

## The Challenge of Donor Coordination in Global Health – What's At Stake?

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#### **Global Context**

- Proliferation of donors to global health
- Increasing number of large-scale global health initiatives (e.g., Global Fund, GAVI, PEPFAR)
- But evidence of:
  - Aid fragmentation
  - Redundancy
  - Inefficiency
  - Burden on host countries



**Calls for Donor Coordination** 



#### **Many Donor Coordination Efforts & Initiatives**

#### **General**

- Monterrey Consensus, 2002
- Rome High Level Forum on Donor Harmonization, 2003
- Paris Declaration on Aid Effectiveness, 2005
- Accra Agenda for Action, 2008
- Busan Partnership for Effective Development Cooperation, 2011
- The Global Partnership for Effective Development Cooperation, 2012

#### **Health-Focused**

- Three Ones Principles, 2004
- Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, 2005
- International Health Partnership (IHP+), 2007



#### **But Despite These Efforts...**

- If you are a low or middle income country, or an NGO working in a country, do you know which donors are working on which health issues in your country?
- How can country recipients of aid and civil society best identify donors?
- Are donor governments themselves aware of one another's presence and efforts on identical issues?
- Implications in current era of austerity and increasing focus on "country ownership"?



#### Purpose of Kaiser Analysis/Methodology

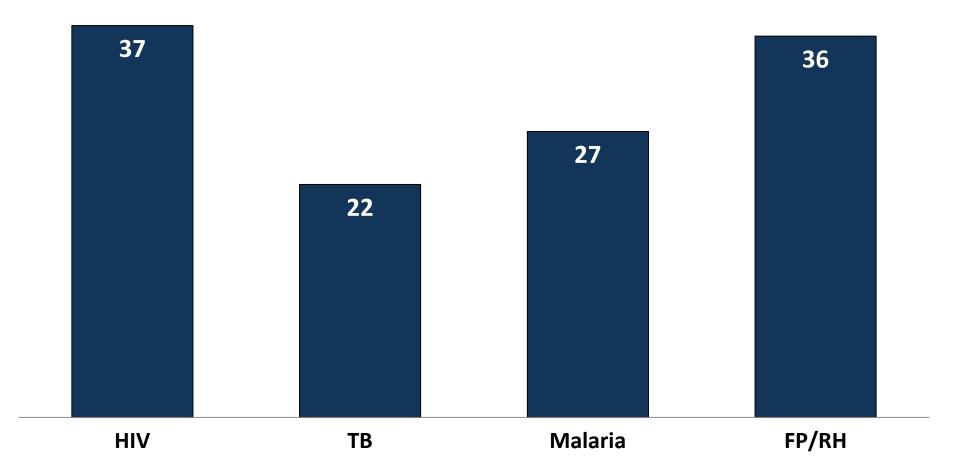
- Map the "donor landscape" in key global health areas
- Three years (2009-2011)of data from the OECD CRS to examine donor presence and magnitude of assistance by health area, region, country
- Looked at HIV, TB, malaria, and family planning/reproductive health
- Disbursements used
- Data include:
  - Donor government members of the DAC (bilateral disbursements)
  - Multilateral organizations



# Mapping the Donor Landscape in Global Health Report Series: Snapshot of Key Findings

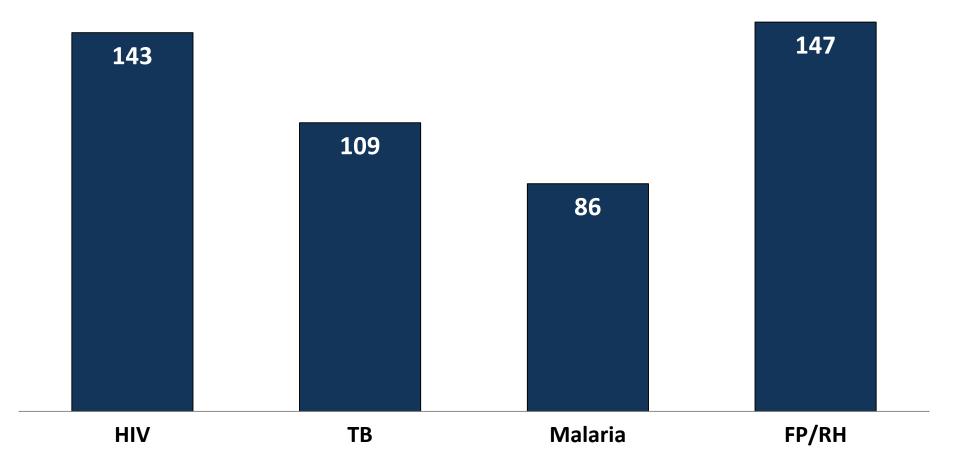


## **Total Number of Donors by Sector** 2009-2011





## **Total Number of Recipients by Sector** 2009-2011





## **Top 5 Donors by Sector** 2009-2011

HIV	
Donor	% of Funding
U.S.	61%
Global Fund	19%
U.K.	4%
UNAIDS	3%
World Bank	2%
Total	\$7.6

