Catalyzing Global Access to Safe Surgery

Resource Mobilization & Innovative Finance for Essential & Emergency Surgical Care

commissioned by the G4 Alliance
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Foreword

Catalyzing Global Access to Safe Surgery was commissioned by the G4 Alliance, and authored by Diana Ayton-Shenker, CEO, Global Momenta, and Global Catalyst Senior Fellow, The New School. This project was conducted in close collaboration with the G4 Alliance leadership and network, as well as with thought leaders and practitioners from innovative finance and sustainable development fields, in an attempt to support collaborative partnerships between safe surgery stakeholders and prospective donors, investors, practitioners, and policy advocates. The initiative serves as another cornerstone in the effort to mobilize resources for global safe surgical, obstetric, trauma, and anaesthesia care.
Executive Summary

*Catalyzing Global Access to Safe Surgery* explores the public health priority of safe surgery as an innovative finance opportunity. To do so, the paper asserts why financing for safe surgery matters now given the compelling needs, challenges, and opportunities of our time. An overview of global public health funding introduces innovative finance with a focus on what it is, how it works, why it can be catalytic, and where we are with a few key spotlight examples. Implications and insights are distilled from interviews and research conducted in 2017 to illuminate best practices, lessons learned, and emerging trends. These insights inform a series of recommendations and next steps to catalyze global access to safe surgery.

**Key Insights & Recommendations**

Strategies to increase finance for safe surgery entail multiple stages and multiple approaches. Insights gleaned from thought leaders shaping global health finance, and from an analysis of emerging data around innovative finance, suggest key principles and practices: tenacity, flexibility & diversity, collaboration, and decisive action to seize the moment. These strategic insights imply and inform the following recommendations:

- identify specific problem to tailor customized financing solutions;
- coordinate policy advocacy concurrently with financing;
- build and leverage collaborative partnerships;
- develop and offer multiple financing strategies;
- embed financing in national plans and international policy agenda;
- embed financing in health planning and implementation processes;
- align message with health system strengthening and identified health priorities; and
- set bold, clear targets and mobilize now.

Building on these insights, recommendations are proposed to address structure, strategy, and communication as catalysts of finance for safe surgery. Recommendations for structure include various criteria such as balancing multiple financing vehicles, strategic prioritization, collaborative opportunities, and the private sector. Recommendations for strategy aim to embed surgery in health
care systems, ensure financial protection, develop workforce training, and expand partnership coordination. Recommendations for communication call for a reframe emphasizing transformative impact, essential health access, social justice, and sustainable and inclusive development.

**Next Steps**

The paper proposes next steps to: develop and offer multiple financing strategies, put surgery on the funding agenda to increase and attract new resources, cut through organizational and political barriers, and reframe the issue in compelling philanthropic and investment terms. Catalyzing global access to safe surgery is within our reach and within our sight. Now is the time to build on this vision and transform it into reality.
Introduction

_Catalyzing Global Access to Safe Surgery_ through resource mobilization and innovative finance is an idea whose time has come. The driving question we face is: How can we close the funding gap to turn the global vision for safe surgery access into a reality for all? The global majority of people on the planet today desperately need, yet still lack, this fundamental access. When we know it is within our capacity to reach and safeguard billions of people, we have an imperative to step up and cross the threshold of change. And we know the transformative impact that safe surgical access can provide to uplift individual lives and health care systems worldwide. Remarkable recent strides led by the global surgery community have helped prioritize safe surgery on the global public health agenda, and shape a vision of universal access to safe, affordable surgical and anaesthesia care when needed. Critical resource mobilization is essential to make these health aspirations real; innovative financing is the missing piece.

The purpose of this White Paper is to advance understanding of what innovative finance for public health is, and how it can be instrumental to catalyze global access to safe surgery. Exploring best strategies in resource mobilization and innovative financing for public health, the White Paper provides insight and analysis of emerging trends, new opportunities, and pioneering initiatives in innovative finance and funding that could support global safe surgery implementation. In support of healthier, safer, more productive lives and communities, the White Paper aims to raise awareness, availability, and access to funding and innovative finance for safe surgery. Ultimately, _Catalyzing Global Access to Safe Surgery_ seeks to advance resource mobilization strategies and commitments that enable life-saving, essential and emergency surgical care for the billions of people most in need worldwide.

The focus of this paper is exclusively on essential and emergency surgery. Essential and emergency surgery refers to “basic surgical interventions that save lives and prevent permanent disability and life-threatening conditions.” Throughout this report, terms such as safe surgery connote broader, more inclusive or expansive definitions or references. While safe surgery

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1 This White Paper defers to this definition used by International Collaboration for Essential Surgery, http://www.essentialsurgery.com/what-is-essential-surgery/
inherently requires that it be affordable, reliable, accessible, high-quality, and accompanied by equally affordable, reliable, accessible, high-quality anaesthesia, for brevity the White Paper generally uses safe surgery as an all-encompassing term. Similarly, surgical care includes pre-op, post-op, and anaesthesia care. Likewise, while “safe surgery” is the default term, rather than the frequently used alternative global surgery, the scope of this White Paper is global, with a focus on low and lower-middle income countries (LMICs).

The terms Innovative Finance and Resource Mobilization are also used expansively. Innovative Finance is used to refer to diverse kinds of new or fresh funding approaches, frequently involving the private sector or private-public partnerships and defined further in section below on “Innovative Finance Initiatives”. Resource Mobilization refers to increasing the flow of capital (primarily financial, but other resources as well) for safe surgery through diverse strategies including advocacy, fundraising, fiscal policy, strategic partnerships, and facilitation.

In addition to comprehensive literature review and industry analysis, the author undertook original research drawn from over two dozen first-hand interviews, conversations, and participation at professional gatherings during 2017. The insights shared and conveyed, along with proposed recommendations and next steps, do not presume to impose solutions nor prescribe rigid outcomes. Rather, the White Paper sets the stage for proactive financing design and development. Catalyzing Global Access to Safe Surgery reflects an emergent awareness, intensified by increasing urgency, that we can and must do better to reach, transform and safeguard the lives of the global majority of people. We simply must find a way to fund what we know must be done, even if that means innovating new strategies to do so.

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2 This White Paper also builds on preliminary feasibility research, conversations, and inquiry undertaken in 2016 by the author, spearheaded by and with pioneering innovative finance architect, Roger Frank.
Financing Global Access to Safe Surgery

Why Financing Matters Now

This is truly a watershed moment to promote safe surgery. Remarkable breakthroughs in recent research, advocacy, and policy consensus have converged to place safe surgery front and center as a priority on the global public health agenda. Financing safe surgery has been identified as one of the most strategic, high-impact, and cost-effective ways to advance health access and achieve sustainable development for the global majority of people in our world today. Safe surgery access promises to: save lives and reduce disability; help fill the funding gap for sustainable development in general and health in particular; reduce the cost burden of global disease and rising incidence of non-communicable diseases; prevent and reduce financial catastrophe and impoverishment; and advance universal healthcare access, systems, and innovation.

