funding and to optimize its roles and functions and mandate and the way it operates in what's admittedly a sort of crowded field. I don't think any of us, if we could design de novo, a global health architecture would come up with the present system. So part of the accountability that needs to happen is an examination of who does what best and how to optimize that without creating inefficiencies, redundancies, or waste.

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If I can also just add one more piece, I think the other area to sort of view multilaterals is we've talked about the Obama administration's global health initiatives. I think that strategic use of multilaterals actually, in the end, only helps the success of the initiative.

I think that clearly the Global Fund is a critical part of the results and success that is required or that the administration has said that they want to achieve in the next several years but I think there are other multilaterals that are obviously doing their part like GAVI and other organizations that really will help build to that success that the U.S. is trying to achieve within the overall GHI.

JENNIFER KATES: I also think that gets to another point about this is a split between bilateral and multilaterals are a bit artificial because it is really how financing is directed but in terms of in the field particularly in the case of the Global Fund but also GAVI and many others and they're not all just financing institutions.

The intermingling on the ground is prevalent. So they actually go in concert and can benefit each other, I mean in

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the ideal situation, but I do think you almost take the discussion to an artificial distinction at times.

NATASHA BILIMORIA: I think this idea of intermingling is actually hugely positive, I mean I think all of us have been doing this work for quite some time and I know that when the Fund was first created, there was this constant discussion about bilateral versus multilateralism.

I think as we've seen, I mean I think we've all been to the field several times where there are no such things anymore as PEPFAR clinics or Global Fund clinics. They're all receiving funding from all the major sources and working to figure out how best to integrate.

Again I think there are positives to bilateral aid but also a lot of positives to multilateral aid. It's looking at each situation separately in the country and seeing what type of assistance really is going to work better.

JENNIFER KATES: Donor strategies because the U.S. is heavily bilateral as is the U.K. for example but France is really just almost exclusively multilateral. So there are

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different strategies that donors employ and that has to be looked at as well.

MARK ABDOO: Hopefully we're moving to the point where we can look beyond simply the strategies that donors employ whether they're multilateral or bilateral to what the actual country needs and wants are so that we're aligned behind country plans and programs that we're building sustainable systems that in the absence ultimately of donor funding will be able to maintain the standard of care for the population that they're serving.

JOSH MICHAUD: I wanted to touch on something that you had brought up and that's GAVI. We've actually received a couple of questions that were emailed to us concerning the U.S. involvement investment in GAVI in comparing it to the Global Fund. One of the questions from Leith Greenslade at the GAVI campaign in Washington, D.C. has asked: "the Global Fund receives a three-year funding commitment from the United States while GAVI does not at this point. Can and will the U.S. government make a consistent funding approach across Global Fund and GAVI and perhaps other multilateral health

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institutions both at the level of investment and the three-year commitment?"

NATASHA BILIMORIA: Well I can speak to the issue with the pledge with the Global Fund. I mean this was the first time we've mentioned this that this was the very first time the U.S. actually officially participated in a replenishment and actually did commit to a three-year number. Again this is the third annual replenishment of the Global Fund and the first time this has happened. So I think we're dealing with something very new. So I think what, I believe that GAVI is actually going through the same process and that funding meeting is likely in the middle of next year. I will hand it over to Mark to respond to that question.

MARK ABDOO: In terms of GAVI, I can't speculate where it will come out in terms of a multi-year commitment and what the envelope for that commitment will look like but again the number isn't the only important thing. The United States has already demonstrated its leadership and its interest in ensuring the continued viability of GAVI.

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We co-hosted, on October 6th, the meeting in New York with Norway to set the parameters for reinvigorated GAVI to get buy-in from the rest of the donor community. It's really launched an effort to optimize GAVI to ensure that vaccines get into kids' arms as is necessary.

The replenishment, as Natasha mentioned, will be next year and we're actively considering what the options for that replenishment are.

JOSH MICHAUD: Okay, great.

JENNIFER KATES: Just to add to both of that, the other reality too is even a multi-year commitment by the administration is dependent on annual requests and appropriations by Congress. So it remains to be seen what will actually, how that will play out.

