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High-Level Taskforce on Innovative International Financing for Health Systems

*Exploring new sources of finance to help developing
countries achieve the health MDGs*

Presentation by Julian Schweitzer,
Focal Point, Taskforce, World Bank

February 19, 2009

Background

- Taskforce launched at UN High-Level Event in New York on 25 September 2008
- Global leaders called for an additional US\$30 billion to save 10 million lives – 7 million women and 3 million children
- Taskforce established to:
 - identify and promote innovative financing mechanisms for health results in poor countries
 - encourage support from potential donors and other opinion formers

Innovative international financing to deliver additional health aid



Taskforce members

- Prime Minister Gordon Brown (*United Kingdom*) (co-chair)
- Robert Zoellick (*President of the World Bank*) (co-chair)
- President Ellen Johnson-Sirleaf (*Liberia*)
- Prime Minister Jens Stoltenberg (*Norway*)
- Tedros Adhanom Ghebreyesus (*Health Minister, Ethiopia*)
- Bernard Kouchner (*Foreign Minister, France*)
- Giulio Tremonti (*Finance Minister, Italy*)
- Heidemarie Wiecezorek-Zeul (*Development Minister, Germany*)
- Stephen Smith (*Foreign Affairs Minister, Australia*)
- Margaret Chan (*Director-General of the World Health Organization*)
- Graça Machel (*President and Founder, Foundation for Community Development, Mozambique*)

Taskforce meetings and timeline



- 1st Taskforce meeting took place at the Financing for Development Conference in Doha in early December 2008
- 2nd Taskforce meeting to be hosted by UK Prime Minister on March 13 - ahead of G20 Finance Minister's meeting
- Taskforce will report to G8 Summit in July
- Final Taskforce report will be presented to the UNGA in September

Commitments made - Taskforce meeting in Doha

- Stronger health systems, including strengthening the health workforce
- Innovative financing mechanisms have an essential role to play
- Taskforce recommendations to be consistent with Paris Principles and Accra Agenda for Action

Working group I – Health systems financing gaps



- Clarify the constraints to scaling up support for health systems
- Define the financing gaps and identify the types of funding that are required

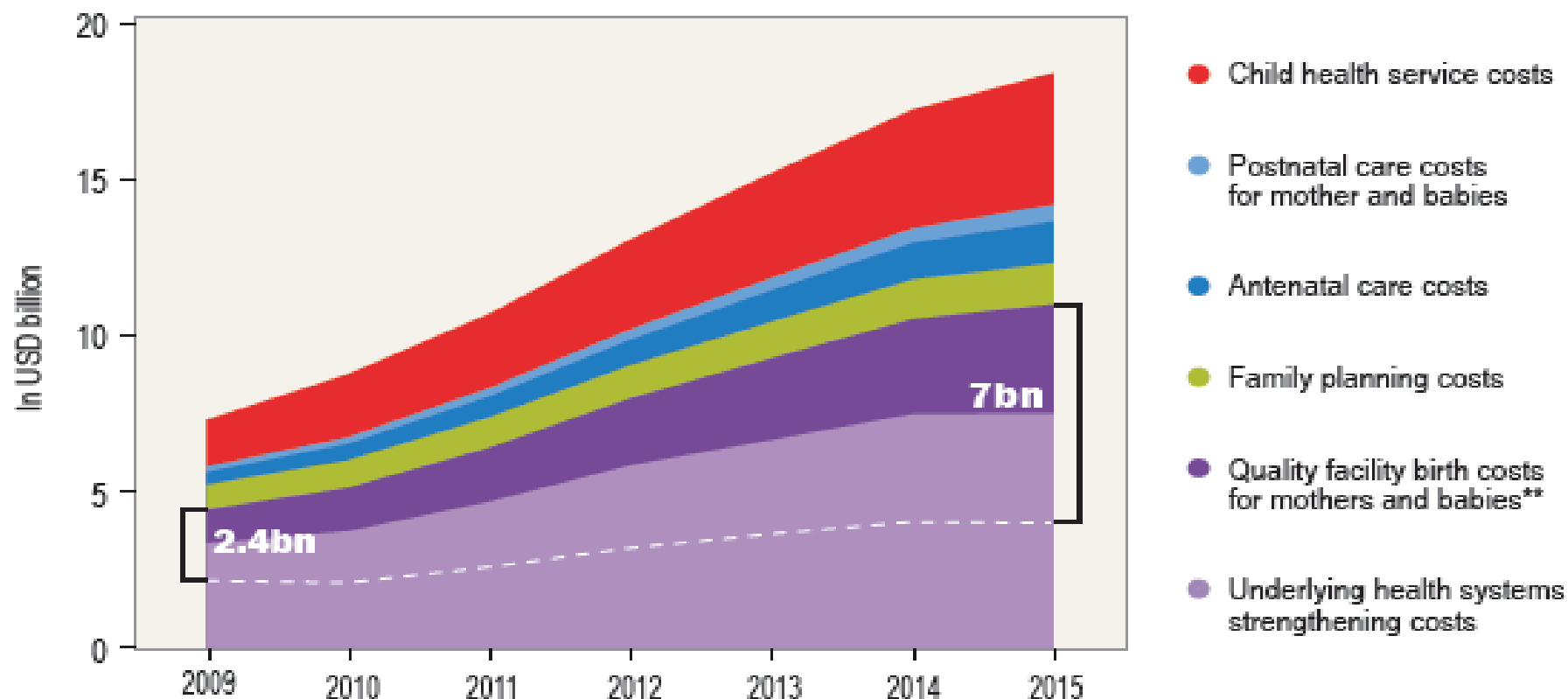
Various estimates of funding gaps



- WHO Commission for Macroeconomics and Health, 2001: gap US\$22 to 31 billion pa
- World Bank, 2003; US\$25 to 70 billion pa
- UN's Millennium Project, 2005: US\$ 30 to 50 billion pa

Estimated funding requirement MDG 4 and 5

Additional health systems and programme costs
needed 2009-2015 in 51 countries*



Working Group II - Innovative financing

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- **Identify the innovative financing instruments that could respond to the health systems constraints identified**
- **Make recommendations on instruments that are ready for expansion as well as possible new or complementary approaches**

Mobilising political support for recommendations

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- Focus on a discrete number of existing and new mechanisms
- Establish international support to ensure implementation
- Organise a group of “Champions” to promote the innovative financing mechanisms recommended by the Taskforce
- Mobilise range of stakeholders - governments, international agencies, foundations and other philanthropic entities, the private sector, NGOs and civil society representatives, including faith-based organisations

Synergies with IHP+

- Additional international Financing to leverage domestic sources and close national financing gaps identified (e.g., in IHP+ compacts)
- Domestic, donor, and additional international funds for health are focused on results and better coordinated linked to strong, results focused national health plans in line with Paris and Accra
- Accountability for health financing at all levels are strengthened
- Flexible, predictable, long term resources from both domestic and international sources
- Needs and circumstances of individual countries are met – No ONE Size fits all



The Taskforce on Innovative
International Financing
for Health Systems