Need

The global majority, 5.7 billion people, lack access to safe, reliable, affordable surgery for emergency, essential, and life-saving care. Without this access, 75% of the current world population faces the risk of debilitating chronic disease, long-term or permanent disability, and even death. This unconscionable gap in health access has immense financial, social, and ultimately human costs. Without safe surgery, an estimated 18 million people die annually, and many millions more suffer from preventable and treatable conditions, costing the international community trillions of dollars. This is especially burdensome in LMICs, where 90% of people lack access to basic surgical care. The vast majority of their needs, 80% of these cases, could be covered by building capacity to provide 15 essential types of basic surgeries. Surgical support is critical in 15% to 20% of births\(^3\). Globally, essential surgical care could alleviate 30% of disease burden\(^4\).

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Half of the global population, 3.7 billion people, risk financial catastrophe from the lack of access to affordable surgery. Each year, surgical conditions cause 81 million individuals to face catastrophic expenditure, of which less than half is attributable to medical costs alone. For those desperately seeking surgical care, 33 million people will be devastated by severe impoverishment and financial catastrophe from direct surgical and related medical costs, while another 48 million will suffer catastrophic expenditure in indirect costs, and the countries they inhabit will lose a staggering $12.3 trillion in economic losses. Providing 80% of safe surgery needs in LMICs by 2030 would require an estimated $300-420 billion investment and averting $12.3 trillion in projected costs. While this is an ambitious amount of capital to rally, the return on such an investment is astounding in terms of cost savings and increased productivity. It’s hard to think of another health investment that could be as high-impact and cost-effective as financing safe surgery. It’s hard to think of another health intervention that could touch as many lives as profoundly and directly as safe surgery access for the global majority.

Challenges

Despite recent breakthroughs in safe surgery research, advocacy, and policy, several challenges must be overcome in order to take the next steps that transform this momentum into resource mobilization for real results. Obstacles that impede, obstruct, and limit resource mobilization include: a disconnect between funders and practitioners; biased assumptions and lack of awareness around safe surgery; and underdeveloped or not yet established funding mechanisms to facilitate financing. Initial progress on all of these fronts indicates a good prognosis for financing, but needs to be accelerated, intensified, and expanded to reach funding goals. At this point, “financing is the main thing. It’s the missing piece.”

In the words of an investor recently introduced to safe surgery, it looks like “we’re at the 99 yard line for safe surgery” in terms of global advocacy, research, and consensus, “but at the 1 yard line for funding.” While the mandate for safe surgery is clear, it is still a largely unfunded mandate. Yet, according to several investors, the “funding is there.” That said, funding is neither evident nor

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5 Shrome, M., “Global Burden of Surgical Disease”
6 Stephen Bickler, interview with author
7 Greg Maura, interview with author
visible, due to blind spots on the finance spectrum from funders to implementers. Funders don’t yet see vehicles or opportunities to finance safe surgery. Safe surgery advocates don’t see funders with capacity, inclination, or commitment. Bridging this disconnect is perhaps the central challenge to catalyze financing for safe surgery. We need to shine light on these blind spots to illuminate perspectives, insights, and recommendations from key players and stakeholders in global health finance.

**Opportunity**

Auspiciously, several key success factors converge to overcome these challenges and set the stage to galvanize safe surgery funding: breakthrough research findings, policy consensus, and advocacy momentum that prioritize surgery for universal health access; growth capacity and market readiness in the innovative finance field, and the integration of the Sustainable Development Goals (SDG) framework, as a catalyst for investment, finance, and funding. It is critical to seize this unprecedented moment of opportunity now.

**Policy, Research, and Advocacy Momentum**

By all accounts, 2015 was a watershed year positioning safe surgery as a public health priority supported by remarkable research and policy milestones, most notably stemming from the World Bank, World Health Organization, and the Lancet. The World Bank published its series, *Disease Control Priorities, 3rd Edition (DCP3)* with Volume 1 on *Essential Surgeries*. Among its key messages is that “essential surgical procedures rank among the most cost-effective of all health interventions”\(^8\). The World Health Organization (WHO)’s World Health Assembly (WHA) Resolution 68.15 establishes its commitment to “strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage.”\(^9\) The Lancet Commission on Global Surgery Report (*Global Surgery 2030*) culminated its two-year research project to present the state of surgery worldwide, study the economics of surgical and anesthesia care delivery, and develop strategies for improving access. A joint effort led by 22 commissioners, with input from

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\(^9\) WHO EB136/CONF./1 136th session 26 January 2015
advisors and collaborators from 110 countries, *Global Surgery 2030* concludes among its key messages that investment in universal access to surgical and anaesthesia services when needed is affordable, saves lives, prevents disability, and promotes economic growth.\(^{10}\)

Augmenting and accelerating the momentum of these research and policy breakthroughs, new advocacy initiatives are leading a global movement for safe surgery. Playing a pivotal role in mobilizing multi-stakeholder and multi-sector alliances, partnerships, and campaigns, key players include the G4 Alliance, Lancet Commission on Global Surgery 2030, and Safe Surgery 2020 Campaign, as do constituent members and partners of these initiatives, with a considerable degree of shared leadership, collaboration, and collegial cooperation. The Global Alliance for Surgical, Obstetric, Trauma, and Anaesthetic Care (the G4 Alliance), whose membership includes over 80 organizations in 160 countries, works for increased access to safe, essential, and timely surgical, obstetric, trauma, and anaesthesia care as part of universal health coverage.

The Lancet Commission on Global Surgery 2030, along with the Harvard Program on Global Surgery and Social Change, serves as a clearinghouse of Lancet Commission follow-up research and consultative support for countries and regions developing National Surgical Plans (NSPs). Safe Surgery 2020 is a collaboration of foundations, nonprofits, educational institutions and local governments who want to make surgery safe, affordable and accessible across the world.

**Development of Innovative Finance for Health**

Concurrent with opportunities arising from research, policy, and advocacy, developments in global health finance reinforce this moment as an auspicious time to mobilize resources for safe surgery. Particularly promising developments include: the growth of impact investment and social capital markets, the emergence of new innovative finance instruments, the precedent set by other transformative global health finance initiatives, the galvanizing influence of the SDG framework, and the emergence of innovative data management and visualization technologies. These developments are further explored below. At the same time, a shifting political climate punctuated

by bursts of rising anti-globalist populism, global humanitarian crises, and fiscal austerity, make the forecast of global health financing uncertain. In this context, time is of the essence to mobilize financing now while conditions may still be ripe.