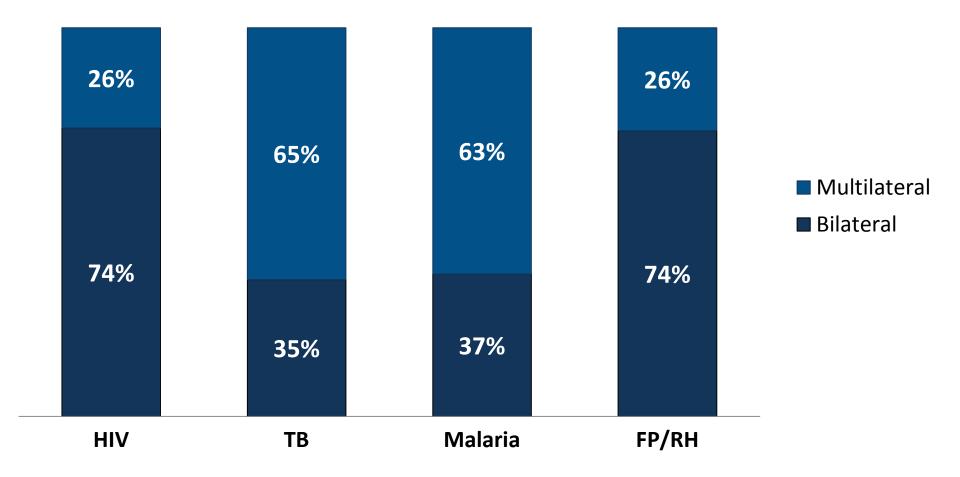
Tuberculosis	
Donor	% of Funding
Global Fund	60%
U.S.	21%
Canada	6%
World Bank	4%
U.K.	4%
Total	\$0.7

Malaria	
Donor	% of
	Funding
Global Fund	57%
U.S.	26%
U.K.	7%
World Bank	6%
Canada	1%
Total	\$1.5

FP/RH	
Donor	% of
	Funding
U.S.	29%
UNFPA	19%
U.K.	13%
Netherlands	6%
World Bank	5%
Total	\$1.8

