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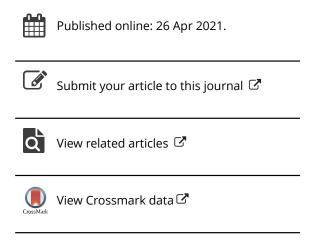
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Rumbi Anne Gumbie & Jamie Van Leeuwen

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THE STATE OF THE REPUBLIC: A DIALOGUE SERIES

A Call for a More Efficient Platform for Funding and Advocacy in International Development

Rumbi Anne Gumbie
RN Public Health Specialist

Jamie Van Leeuwen

University of Colorado School of Public Affairs; CEO & Founder, Global Livingston Institute

This article describes the state of international development in the context of funding for global and public health, and it offers two perspectives: One from the front lines of community public health work, observing how global health funding structures directly impact the individuals in the communities it is intended for. The other from over 20 years' experience in international development and how the landscape is changing over time. Ultimately, this thought essay calls for something that we should all seek in international development which is a more efficient and collaborative approach to the work that we do that ultimately would drive better outcomes for the communities and people we serve.

INTERNATIONAL DEVELOPMENT

There are many definitions of International development. The United Nations has described it as the reduction of poverty and achievement of the millennium development goals (now sustainable development goals) (https://research.un.org/en/docs/dev). There is also an idealistic and dated 1960s definition that says it is the liberation of people and peoples based on structural transformation. Words like achievement and transformation lead to the idea that international development is supposed to be innovative and focused on improving people's lives. However, with more than one definition and multiple actors who have competing interests, is

that really happening? Achievement and transformation in the technology and communications sector in just the past 20 years, for example, have consolidated the core functions of the personal computer, the telephone, and the personal music player into a single device that we carry with us everywhere we go. And these innovations—as would be expected given their enormous utility—have gone global very quickly. Today, 67% of the world's population owns a mobile phone, and 45.4% own a smart phone. How we communicate has become significantly more efficient. How we align funding and advocacy and invest in communities through international development has room to grow.

If innovation can advance this quickly in the technology and communications sector, why have we not seen the same exponential growth in efficiencies in international development? It has taken over 70 years since the birth of the World Health Organisation in 1948 to 2015 when the UN Sustainable Development Goals (SDGs) were released, to focus on 17 goals that aim to achieve human development, the reduction of poverty, hunger and disease by 2030. It is not to understate that there are many organizations and leaders deeply committed to seeing this happen. Perhaps looking at the way global health is funded might provide some insight into the complexities of advancing international development agendas and the barriers to a more coordinated system.

THE FUNDING LANDSCAPE

Current global health funding models are focussed on three main functions: providing, managing and spending. 'Providing' is focussed on generating global funds which come from donor country governments, private foundations, businesses and the general public. 'Managing' is concerned with the pooling and channelling of these funds to recipients. Examples of 'managing' entities include USAID, Gates Foundation, the World Bank, the European Commission, and nongovernmental organisations (NGOs). The third function, 'spending,' is concerned with expenditure and consumption of these funds. Actors include multilateral agencies such as WHO, UNICEF and UNAIDS, as well as private-sector companies, low-and-middle-income country (LMIC) governments, and civil society organisations (CSOs) (https://academic.oup.com/heapol/article/24/6/407/912832?login=true).

While this landscape appears from the outside to be ordered, efficient and simple, the reality in implementation often tells a different story. NGOs for example, perform both managing and spending roles, while organisations like WHO and USAID are often involved in implementation, thereby obscuring the roles. When managing global health funds, these spending organisations often set the agenda by providing funding priorities and objectives. In turn, the spending organisations will then organise their projects according to those funding trends. Consequently, in many cases, funding priorities that drive the spending run the risk of being misaligned with the actual needs of the communities they intend to serve. International development is complicated and the platform we currently have in place requires some rethinking.

FUNDING PRIORITIES

Global health funding appears to adhere to a needs-based approach following disease trends and emerging threats. For example, between 1990 and 1998, the plurality of global health funding went to health policy and management (29%), with 12% going to sexually transmitted infection (STI) control, including human immunodeficiency virus (HIV). Between 1999 and

2004, a rapid shift in priorities saw a quarter of all global health funding (25%) directed towards STI control including HIV (https://www.oecd.org/development/stats/37461859.pdf). This shift in global funding towards HIV and STIs was not coordinated on a global level which left the door open to individual funding priorities. Inevitably, decisions made were in many cases ineffective and sometimes counterintuitive for the communities they targeted; a missed opportunity for the world community to align our work more efficiently across funding platforms. For instance, 85% of donors reported allocating their funds on a 'needs' basis; however the sole measure of 'needs' tended to be informed by 'funding appeals'. These work in tandem with media and the popularity of global priorities—for example climate change or infectious diseases. If we look at humanitarian assistance, we find that crisis response priorities are mostly led by geography and need. More than half (55%) of donor agencies use UN appeals as a measure of need. When 'need' remains ambiguously or broadly defined, it is unlikely that funds are efficiently and effectively reaching those communities and projects where they can have the biggest impact (http://devinit.org/wp-content/uploads/2015/06/GHA-Inception-Report-Mapping-donor-funding-preferences.pdf).

The system as currently structured is certainly capable of identifying some urgent needs but we have unintentionally created an international development approach that is in many cases driven more by trends, appeals and assumptions than by community-based data and boots-on-the-ground intelligence. While we can now effortlessly engage in a virtual conversation between someone in rural Uganda and New York City and we can transfer a data set from Kigali to Hong Kong in a matter of seconds, we have not yet found a more efficient way for the authentic needs of a community to drive funding and philanthropy at the local level. The intention is not to understate the complexity of the work and both organizations and international development workers truly desire a more efficient and coordinated system. And yet the urgency, the resources and the technology are there for us to more collectively work together to reinvent a platform that operates with greater efficiency and human impact.

CONCLUSION

This thought essay attempts to describe international development in terms of how global health is funded and asks whether enough is being done under the right structure to connect that funding to the communities it is intended to serve. Using the advances seen in technology and communications, we ask if advances in international development could also be informing better policies and systems that drive how management and spending can better align with the direct needs of the communities for which they are intended? In the same way that communications technology has had to learn to integrate across platforms shouldn't philanthropy and international investment be demanding this level of information and coordination to inform their decision-making? If we can instantaneously send a text to a friend on the other side of the planet and integrate music and telecommunications and computing into one device, we must work together to establish better and more efficient ways to make sure that someone living in a rural village who needs treatment can access care by factoring in the context and specific needs for the community in which they live. Given the life-changing innovations we have seen in just the past few decades, there is simply no excuse to remain archaic about the needs and preferences of the supposed 'beneficiaries' in the problematic donorrecipient framework.

Funders are interested in innovation when programs are designed, but the real innovation needs to start with a careful re-examination of the way that international development for

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global health funding is structured. Greater accountability for how programs are implemented needs to start with how the relationship between donor and recipient is defined. There are dire consequences for a community when funding fails to hit its mark. Better donor alignment and communication with communities could prevent some of these failures and ultimately inform better humanitarian outcomes, foster innovation, and promote accountability.

The State of the Republic: A Dialogue Series, edited by Donald E. Klingner, is an ongoing feature of *Public Integrity*. Each issue will feature informed discourse by various scholars on a compelling issue facing the global public.