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Global Public Health Funding

“We invest in global health because we know that when health improves, life improves by every measure.”

-Bill Gates, Co-Chair, Bill & Melinda Gates Foundation

Investing in Health for Sustainable Development

To understand the context of global health finance, this section looks at four game-changing developments: (1) a roadmap for global health finance by the Lancet Commission on Investing in Health, (2) the emergence of the impact investment market, (3) the SDGs as a framework for investing in health, and (4) innovative data management technology. The Lancet Commission on Investing in Health (CIH)\(^{12}\) advances global public health financing by laying out a road map for dramatic health development by 2035. The CIH emphasizes increasing donor investment and national fiscal policies as critical in order to transform global health within a generation. The projected transformative improvements will also help meet the specific targets set forth in the SDG for good health and well-being (SDG3), and related SDGs. Building on the CIH, the subsequent report *Investing in Health: the Economic Case*\(^{13}\) of the Investing in Health forum at the World Innovation Summit for Health presents compelling evidence for the value of scaling-up health investments.

The influential CIH report *Global Health 2035*\(^{14}\) demonstrates why “investments in health are among the best aid investments donors can make.” It recognizes that increased donor support is required in key areas of global health, including targeted interventions in the poorest countries where the global majority of our world lives. The CIH report highlights several key findings: health

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\(^{12}\) The Lancet Commission on Investing in Health – an international multidisciplinary group of 25 commissioners, chaired by Lawrence H. Summers and co-chaired by Dean Jamison. The CIH convened to commemorate the 20th anniversary of the 1993 World Bank’s Development Report which first made the case for investing in health for economic prosperity and individual wellbeing. (www.globalhealth2035.org)


investments increase economic growth and development; capacity now exists to dramatically reduce infectious disease, child, and maternal deaths; fiscal policies offer powerful, inexpensive tools to reduce burden of NCDs; and “pro-poor” strategies for universal health coverage (UHC) offer efficient ways to achieve health and financial protection.

- **There is an enormous payoff from investing in health.** Improved health contributes directly to significant economic growth in LMICs. As measured by GDP, improved health and reduced mortality accounts for an 11% increase in economic productivity (as the “instrumental value” of better health). When measured by “full income” metrics, including the Value of additional Life-Years (VLYs) and of health in and of itself, improved health generates a 24% growth (as the “intrinsic value” of better health).

- **A “grand convergence” in health is achievable within our lifetimes.** Collectively, we have the financial and technical capacity to reduce infectious, child, and maternal mortality rates to universally low levels, achieving a “grand convergence” of health, by 2035. This would prevent about 10 million deaths across LMICs. Taking into account VLYs to estimate the economic benefits, these benefits would exceed costs by a factor of about 9–20, making the investment highly attractive.

- **Fiscal policies are a powerful and underused lever for reducing NCDs and injuries.** The burden of deaths from NCDs and injuries in low-income and middle-income countries can be dramatically reduced through inexpensive population-based and clinical interventions, for which fiscal policies are an especially promising lever. These include taxing and regulating harmful substances (e.g. tobacco, alcohol, trans fats), reducing subsidies on fossil fuels (which contribute to NCDs), scaling up low-cost interventions, and cost-effective health system investment.

- **Progressive universalism, as a pro-poor pathway to universal health coverage (UHC), is an efficient way to achieve health and financial protection.** The CIH endorses two

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strategies to achieve UHC: (1) publicly financed insurance to cover essential health-care interventions and to reduce NCDs and injuries, which disproportionately affect the most poor and vulnerable in LMICs, and (2) a larger benefit package, funded through various financing mechanisms, exempting poor people from payments.\textsuperscript{18}

**Emergence of Impact Investing Market**

The conclusion of CIH that health investments increase economic growth and development may be especially attractive to donors and funders looking for such opportunities. Private wealth is increasingly being directed to investments with positive social impact, including those in the global public health sector. The Global Impact Investing Network (GIIN) defines “impact investments” as “investments made into companies, organizations, and funds with the intention to generate social and environmental impact alongside a financial return.” The practice of impact investing, that is harnessing private capital to invest in assets with measurable environmental and social benefits, has morphed from a handful of individual pioneers shaping a social capital market to a fast-growing industry with market size of well over $100 billion in assets under management and projected growth trajectory of up to 20% in 2017 alone\textsuperscript{19}. Proponents assert that impact investments have the potential to unlock significant private investment augmenting and complementing public resources and philanthropy to address major global challenges.\textsuperscript{20}

Impact investing has come a long way from a niche product to a solid trend making its way into the mainstream\textsuperscript{21}. Its growth has been fueled by increasing investor demand (especially as wealth transfers to women, and to Next Gen Millennials), as well as the rise of professional associations, social enterprises, conferences, literature, published research, and international organizations calling for an “Era of Impact” and post-Recession readjustment of how we relate to money and what we do with it. To get a picture of the impact investing market, according to the Global Impact Investing Network (GIIN) 2017 Annual Impact Investor Survey of over 200 of the world’s leading

\textsuperscript{18} Global Health 2035, *Policy Brief #4: Opportunities for Lower Middle-Income Countries.*


\textsuperscript{20} www.thegiin.org

\textsuperscript{21} *Coming of Age: “Impact investing” inches from niche to mainstream,* (The Economist, January 2017)
impact investors who collectively represent assets under management of $114 billion, key findings indicate:

- 50% of impact investors target both social and environmental impact objectives, 41% target primarily social objectives, and 9% target primarily environmental objectives.
- Fund managers see significant interest from most investor types, especially foundations, family offices, and banks, and growing interest from sovereign wealth funds, pension funds, and insurance companies.
- Within one year of the SDG launch, 26% of impact investors are already tracking some or all of their investments with respect to the SDGs; another third plan to in the near future.
- Most impact investors believe below-market-rate-seeking capital plays many important roles in the market, including directing capital to strategies that do not lend themselves to market-rate returns, achieving different kinds of impact, and acting as a bridge between philanthropy and market-rate capital.
- Most impact investors believe the entry of large-scale firms into impact investing will professionalize the market and bring in much-needed capital, but most also believe this trend could pose a risk of mission drift or impact dilution.
- The bulk of AUM is allocated to sectors that meet basic needs. Health care, which certainly qualifies as a basic needs sector, received allocation of $6.78 billion.

The emergence of impact investing is a promising indicator of the potential of harnessing private sector capital to close development funding gaps.