JOSH MICHAUD: I wanted to pivot now a little bit and go into another area that I want to touch on and that is the topic of international treaties and agreements and to start this off, I thought Jen, I know that you've done some research and the Kaiser Family Foundation has recently released a report on U.S. engagement in international agreements and treaties on

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global health. Could you just kind of give us a summary of the results of your research?

JENNIFER KATES: Sure, yes. This research came out of our looking around at the ways in which the U.S. works in the world on global health and wanting to capture its role multilaterally that's not just financing. There's this whole range of international agreements and treaties on many, many topics but it's best that we could tell, none had been catalogued that were health-related, sort of say if there's a set of them that are focused on health or encompass health what are they and how is the U.S. playing with those.

So we did a review, a survey really of all the agreements that we could identify, there are thousands of agreements but we looked at ones that are considered multilateral agreements so where several governments and other organizations are parties to it.

We identified 50 that we felt were sufficiently focused on health either exclusively or encompassed key aspects of health. Of those 50, the U.S. is a party to 36 of them. Now of these 50, a bunch are treaties and I'll mention that in a

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minute and some are partnerships, principles, declarations but things that where governments and others have come together to sign on to common principles and many cases if they're treaties, actual statements of intent.

To say one thing about treaties, those are actually binding under international law. So we look specifically at those too. One other thing on the 50 agreements, 26 are binding and the U.S. is party to 16 of those. So I'd say a high level of U.S. participation but it varied really by type of agreement.

JOSH MICHAUD: When the U.S. is party that means that has been signed and passed through Congress or not?

JENNIFER KATES: Yes. So in general to be a legally binding say international treaty, it's a little confusing and every country has its own process but treaties are under international law. They're legally binding. The countries that sign on to them are bound under that principle to the terms of the treaty.

The U.S. though has a slightly unique process. There's the treaty process. So the U.S. can sign on to a treaty and

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it's called a treaty whereby and it's pretty high standard, the Senate needs to actually approve that treaty with two-thirds advice and consent on the Senate. So it's considered a fairly high bar.

There's another way that the U.S. can become party to it that's not considered the same exact way. It's through an executive agreement. It's where there's an international treaty and the executive branch, through its authority grantor, the constitution can actually sign on to it without going through advice and consent of the Senate maybe including Congress in different ways but it's a slightly different path. It's not called a treaty in the U.S.

It's called an executive agreement but in the international world, it's still a treaty. An example of that is the International Health Regulations and the WHO sort of houses and the U.S. was very involved and signed on to that. It's bound to it under international law. It was done through an executive agreement.

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JOSH MICHAUD: Interesting. Yes and that particular agreement, if I'm not mistaken, was renegotiated or changed recently in 2005 was it?

JENNIFER KATES: It was the sort of second iteration. It's actually considered a very strong, important way in which the WHO and the world governments came together around international health regulations for the first time and made it binding on all nations. The U.S., as I mentioned, is party to it. The U.S. has expressed a couple reservations around its membership but that's what's nation states often do when they sign on to these instruments.

JOSH MICHAUD: So when the U.S. supports something like GAVI or the Global Fund, this is not a treaty-type agreement and is unlikely to come to need a treaty-type agreement to go forward?

JENNIFER KATES: Right I mean so in addition to treaties, which are as I mentioned, there's all other ways that the U.S., there's multilateral instruments like the Global Fund and the U.S. is on its board. The U.S. contributes to it

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financially. The U.S. works on the policy side and technical assistance but it's not a treaty.

The U.S. isn't bound under international law in the same way but those other mechanisms are quite important. It gets a little complicated because things like the WHO, for example, were founded by a treaty and the U.S. is a party to that treaty. So sometimes actual institutions are set up through the treaty process.

MARK ABDOO: Right but one can't underplay the importance of nonbinding instruments for global health. For example the two political declarations on HIV/AIDS, which established and built on G8 work around the goal of coming as close to possible to universal access to prevention, treatment, and care for HIV/AIDS, provide an incredible amount of political and moral authority that are incredibly important regardless of whether they're binding on member states or not.

JENNIFER KATES: We looked at all of those. I would put the MDGs in there too where they're not binding under international law but by virtue of all nations coming together and saying we support these principles that actually can help

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set an agenda, change the dialogue, create an emphasis, and we've seen that with the principles on HIV that you're mentioning with the MDGs. So they're very significant in my view as well and they're not binding.