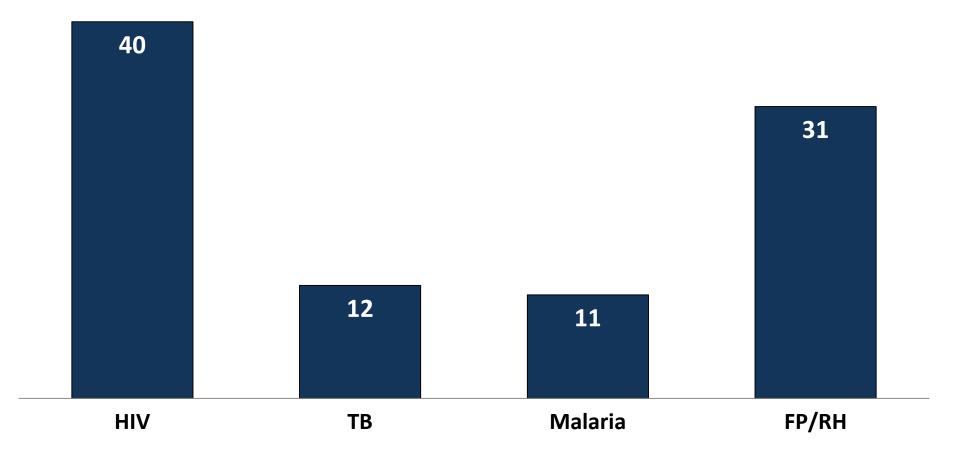


## Bilateral & Multilateral Breakdown by Sector Percent of Funding, 2009-2011



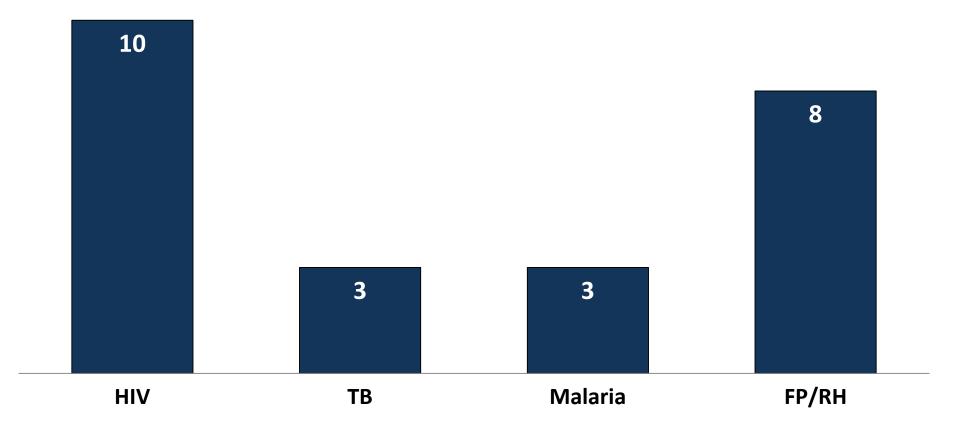


## **Average Number of Recipients Per Donor by Sector** 2009-2011



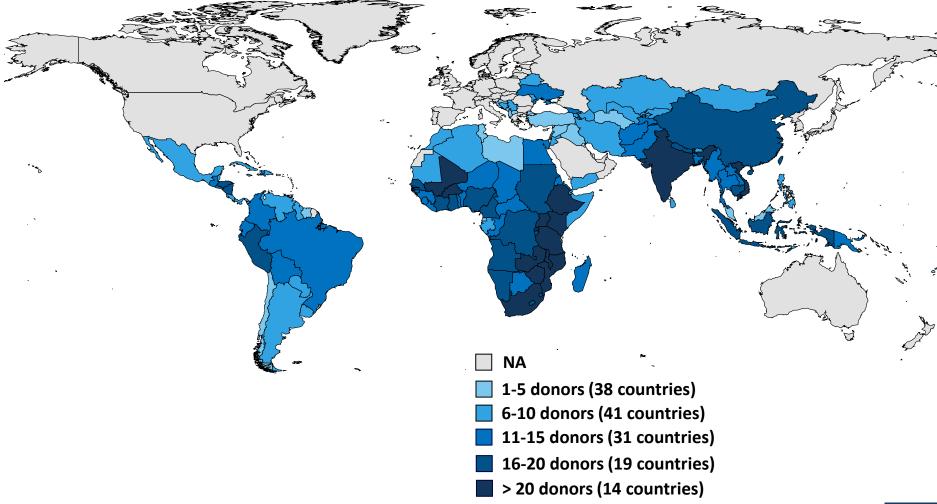


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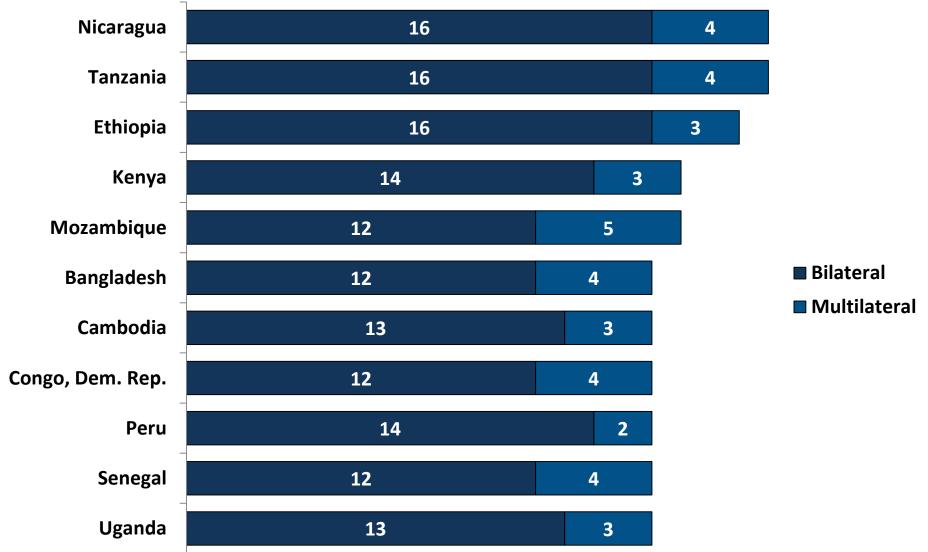


## **Number of HIV Donors in Each Recipient Country** 2009-2011





## Countries with more than 15 Donors for FP/RH 2009-2011





#### **Implications & Questions**

- Large number of donors across four health sectors- suggests burden on host countries, puts premium on need for transparency and coordination
- At same time, significant concentration among small group of donors – suggests potential vulnerabilities to funding changes
- What about new and non-traditional donors?
- What about domestic resources?
- Does coordination necessarily = increased effectiveness?
- What can be done?