Sustainable Development Goals: a Framework for Action, an Imperative for Financing

An enormous potential accelerator for global public health financing is the adoption of the UN SDGs. The SDGs not only articulate goals, targets, and indicators, they present a framework for action with a call--and a dramatic need--for increased funding and private-public partnerships to finance their implementation. Achieving this ambitious vision will require new, renewed, and massive resource mobilization to close the estimated $2.4 trillion annual funding gap. Within its

23 GIIN 2017 Annual Impact Investor Survey
24 Malpani, Abha. “Can private wealth close SDG funding gap?”, Triple Pundit, August 2017
first 18 months, the SDG framework has mobilized new finance platforms, ventures, initiatives, funds, partnerships, commitments, and considerable speculation from private business, philanthropy and private-public partnerships eager to shape this new frontier of SDG finance. All of these initiatives indicate the SDGs are already serving as an accelerator for global development finance, including for global public health.

The SDG Fund was created by the UN as the first international, multi-donor and multi-agency development mechanism to facilitate private-public partnerships that advance the SDGs. With multi-stakeholder partners (national, international, academic, businesses, and UN agencies), its $70 million budget, 58% of which comes from the private sector matching funds, supports SDG-aligned and advancing programs in 22 countries. To mobilize private philanthropy, the SDG Philanthropic Platform facilitates philanthropic collaboration through its tools, services, and SDG Funders network bringing together over 1000 philanthropists to direct private philanthropic capital to the SDGs. According to its platform, of the $7.89 billion total private foundation funding to SDGs in 2016, $3.23 billion was allocated to the health sector, by far the largest focus of SDG philanthropy.25

A recent study identifies the SDGs as the generator of an estimated $12 trillion in growth market opportunities across just four sectors, one of which is health26, and it includes low-cost surgery among the 60 largest market opportunities identified. The report, Better Business, Better World, suggests that unlocking the $2.4 trillion a year in additional investment needed depends on orienting the global financial system towards long-term sustainable outcomes. It further argues that “in principle, there is no shortage of capital” given that total financial assets stand at more than $290 trillion and are growing by five percent a year. Among critical strategies to unleash SDG investment will be a “massive scale-up” in blended finance to share risks between public and private investors.27 Reframing SDG finance from an annual mega-funding gap to a $12 trillion growth market opportunity is a game changer.

26Business and Sustainable Development Commission, BSDC, Better Business, Better World, 2017
27BSDC, Better Business, Better World,
Major private institutions are taking notice. At the 2017 World Economic Forum in Davos, UBS, the top private asset manager and investment bank, released its white paper *Mobilizing Private Wealth for Public Good* as a blueprint for channeling private wealth aligned with the SDGs. TPG raised the $2 billion Rise Fund for SDG-aligned impact investments with a portfolio spanning seven sectors including healthcare. Blue-Orange Capital launched its $1 billion SDG-aligned private investment fund with a portfolio focused on several sectors, including healthcare, in Latin America. Another new venture, Align17, aims to create the leading digital platform as an SDG-aligned source of vetted, impactful, direct co-investment opportunities for private wealth. Serving private investors and philanthropists, Align17 sees SDG-aligned investments as a $3 trillion global opportunity to match purpose with profit. These private sector initiatives are welcomed enthusiastically by SDG advocates. They reinforce the hope that the SDG framework will increase private financing and partnerships for global public health, and the potential for impact investment to full SDG funding gap.

**Innovations in Data Management and Technology**

New tools to manage data also support financing opportunities. Previous data gaps underscored the need to obtain, maintain, and share more accurate, accessible, comprehensive, and targeted data. Overcoming these barriers has been a critical challenge to making more informed, strategic, and effective decisions as investors, philanthropists, funders, donors. Emerging data science innovations could change everything. For example, the Institute for Health Metrics and Evaluation’s new data visualization tool for financing global health tracks patterns of cash flows including Development Assistance for Health (DAH) to show where there are funding gaps and investment opportunities. The World Health Organization recently launched a new data portal on Universal Health Coverage. Other relevant data resources include WHO’s Global Health

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31 Niculescu, Mara, “Impact investment to close the SDG funding gap”, UN Development Programme blog, July 2017; Runjirajittranon, Montira, “How wealthy millennials could fund the sustainable development goals” *Development Finance*, March 2017
Observatory Map Gallery\textsuperscript{33} and the World Bank’s open Data\textsuperscript{34}. Investors and funders now have access to more data than ever to close the evidence gap and make informed decisions for global health finance.

**The Big Four: Multilateral Global Health Financing Mechanisms**

All of these major developments—the Global Health 2035 roadmap, impact investing, data management innovations, and the SDG framework—form the backdrop for global health finance. In this context, four prime examples and primary players dominating or emerging in the landscape of large, multilateral health financing mechanisms are the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund); UNITAID; Gavi, the Vaccine Alliance (Gavi); and the Global Financing Facility in Support of Every Woman-Every Child (GFF). The first three focus on controlling and ending communicable disease epidemics (in particular, HIV/AIDS, tuberculosis, and malaria) in low-income, high-burden countries. The GFF focuses more holistically on the health of women and children. Though they have different financial structures and strategies\textsuperscript{35}, they all use innovative finance as a catalytic tool to extend impact and capacity beyond what they could if reliant exclusively on traditional funding. Innovative finance is critical not only as a new source of capital and strategy for resource mobilization, but also as a catalytic lever to unlock and unleash greater funding for global public health.

\textsuperscript{33} [http://gamapserver.who.int/mapLibrary/app/searchResults.aspx](http://gamapserver.who.int/mapLibrary/app/searchResults.aspx)

\textsuperscript{34} [https://data.worldbank.org/](https://data.worldbank.org/)

Innovative Finance Initiatives

To understand the catalytic potential of innovative finance for safe surgery, this section asks what is innovative finance, what are its key features, how does it work, and what are its prime examples?

What does Innovative Finance mean?

For the purpose of this study, Innovative Finance is defined as: “new mechanisms and approaches to harness private-sector capital to address the world’s key social, economic and environmental problems.” The intent of innovative finance for health is to increase and optimize funding through new vehicles, as well as through traditional vehicles in new ways. While still emerging as a field, innovative finance encompasses a broad array of approaches, initiatives, and funding models. Despite this diversity, common elements and principles characterize its key features.