JOSH MICHAUD: To some extent then in the recent past, there's been some use of the United Nations as a forum for health-related declarations and statements that can be both positive but what is your belief about using the United Nations say General Assembly as a forum for health-related declarations rather than something like the World Health Assembly, which governs the World Health Organization? Do you have a perspective on that?

MARK ABDOO: There are multiple fora in which member states come together to advance global health goals. All of them have some pros and some cons. With health goals though, it's important to remember that often the solutions to problems are technical solutions and the bodies that are best suited to actually act on helping member states create policy environments and contexts in which to address health concerns

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are the technical institutions, so the WHO as its role as the leading technical and health body of the United Nations system.

So while there's a benefit to having the political spotlight that New York brings to an issue, we shouldn't forget the very real need for a mandate to carry out the technical work to actually address the problem, which is something that's often better done in Geneva at the WHO through the World Health Assembly.

JOSH MICHAUD: You mentioned the G8 and I wanted to actually bring up the G8 and the G20 knowing that the G20 just concluded in South Korea. You've had some experience in the past at those multilateral for a, Mark. Can you give us a perspective as far as the role of those fora for global health-related discussions or declarations or building support?

MARK ABDOO: The G8 has, in the past, played a number of roles in terms of global health. It has catalyzed action and we can see that through, for example, the Global Fund. It's been a lead assembler of resources and one can see that through, for example, G8 contributions to the global polio eradication initiative.

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It's helped change the focus of the discourse on global health and one can see that through the recent work over the last three years or so in shifting the approach that many in the G8 have taken to health from a vertical approach to a more horizontal, for lack of a better word, approach focused on strengthening health systems for sustainability.

What the G8's future holds I can't speculate on. The G20 has, through the sole development statement, taken a far more economic approach to development as opposed to your classic assistance or aid approach to development that we've seen in the G8 context.

JENNIFER KATES: Many of those, the members of the G20 are really poised and positioned to take on an increasing role in agenda setting and financing some of the global health response. So I think that it's definitely a forum to watch in that regard.

JOSH MICHAUD: Right. With the rise of countries like Brazil and Russia and India and China in the G20 but also independently, is that going to change the calculus? Are they represented at a high level in the Global Fund governance or

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donor, are they providing donations or assistance or support to multilateral institutions in keeping with their rising political stature?

NATASHA BILIMORIA: Russia is a good example of that. They, early in the Fund's life, were receiving quite a bit of assistance and support from the Global Fund. In recent history, Russia has in fact become a donor of the Global Fund basically providing the funding that they have received but also providing additional funding in that at that same level as a donor.

So we are seeing it and I think in our view especially as an organization sitting in the United States and knowing what the U.S. has done and being able to leverage additional because that's one of the key parts of what the U.S. does. It's actually able to leverage additional dollars from other donors. We would like to see more of these emerging countries come out and be doing more as their economies allow them to do it.

JOSH MICHAUD: Right. I wanted to turn now to the U.S. domestic situation. we received an email question from Alex

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Palacios from the GAVI Alliance and also a similar question from Kellys Kaunda who's a journalist in Johannesburg who are asking about the implications of the recent U.S. election on the prospects for further engagement on multilaterals and can we expect the change that's upcoming in Congress to change the calculus of foreign aid and in particular in global health? Any reads on that?

NATASHA BILIMORIA: Well I think to be just very honest, I think we have our work cut out for us in many ways. First of all, I think there's a level of education that needs to be done because we will have quite a number of new members of Congress both in the House and the Senate side who are coming in and this is not an issue. Global health is not an issue that they've paid a whole lot of attention to.

So I think that all the organizations and the administration itself will need to be doing a lot of education about the importance of this issue moving forward. We've been obviously looking at this situation very closely at our organization.

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I think that there are obviously different philosophies about the best way to go about doing global health but development, as a whole, and I think again this issue, what I hope is this issue between bilateral and multilateralism doesn't start kind of coming up again because

I think that we have really all worked hard to again make the point that these two types of aid and assistance are critical to reaching the goals that we need to reach but it is the thing that's very different about the situation we're in now because I think historically we've had situations where one party has been in control versus another but what we've seen is a consistent increase in funding over almost the last decade but now we have a very different situation with the economic crisis and the needs here at home.