Key elements of innovative finance initiatives, include:

- collaboration
- risk-taking
- finance know-how and imagination
- intellectual curiosity
- frustration with current inefficiencies
- conviction that what seems impossible is possible

Key principles of innovative finance are to:

- move money forward
- monetize undervalued or unrecognized assets
- monetize value of avoided costs and cost-effectiveness of prevention
- mobilize private capital through public participation
- increase efficiency and effectiveness of development

Key models of innovative finance initiatives:

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37 Saadia Madsbjerg, the Rockefeller Foundation
While still emerging as a field, these key characteristics drive several models for innovative finance, as follows:

- **Model One**: new applications of existing asset classes combined in new ways. Two examples from Gavi illustrate this model: the Pneumococcal Advance Market Commitment (AMC), and the International Finance Facility for Immunisation (IFFIm). The AMC creates market incentives for pharmaceutical companies to accelerate development and delivery of pneumococcal vaccines, protecting against one of the leading causes of death for children under age five. IFFIm obtains long-term pledges from donor governments to sell bonds in the capital markets, making funds available immediately as needed for Gavi programs.

- **Model Two**: new variations on existing mechanisms such as microfinance, bonds, loans, securitization and guarantees, insurance. Examples of this model include: the Medicine Patent Pool, African Risk Capacity, and green bonds. The Medicine Patent Pool negotiates licenses to allow generic manufacturers to make medicines for HIV, tuberculosis and hepatitis C, increasing affordability and access. The African Risk Capacity (ARC), a pooled insurance fund protecting at-risk African Union countries from drought and disaster, has recently launched the ARC Outbreak & Epidemic insurance pilot program to protect against and respond to disease outbreaks and epidemics.

- **Model Three**: new vehicles based on entrepreneurship & innovation (e.g. InFuse), new revenue from tariffs, levies (e.g. UNITAID, UNITLIFE, REDD, Debt2Health), and new partnerships and facilitation (such as the GFF). For example, Gavi launched its new Innovation for Uptake, Scale and Equity in Immunisation (INFUSE) to scale cutting-edge technology and accelerate innovation by offering capital and expertise. UNITAID, a key innovation partner of the Global Fund, is a multi-country initiative financed primarily by an airline ticket tax to support national and international efforts to accelerate access and distribution of better health products that reduce or prevent epidemics in low-income, high burden countries. The GFF operates not as a fund, rather as a facilitator of funding partnerships, to increase and accelerate finance for maternal and child health.
Spotlight Examples of Innovative Finance for Global Public Health

Initiatives such as Gavi, the Vaccine Alliance (established in 2000); the Global Fund to Fight AIDS, Tuberculosis, and Malaria (established in 2002); and the Global Finance Facility (GFF) demonstrate how these models work, and how they could shed light or serve as potential models to be adapted or adopted for safe surgery. Both Gavi and the Global Fund are disease-specific, focused on tuberculosis, HIV/AIDS, and malaria, while the GFF focuses on reproductive, maternal, newborn, child, and adolescent health. Gavi and the Global Fund also both leverage innovative finance as a complement to their primary funding through Overseas Development Assistance from donor countries and agencies. The GFF leverages innovative finance to facilitate and accelerate country-led initiatives for women and children’s health. Private philanthropy, in particular the initiatives of the Bill & Melinda Gates Foundation (established in 2000), have dramatically changed the landscape of global health finance through strategic and transformational support of these initiatives. Private investment funds like the Rise Fund, Align17, Blue-Orange, and the Global Health Investment Fund, are further indications of global health market innovation and private partnerships.

As high-profile and transformative finance mechanisms for global health, Gavi, the Global Fund, and the GFF serve as pioneering examples. They all incorporate best practices and lessons learned. The following presents an overview of these three finance mechanisms.

Gavi, the Vaccine Alliance (Gavi)

Gavi was created in 2000 as the Global Alliance for Vaccine and Immunisation to improve access to new and underused vaccines for children living in the world’s poorest countries. Its purpose is to save lives and protect people’s health through increasing equitable use of vaccines in LMICs. To mobilize resources, Gavi’s strategy and process stand on four principal pillars: (1) reaching out to current and new public and private partners with a diversified portfolio of instruments (direct contributions, innovative finance mechanisms and platforms); (2) increasing national ownership of implementing countries through co-financing; (3) influencing market shaping through new market entrants and price reductions in vaccine manufacturing; and (4) mobilizing strong advocacy of civil society networks while involving a wide range of partners.
Gavi engages funding partners through a diverse menu of financial vehicles, offering donor investors direct (Gavi match, multi-year financing) and innovative (AMC, IFFIm, INFUSE) financing options. Innovative finance comprises about 25% of Gavi’s budget, while direct contributions comprise the remaining 75%. The innovative mechanisms are, however, catalytic in enabling and attracting the larger funding and resource mobilization. Each of Gavi’s funding vehicles offers a different financing strategy to meet different needs of donors and aspects of problem to be solved, as follows:

- **Direct contributions**: Multi-year pledges and commitments are crucial to sustaining Gavi’s ongoing programs and its ability to fund new vaccines.
- **Public-private partnerships**: Public-private partnerships, corporations, private individuals & foundations play a vital role, accounting for 21% of 2000 to 2020 funding.
- **Gavi Match Fund**: Under the Gavi Matching Fund, the British Government and the Bill & Melinda Gates Foundation have pledged to match contributions from corporations, foundations, their customers, employees, and business partners.
- **Pneumococcal Advance Market Commitments (AMC)**: The AMC was piloted in 2009 with $1.5 billion in donor commitments to incentivize vaccine production, ensuring sufficient supplies are produced for developing countries at a fraction of the cost to industrialized countries.
- **International Finance Facility for Immunisation (IFFIm)**: IFFIm uses long-term donor pledges to issue vaccine bonds in the capital markets raising money for Gavi.
- **INFUSE**: Drawing on the comparative advantages of businesses, governments and other partners, Gavi created INFUSE to help countries accelerate the introduction of cutting edge technology.

**The Global Fund**

The Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) was created in 2002 to accelerate the end of AIDS, tuberculosis, and malaria as epidemics. As a financing institution, the Global Fund does not implement or operate programs directly, rather it serves as a multi-sectoral partnership between governments, civil society, the private sector and people affected by these three diseases. The Global Fund raises and invests nearly $4 billion annually to support programs
run by local experts in countries and communities most in need. Driving the Global Fund are its core principles: collaborative, cross-sector partnership; country ownership; performance-based funding; and transparency. The most recent pledging conference for the Global Fund’s 5th replenishment (held in Montreal, Canada in September 2016) raised pledges of US$12.9 billion for the 2017-2019 period from donor countries, foundations, and private donors.

During its first 15 years, the Global Fund’s impact has been impressive and pervasive. As of the end of 2016, an estimated 22 million lives had been saved. The Global Fund has set an ambitious target of saving another 14 million lives by 2020, bringing the projected total number of lives saved to 36 million. Performance targets for the Global Fund during this funding cycle also seek to prevent up to 194 million new infections or cases of HIV, tuberculosis, and malaria. In addition to these outcomes, the Global Fund serves as an influential example in innovative financing for global health.

Its innovation is embedded in both strategy and structure. The funding model distributes investments through country-level grant-making, co-financing, and catalytic investments. The bulk of the Global Fund allocations go to country-level grants supported by technical cooperation and assistance aligned with country-designed, national strategy plans for countries meeting eligibility criteria determined by lower income and higher disease burden. Co-financing requires and incentivizes increased domestic investment in health systems and in HIV, TB, and malaria programs, in order to build sustainability and country-ownership of health programs supported by the Global Fund.

In addition, the Global Fund makes “catalytic investments” as a portion of its funding, distributing US$800 million in current three-year funding cycle (2017-2019) for programs, activities, and strategic investments beyond the scope of country allocations. Catalytic investments are made through three financing vehicles: matching funds, multi-country approaches, and strategic initiatives. A predetermined amount of its Matching Fund pool of US$313 million can be accessed by selected countries to inspire innovation and ambitious evidence-driven programs in specific priority areas. Multi-country approaches address trans-border, regional priorities. Strategic initiatives designate US$194 million to 11 priorities areas that support the success of country allocations, but that cannot be funded through country grants alone.
Technical cooperation, facilitated by the Global Fund and provided by affiliated technical partners, is available at any stage to support the design, implementation, and evaluation of country-level programs, as well as to build health systems’ capacity, resiliency, and sustainability. Short-term or long-term technical cooperation can be requested to assist at any stage of development to support: national strategy plan, inclusive country dialogue, funding request development or grant processes, preparatory activities, or Global Fund-supported program implementation.

**Global Financing Facility**

The Global Financing Facility in Support of Every Woman-Every Child (GFF) was launched at the Financing for Development Conference in Addis Ababa July 2015. The GFF aims to substantially increase the scale of available funding for evidence-based, country-led investments for women, child, and adolescent health. The GFF offers an innovative approach operating as a “financing facility,” a mechanism using modest grant resources to catalyze large-scale of implementation programs. Rather than create a new fund that provides development assistance to deliver goods and services, the GFF stays lean and leverages far greater sums of domestic government resources, international development financing through the World Bank, aligned external financing, and private sector resources. By emphasizing “smart financing” and improving efficiency, the GFF attempts to get more value for money from each of these sources. This strategy hopes to prevent LMIC dependency on grant financing in perpetuity. Other financing sources enable poorer countries to reduce reliance on external assistance and to progressively replace it with sustainable finance to improve the health of women, children, and adolescents.

This new model not only generates additional funding to close the financing gap for reproductive, maternal, newborn, child, and adolescent health and nutrition, but also focuses resources on achieving results based on country commitments to the SDGs. The GFF process supports countries’ capacity to identify an evidence-based set of priority investments, their Investment Case, to help “bend the curve” to accelerate progress toward achieving the SDGs. These investments include interventions addressing key reproductive, maternal, newborn, child, and adolescent health and nutrition challenges; the health systems strengthening required to deliver...
health services; and multisectoral approaches to improve health and nutrition outcomes. To support the countries, the GFF Trust Fund, established at the World Bank Group, provides flexible financing and technical assistance required for countries to identify priorities, brings partners together, and makes modest grants to address key bottlenecks. Not intended to fill the financing gap itself, the GFF is designed to facilitate additional resources from its partners to ensure coordinated alignment and generate a multiplier effect on each dollar invested in the trust fund, ultimately closing the financing gap.
Insights and Implications

Strategies to Increase Funding for Safe Surgery

Innovative finance may be critical and catalytic, not only as a strategy to increase funding for safe surgery, but integrated across the global public health sector. “Ultimately, we are moving from a donor model to sustainable finance which necessitates new and different revenue streams. Long-term, all global public health will need revenue streams.”\(^{39}\) In this way, safe surgery may be interconnected to financing other NCD issues, like maternal and child health. “The real question is: how high can you put it on the priority list to build a surgical ecosystem?”\(^{40}\) This section looks at implications for strategies to increase finance for safe surgery, followed by an overview of best practices and lessons learned as gleaned from thought leaders in global health finance.

Three Stages of Funding

One way to think about increasing sustainable finance for safe surgery is to consider three stages of funding. These stages include: initial or “seed” funding (philanthropic and patient capital), venture funding (private start-up and small-scale investment), and growth or “scale” funding (large-scale private investment, donor governments and intergovernmental agencies). All stages are valuable and serve a purpose. To increase financing, there should be a clearer path of progression through them and menu of opportunities across them.

Donor funding (private philanthropy, corporate, and public) can provide initial “seed capital” to catalyze follow-on and later stage investment. Philanthropic support can yield social impact results, support innovation or entry in a new region, pilot new ideas, launch new programs, and educate key partners and stakeholders. Philanthropy is designed to take on high risks for social return with limited or no financial return. Corporate or private venture capital requires a business model indicating revenue streams and income projections to attract investment in high risk with potential financial return. Scaling from venture to growth is the next stage to attract straight up

\(^{39}\) David Barash, interview with author

\(^{40}\) David Barash
investment. Public health initiatives with demonstrable low risk and high impact can attract large-scale donor government, agency, and private money.

With these stages and sequencing in mind, the first step must be to inform and educate funders.\(^1\) An essential early step is to raise awareness among funders. In order to introduce the issue of safe surgery as integral to development and health investment opportunities, convenings and conversations need to be brokered with funders, donors, investors. Early efforts to do so have included: a high-level, private lunch hosted by Gradian Health Systems and facilitated by Global Momenta (NYC, January 2016); the Financing and Innovation in Global Health 2016 Forum, convened by the Global Development Incubator and Convergence (Washington D.C., April 2016); the 71st UNGA high-level panel side event on safe surgery innovation, partnerships and financing, hosted by the G4 Alliance, GE Foundation, and Safe Surgery 2020; NYC, September 2016); Summit private gathering (Powder Mountain, Utah, February 2017); the Global Health and Innovation Conference session on financing safe surgery (Yale University, April 2017); and individual conversations and private meetings conducted for this research throughout 2016 and 2017.

**Three Approaches to Funding**

The three possible approaches to increasing finance for safe surgery are to (1) expand current Development Assistance for Health (DAH), (2) increase national public spending, and (3) develop new revenue streams and financing mechanisms.

- **Overseas Development Assistance for Health.** As is, existing DAH, financial and in-kind contributions by development assistance institutions, would be insufficient for long-term scale-up of surgical care on its own.\(^2\) The majority of the $31.3 billion disbursed in 2013 to improve health in LMICs focused on infectious disease, followed by maternal and child health, with none applied directly to surgery.\(^3\) To cover the scale-up costs of surgical care is beyond the scope of current and projected DAH alone.