I think that sort of remains to be seen. We haven't been in a situation like this before. This is where, in my view, again the conversation about results isn't going to be critical. I think the conversation about value for money is going to be critical and I also believe that it's important to

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be able to talk about why this sort of assistance is important to the United States as a whole as a country.

It is going to be difficult. I think just to reiterate that I think Jen raised is, us in particular, this \$4 billion pledge is not money in the bank yet. So there is a lot of work that is going to have to be done by the advocacy community and others to really ensure that that pledge becomes a reality over the next few years.

JENNIFER KATES: Yes, it's too early to know how this might play out but I think the fiscal reality is the one that's going to blanket a lot of the discussions. I agree, I think that in the past, some of those splits have come up, bilateral or multilateral, but we've partially, because of the funding portfolio has been able to increase but also, over time, learning more about the intersections. So it'll be really critical to keep those conversations going.

JOSH MICHAUD: Jen you had mentioned that pretty consistently the United States, if you look at the split between bilateral and multilateral are about 12 or so percent for multilateral and the rest for bilateral. Why is that?

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What are the historic reasons? I mean knowing that Congress holds the purse strings so to speak? Are there reasons why U.S. policy makers seem to prefer the bilateral set-up versus a multilateral?

JENNIFER KATES: I think there's multiple reasons. There's a lot of historical reality to this. The U.S. is the largest development entity in the world. That development is provided in the form of funding and personnel and often the U.S. is sort of the largest, let's say, development and health force in a country in terms of personnel and equipment, etc. That's been in the makings for many, many years in the U.S. historical role as sort of a world leader, donors setting up foreign assistance and development programs and has a physical presence in many countries around the world.

That has been there for a long time. In some countries, it's more than others. So this history has built up an infrastructure that the U.S. is part of and so that's just been one thing. That was the result of a perception of need, of politics, historical relationships, a whole range of factors but reality is that that exists on the ground. As the U.S. now

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is looking at creating more sustainable programs in country, that's going to be a shift. So there is that infrastructure already present.

Secondly and also a big factor is the issue of accountability and tracking the funding. That's not unique to the U.S. but it's definitely very, very prominent in how the U.S. makes policy and funding decisions wanting to understand where the money goes. It tends to be easier when you are providing the money to U.S. programs that then go into the field and are traced back through the U.S., through reporting, etc.

When you co-mingle funding in a multilateral institution, it's just by nature of it, much harder. It's not impossible and I think the Global Fund has been a real exercise in showing donors how that can be that you can actually look at results and have a greater reach sometimes but the combination of having real infrastructure around the world with political desire to understand or at least be able to say this is the program that I supported makes it a little challenging for

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members of Congress and for others to shift more towards a multilateral environment.

I think it really is more recently, the dialogue around how on the ground this split is sort of artificial helps reinforce it. So it's political factors, development, assistance, history, accountability issues.

JOSH MICHAUD: Right. So the oversight or if there are, put it this way, restrictions on U.S. funding for the Global Fund for example, are those related, some of the factors that Jen talked about? I mean what are the restrictions or requirements that the U.S. has placed on its donations for Global Fund for example?

NATASHA BILIMORIA: Well actually to be honest with you, there aren't any. Early on in the Global Fund's life, there was a lot of discussion about certain policies that should the Global Fund actually have to do things that say bilateral NGOs would need to do directly with the U.S. government.

I think that the right choice was made when the Global Fund was started by the administration to basically say look

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this is a multilateral institution. Again I think this is some of the inherent tension that there are certain things and it's, to be very fair, it's not just the United States.

Every donor has certain things that they care about and I think the idea that came forward and I think has really consistently come through is we're doing this as a shared global partnership. There are certain things that absolutely donors are going to have to push for because they are critical to their own governments.

I think we've seen some of those things happen but generally speaking, putting specific earmarks on Global Fund funding can only go to these types of programs or not to these sorts of programs. I think the Global Fund has been a unique entity. I think the donors around the table and quite frankly it's not just the donors around the table. It's everyone around the table both civil society, recipients.

In order for countries, and I think this is sort of the key point for Global Fund, the Global Fund is all about country ownership. I think in order for countries to actually utilize the funding in the way that they see fit in how to support

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their citizens and target these three epidemics in the case of the Global Fund, when you have restrictions about certain things or percentages of funding that need to go in one place, it makes it very difficult for the countries to actually do what they need to do.

I think Mark can probably attest that countries don't actually, I think that's probably one of the biggest discussions that happens is that it becomes very difficult for them to do what's right from their perspective in country when there are a lot of restrictions put on donors. I think the U.S. and the Global Fund are part of that.

MARK ABDOO: But the Global Fund, let's be clear, is the exception and not the rule. For example, our funding to the WHO or to any of the organizations working in health under the U.N. system can be broken down quite neatly into two component parts.

One is our assessed contribution, which is 22-percent of the organization's assessed budget per the U.N. scale of assessment. If it's the OAS scale of assessment, that goes up to a little over 59-percent of the assessed budget and then

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voluntary contributions. Often for example in the case of the WHO, our voluntary contributions are highly earmarked.

So Congress appropriates to either CDC or USAID or some other entity money specifically for program A, B, C, or D and we have little or no flexibility to make shifts in where that money goes to. So part of examining the usefulness of multilateral institutions and building their capacity and reinvigorating them is also taking a look at our own funding practices and seeing how we can optimize the funding mix between assessed and voluntary so that we're not unduly tying the hands of the multilateral institution and thereby removing some of its comparative advantage.

JENNIFER KATES: I wanted to throw in one more thing on the Global Fund because it's true that in general, Congress has not defined specifically how U.S. funding would be used at the Global Fund but it has put a cap on the amount of funding that the U.S. can contribute in any year being a third.

NATASHA BILIMORIA: It's actually overall funding.

JENNIFER KATES: Right, right, right but I think at the time when that first was proposed and put in place, not

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everyone was particularly supportive of that but I think what has been shown is that it has become a key leveraging mechanism by which the U.S. may state through Congressional appropriations and budget requests this is what we're willing to fund but other donors and other contributors need to make up the difference. So I think now it's looked at a little differently as a leveraging component.

NATASHA BILIMORIA: Oh I think it's considered a very positive move and in fact I think part of the reason I believe -I really believe this, that the Global Fund has been so successful is that the U.S. has shown a leadership role and it's really engaged other countries to sort of step up and do as much as they possibly can as well.

MARK ABDON: The President, in his global development policy, has tried to build on that to make leveraging U.S. financial and other support for an institution a critical component of our work so that it's simply not enough for us to provide technical assistance or to give money but we actually need to be out there getting the global community to coalesce behind an idea and actually put some skin in the game as well.

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JOSH MICHAUD: Let me introduce a question that we received by email and it comes from Adam Richards from UCLA. He asks a question about the Global Fund and fragile states. It says: "How do you foresee opportunities for the Global Fund and U.S. government to ensure universal access to services in fragile states that may be unwilling or unable to provide coverage for their own people?" I'll throw that out there for the panel to address.

NATASHA BILIMORIA: Well it's a very important question and I actually think this is one of the comparative advantages of the Global Fund in that they actually do work in many fragile states. What we've found is, is while there are many sort of governance issues within these countries, clearly people are suffering in these countries. I think the Global Fund, in many cases, is one of the few or the sole donor in those areas and there are a couple things obviously with fragile states that any donor needs to be very cautious of.

I think that there are policies and systems in place within the Global Fund structure that allows for very careful

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assessment to ensure that the dollars that are being received by the country are being used for their intended purpose.

So there's a set of policies called additional safeguards, which really are, I mean there's a set of policies that the Global Fund has for all countries that are receiving funding but this, the additional safeguards policy, takes it to a very different level and again really provides both the secretariat but also the donors around the table with the assurances that this funding to the greatest extent possible is being used for its intended purpose.

Again, we have the other oversight mechanisms like the IG to actually ensure that those things are happening. So I think that is a place where I think the Global Fund is particularly critical because again, for larger political reasons, it is hard for many bilateral donors to be working in some of these countries and the Global Fund allows these donors, and again it stretches the reach in many ways of the bilateral programs to do more in countries where there may not be the bilateral infrastructure to do the work.

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MARK ABDOO: Again the U.S. global development policy recognizes that we need to tailor the development solutions to the specific context in which those solutions are needed. So a post-conflict or crisis situation requires a different type of approach and solution whether it be multilateral or bilateral than a reasonably well functioning developing country would require.