\(^{1}\) Sarah Gelfand, interview with author  
• **National health budgets** of LMICs, in general, are supported at 60% through domestic resource mobilization and 40% foreign aid. Country-level decisions need to be made according to their own priorities, set and led by ministers of health. National Surgical Plans that are locally driven, country-level directed, can lead to increased allocation of budgets for safe surgery. As economies develop, surgical care and output will increase and improve. What are the best ways to accelerate and amplify this trend? Showing the economic benefits of NSPs could be critical in accelerating and increasing country-level financing. Another key strategy may be bundle safe surgery into other health priorities, embedding NSPs into National Health Plans that include financing components. The “money is there in countries with fast-growing economies; it needs to be redirected.”44

• **New revenue streams and new financing mechanisms.** This is where innovative finance and resource mobilization from and with the private sector comes in, not necessarily to replicate same models of Gavi or the Global Fund, rather to adapt their key elements as an example for safe surgery. The timing may not be propitious to start a global surgery fund. Maybe that approach is not going to happen now due to world political and economic dynamics.45 But innovative finance strategies with the private sector might be best route to facilitate increased financial flow through strategic partnerships and integration of safe surgery into other initiatives.

**Best Practices, Lessons Learned, and Emerging Trends**

We can begin to identify best practices, lessons learned, and emerging trends, through the lens of insights shared by thought leaders shaping global public health finance. Their insights emphasize the need for tenacity, collaboration and partnership, flexibility and diversification, and seizing the moment to take action.

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44 Stephen Bickler, interview with author
Tenacity

“The wind in our face ought to inspire us to lean in more.” Alice Albright

It is critical to understand the problem that needs to be fixed and avoid oversimplification. An innovative financing approach must be customized to the specific problem being addressed. This means probing deeply to cut through underlying assumptions and delving into underlying causes. First, we need an understanding of the scale of the problem to be solved. The scale of the problems will determine the scale of possible solutions. Secondly, we need to understand the scope of the problem. Why is the sector not delivering service? Is it primarily a problem of equipment, training, system, infrastructure, public knowledge, or awareness? What is the cost structure of the problem? The answers to these questions should inform the Theory of Change.

“Take advantage of breadth and scale to reduce inefficiencies and redundancies.” For example, the Global Partnership for Education (GPE), as a partnership of 20 donors, 65 countries, 3 UN agencies, multilateral banks, and private philanthropies, could amass huge knowledge to be deployed as it grows. Breadth can generate wholesale solutions to large scale problems. The GPE is a grant-making body whose Theory of Change is to deploy financing designed to incentivize national level systems change, working most closely with ministries of education. As the GPE builds its expertise and experience analyzing its data, it may serve as pivotal resource to identify and guide systems design solutions. Likewise, as more countries—and regions—develop National Surgical Plans, safe surgery advocates should look for common themes.

Flexibility and Diversity

“Innovative finance is an iterative process.” Paolo Sison

Innovative finance is an iterative process of planning and experimentation, seeing what works, and determining what appeals to donors. Looking at Gavi, we see an example of funding sources flowing through different types of capital. At this high-level and scale, diverse types of funding

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46 Alice Albright, interview with author
47 Alice Albright
sources are ideal to balance multiple objectives. Different funding mechanisms serve as strategic tools to bridge gaps between these sources and meet multiple objectives. Gavi’s intent and commitment to countries is threefold, to: negotiate with vaccine manufacturers regarding supply and pricing, offer flexible response to unforeseen developments in public health, and provide long-term availability of funding for long-term planning. Ultimately, funders determine which form of capital they want to provide, so it’s important to offer a menu or range of financing options. Innovative financing mechanisms provide incentives to attract diverse funders and catalyze more mainstream funding at scale. Today, 80% of Gavi funding comes from public donor support. While wealthy governments are now the primary source of funding, this is an iterative process.

In the case of Gavi, diverse funding instruments appeal to different investors and different kinds of capital. For example, AMC focuses on market creation, shaping the market volume over time for innovative technology and equipment; INFUSE is an entrepreneurial tool, serving as an innovation mechanism to drive, incentivize, incubate, accelerate new solutions; IFFIm is a kind of Green Vaccine Bond enabling long-term investments in related infrastructure, capacity building, energy efficient hospitals and equipment. This could appeal to funders looking to make long-term capital pledges and investments from solar refrigeration to code chain for energy-efficient equipment.48

In the current Gavi funding cycle (2016 - 2020), IFFIm constitutes 15% - 18% of Gavi funding. This is especially helpful and appropriate as a flexible source of funding. While IFFIm is not the predominant source of funding, it is significant and catalytic for Gavi. IFFIm is more difficult to give to than Gavi, but its long-term assurance offers donors important value. Strategically, IFFIm enabled Gavi to scale up its platform, attract more funding, and demonstrate access to long-term finance. Going forward, the health finance landscape is evolving quickly. The diverse menu of financing tools is essential to attract a diverse funding base.

Another critical success factor identified from the experience of both Gavi and the Global Fund was to establish diverse funding anchors early on in the process. This means attracting significant funding commitment from a key commercial anchor (likely from finance and health industries); a

48 Barry Greene, interview with author.
large philanthropic foundation (likely focused on global health and development); and a significant private individual or family philanthropist as a champion who brings clout and passion (perhaps with personal tie to safe surgery, or another related area, such as a gender conscious donor looking to bring the equity lens to the cause). Learning from the Global Fund, it is critical to consider a perceived exit strategy for investors, and to have co-financing by governments from the outset. Increased funding differentiation will attract more investors and finance.

Collaboration

“This is a fundamental exercise of collaboration… trust drives decisions.” Paolo Sison

Virtually all experts consulted for this study emphasize collaboration as a key success factor. As an example, IFFIm is a collaboration between three parties: Gavi, the World Bank, and the IFFIm Board. Each of these parties has different roles, commitments, and responsibilities. Collaboration comes down to individual teams and people engaging in open, honest, frank conversations. Not everything can be predicted by legal agreements. Organizational frameworks are important, but trust drives decisions. Collaboration becomes most fruitful as trust and personal commitments grow between individual leaders and members of teams. Coming from the private sector, it’s easy to draw false comfort from well-designed legal frameworks and agreements. But these are only successful insofar as individuals want to make it work and invest time into understanding each other’s culture, practice, and perspectives to build trust. How do we build and sustain that? There has to be a real commitment to make it work. “I don’t always agree with perspectives of my colleagues, but I don’t question their intention or commitment. That makes it easy…. It seems soft and touchy-feely, but it comes down to trust. This requires time, track record, patience.”