So part of it is not using one size fits all approaches to assistance or to development but actually looking at what the specific needs are and what structures there are through which to operate to ensure that those needs are met.

JOSH MICHAUD: Well building on this idea of the comparative advantages of multilaterals like the Global Fund, there's a question that just came in - and this was an area that I wanted to touch on as well - this question comes from Elizabeth Leonard from Care U.S.A. who asks: "In the coming years, there is a possibility that the Global Fund will shift its focus to be more inclusive of other target area issues, health issues such as maternal health." Could you give us a perspective on where the Global Fund is in that process in

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terms of the discussions, in terms of considering maternal health or other health areas?

NATASHA BILIMORIA: So this is actually the expansion question has been sort of permeating a lot within global health and development community but very much so also within the Global Fund as well.

The conversation really sort of came out more directly earlier this year during a board meeting where there was much discussion about the fact that the programs that the Global Fund is funding on HIV, TB, and malaria are having a very positive impact in the areas of maternal child health, so HIV prevention, prevention of mother-to-child transmission, STI prevention, providing infant feeding. So there are many things that are being funded through this specific HIV, TB, and malaria programs but are actually having a very positive impact on maternal-child health.

So there was a discussion about with potentially more strategic focus on the way the funding is used that impact can grow. So actually the board, this will be an important discussion that occurs in the upcoming board meeting in

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December, really looking at these issues more broadly and what's possible.

I think it's just important to bear in mind that this is an ongoing discussion. There is no doubt if they choose to move in this direction, we will have to see some policy and potentially structural changes that occur in sort of the grant making process but I think that this is an area that the board is seriously considering and again, I also think that there is sort of a lot of benefits but also some challenges to the idea of expansion. So I think it sort of remains to be seen how that moves forward.

MARK ABDOO: I agree with what Natasha just said and to build on that just slightly, I mean if one looks at the current mandate and focus of the Global Fund, one sees a multitude of ways in which it contributes to improvements in maternal, newborn, and child health simply by funding the grants that it receives for malaria prevention and control.

The Global Fund makes an incredible contribution to child health and to maternal health since malaria disproportionately affects pregnant women and children under

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five. So one needs to consider this both as a sort of forward leaning potential avenue for the fund but actually realistically in looking at the great collateral benefits that its current funding offers to MCH more broadly.

JENNIFER KATES: I mean the backdrop or not even the backdrop, the overlay on all of this is as new areas or areas that haven't gotten as much attention rise on the global agenda as maternal and child health has been through many actions including at the G8, there is a global discussion about what's the best way to mobilize responses around areas that need more attention.

Many areas need more attention. I think one of the shifts that is interesting and partially, I think because of the effectiveness of the Global Fund and other institutions, is increasing a look at new multilateral mechanisms and is a multilateral financing mechanism the best way to respond or mobilize resources and is it an existing mechanism?

So I think there's this larger discussion and it's natural to look at the Global Fund mainly because of the

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collateral aspects you mentioned but also because it's a unique institution that's been established.

NATASHA BILIMORIA: Right and it is the largest global health financier in the world. So it does make some sense just from the conversation here.

JOSH MICHAUD: Is the logical conclusion of all of this then just one large Global Fund for health? Is that the way that we should be going, consolidating all of the many different actors that are out there or is there still a need for this division or there may be good reasons to maintain having multiple actors working in multiple different ways?

NATASHA BILIMORIA: I think the answer to that question depends on who you ask actually but look, I think I don't know if there is an exact answer to that question. I think that I'll raise something Mark said earlier is that we are all, we have accomplished a huge amount over the last 10 years and I think that there is now a larger view happening about what we can do to move forward in a more efficient way.

So I think it's a good thing that all of these questions are being asked and really trying to figure out how

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do we maneuver around our new sort of world order and the context that we're seeing to figure out how to do this but I think again we're going to continue to have many conversations about this to see what the right choices are moving forward.

MARK ABDOO: It's not simply a matter of looking for new mechanisms or increasing the funding envelope. We, as a donor community, have responsibilities to ensure that we meet our commitments but in tandem our developing country partners have a responsibility to ensure that they actually put in place the policy environment and the funding necessary for some of these activities to be sustainable.

So there's a mutual responsibility here that goes well beyond simply dollars because there is no equation that spells out funding plus more funding equals health. I mean that's an impossibility.

NATASHA BILIMORIA: I think that's right but I also think that as we sort of broaden the discussion to cover more things, there's absolutely no doubt that yes, there are more efficiencies that we can make but if we really and we, I mean the global community, want to be doing more in global health,

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there's absolutely no doubt in anybody's mind that more funding is also required along with these additional policy changes.

JOSH MICHAUD: One aspect that I wanted to touch on also was the importance of private actors meaning private philanthropies mainly but also corporations and what impact they have had up until now and what implications their increasing profile in global health might have for multilateralism in general, and the sort of mechanisms that we've been talking about like the Global Fund, like GAVI?

NATASHA BILIMORIA: Well I can talk specifically about some Global Fund examples. I mean the Global Fund actually, again looking at one of its founding principles, it is a public-private partnership. It was never intended to be solely funded by donor countries. So we have seen some very innovative and unique ideas that have come from the private sector to support the Global Fund and the work they're doing on the ground.

I think things like Product Red, which is a very innovative invention that really takes products, consumer products, that people around the world use and try to make them

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cool and portions of those purchases go directly to the Global Fund to fight AIDS, HIV/AIDS among women and children. It is by far the largest private sector donor and I think again utilizing, it's not just about companies giving away their money.

It's about companies utilizing, sort of using their best practices to then assist the Global Fund. They have a corporate champions' program where Chevron, three years ago, provided \$30 million and there's an additional contribution happening for another \$25 million. So again looking at the communities that companies work in and really seeing how these diseases are affecting those communities.

I think what we're really seeing and I think this is important is seeing how all of this plays into the corporate bottom line. It's not just about corporate social responsibility anymore. There's really a change that has been occurring. I hope it continues to occur or people are seeing how these issues are actually affecting their ability to do their job properly and answer to their own stakeholders and boards.

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So I think that we have seen a great deal of movement in this area. I hope, I think there's clearly again in the economic situation we're in, I think seeing companies do more of this actually also helps put pressure on governments to say look, we're doing our part. You need to continue to do yours. So I think there's a real opportunity to do more.

MARK ABDOO: I think one of the interesting things that's beginning to happen is that we're beginning to conceptualize things not in terms simply of philanthropic giving or corporate social responsibility but looking at how through mechanisms like foreign direct investment we can create a sustained and broad based economic growth in a number of developing country partners so that they're able to pay more of what it takes for them to sustain health programs for their citizens that creates a win-win for corporations back at home and for the global economy more broadly and for the people that we're trying to help.

So a traditional assistance model, I don't think, is going to get us very far in the future. We need to begin thinking in terms of the multisectoral and multidimensional

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complexities of global health in order to figure out what the best way to achieve sustainable results is.

JENNIFER KATES: I agree. I think going to your earlier point about financing isn't the only answer, I think a lot of people often think the private sector is going to make up a huge funding gap and it's really about the innovation piloting things whether it's foundations piloting projects or donating to aspects of things whether it's the Global Fund or others. It's really the model or filling in the pieces of the gap that we should be thinking more about as well.

NATASHA BILIMORIA: Yes. I mean we talked about corporations but obviously there are several foundations that are doing significant amounts, Bill and Melinda Gates Foundation just to name one but I agree. I think the other point to raise here with corporations in particular, it is about how do they use their expertise to actually help with things on the ground? I think again we're seeing more companies utilize their expertise in ensuring that there's technical assistance being provided to governments as well as NGO partners to do their work.

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JENNIFER KATES: We've seen that through our work with media partners and the media partners coming on and doing what they do best, which is reach consumers with information in ways that consumers can understand it and access it. We, as public health people, can give messages and all kinds of things but it's really the media that bring that expertise. So I think it really is the model.

JOSH MICHAUD: Okay well I'm going to give Jen the last word there because we've actually run out of time. So I just wanted to now thank the panel, thank Mark Abdoo, Natasha Bilimoria, and Jen Kates for being here today. And, I would like to thank all of you for your questions.

On our website, globalhealth.kff.org, you will find additional resources on today's In Focus and we encourage you to share the video and transcript with your own audiences. We also hope that you will join us for future web casts of U.S. global health policy In Focus. I'm Josh Michaud of the Kaiser Family Foundation. Thank you.

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