Collaboration also builds strategic alliances with related health issues and causes, diversifying the funding base and expanding implementation capacity. For both Gavi and the Global Fund, partnerships have been critical for success. It is essential to secure advocacy partners to extend the reach of fundraising, fund deployment, and strategic impact. In thinking about safe surgery,

49 Alice Albright, interview with author.
50 Paolo Sison, interview with author.
51 Barry Greene, interview with author.
tying in with aligned causes could serve to connect philanthropy with advocacy campaigns. Prime partnership opportunities may be with maternal and child health, cancer campaigns, road traffic accidents and safety, gender equity and access, primary health care, workforce development, heart health, and NCDs. Institutional alliances and potential collaboration should be considered with colleagues such as the Global Financing Facility (based at the World Bank in Washington D.C.), the World Federation for Cancer (Geneva), the World Heart Foundation (France), and the FIA Foundation for international road safety (London).

**Seize the Moment.**

We are entering a period of growing uncertainty in terms of international political, social, and economic shifts. Many donor countries are experiencing political pressure and polarization. Current political climate of populism may make finance harder today. It will be important to create mechanisms that give donor governments flexibility. Furthermore, especially in face of uncertainty, traditional funding needs to be supplemented by new mechanisms that demonstrate impact and the multiplicative effect of every dollar that comes in.

Just as the Millennium Development Goals (MDGs) were central to Gavi and the Global Fund, the SDGs may be very helpful as framework and catalyst for safe surgery. No country can meet SDG3 of universal access to health care without access to safe surgery. SDGs offer enormous value and utility, in particular as they apply to all countries, and they call for interconnected, cross-sectoral partnerships. This is a unique and historic moment to seize.

**Insight Implications Summary**

These strategic insights imply and inform the following recommendations (elaborated further in the next section):

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53 Barry Greene

54 Alice Albright
• identify specific problem to tailor customized financing solutions;
• coordinate policy advocacy concurrently with financing;
• build and leverage collaborative partnerships;
• develop and offer multiple financing strategies;
• embed financing in national plans and international policy agenda;
• embed financing in health planning and implementation process;
• align message with health system strengthening and identified health priorities; and
• set bold, clear targets and mobilize now.
Recommendations

Building on these insights to propel safe surgery forward, the following recommendations address structure, strategy, and communications as catalysts of finance for safe surgery. First, to build the right funding architecture, financing structures need to build on collaborative partnerships and joint initiatives guided by consideration of the right questions asked from the outset. Directed by the answers to these questions, flexibility and customization must be incorporated into the design, development, and offering of multiple financing options. Secondly, strategies for effective funding will emphasize clear priorities of where we can make the most headway and get most traction. This will entail strategic financing partnerships, priorities, and practices of collaboration, integration, alignment, alliance, and coordination among multiple parties, partners, and stakeholders. Policy advocacy for financing will enhance outcomes and unlock sustainable funding as well. Lastly, we need to reframe the issue of safe surgery in compelling philanthropic and investment terms. A communications reframe is critical so that we can do a better job capturing and conveying the compelling story that needs to be shared. The value of safe surgery needs to be translated for non-surgeons in general, and for donors and investors in particular. Safe surgery is an epic story: one that needs to be told, and that funders need to hear.

Recommended Structure: Key Questions & Considerations

Financial architects emphasize the need to shape structure as an outgrowth of key questions and considerations as best determine\ants of what form it should take. Different aspects of certain problems or needs lead to different financing solutions or decisions. Asking the right questions from the outset is critical to precede and guide the design and development of financing structures, which should be built as an outgrowth of these considerations. Furthermore, because there may be multiple needs or aspects of a problem concurrently, they may need to be met with a menu of financing or funding options. The following questions and considerations are recommended to guide structure of financing for safe surgery.
What is the right balance of different funding vehicles and why? Test drive multiple vehicles.

At the end of the day, these answers may be driven by donors and shifting external needs, as well as internal management capacity. For example, to accommodate different donor needs, Gavi facilitates and optimizes multiple funding options to make the right mix-of-giving menu available. This flexibility and diversity means that during fiscal constraint periods, Gavi can offer different funding vehicles as needed. Close coordination is vital when managing multiple finance options. To coordinate support between its various finance mechanisms (IFFIm, Infuse, AMC, MatchFund, etc.), Gavi asks what developments are emerging, and what needs will that generate in terms of management, administration, both internally and externally with partners? What tools or resources need to be created? Given resource constraints, determining the right balance of multiple funding vehicles requires consistently re-prioritization of the appropriate scale. The process is iterative, and learning is ongoing\textsuperscript{55}. To get the right balance, multiple vehicles should be test-driven.

What are the strategic priorities? Build structure from strategy.

To build structure from strategy, you have to identify strategic priorities and cultivate new ideas deliberately, thoughtfully. “Sometimes it’s a debate!”\textsuperscript{56} This can be healthy and constructive. For example, a few years ago, Gavi was considering different structural options in trying to answer the question: what support, if any, to give countries as they transition out of Gavi (as they reach or cross thresholds of income and capacity)? Gavi concluded it would develop three tools: (1) negotiated vaccine prices for five years; (2) procurement platform; and (3) a new financing tool. Initially, Gavi thought it would create a new fund. Then, they realized that UNICEF had an “underutilized” revolving fund. It would be easier and more efficient to coordinate with UNICEF to revitalize and capitalize this fund instead of creating a new one. This would better serve countries transitioning from Gavi\textsuperscript{57}. The structure was an outgrowth of the strategy, not the other way around.

\textsuperscript{55} Paolo Sison, interview with author
\textsuperscript{56} Paolo Sison
\textsuperscript{57} Paolo Sison, interview with author
**What are the best collaborative opportunities? Stronger together.**

Collaborative opportunities that are identified as particularly well-aligned with safe surgery include partnerships with finance and advocacy addressing maternal and child health, road and traffic safety, NCDs in particular cancer. Health system and workforce development also present collaborative opportunities for safe surgery, and would be strengthened by such partnerships. Collaborative strategy is essential; innovation and alliances are inherently collaborative. An alliance requires collaboration among its members and with affiliated partners. Innovation requires an iterative, collaborative process. Both boil down to people working together. Effective collaboration involves mutual recognition of strengths, competencies, different objectives, segments, mission, and vision, galvanized around core common goals.

**What is the role of the private sector? Catalytic finance.**

As we’ve seen, there is enormous potential for the private sector in safe surgery finance. As a growing number of investors become aware and sensitive to the potential impact of their portfolio, they increasingly demand a social return as well as financial returns. To meet this demand and opportunity of impact investment, the public health community needs to face the challenge of connecting the dots from an investor perspective. This will mean leveraging better data and emerging technology to make and share the business case for health finance. And this could create a kind of virtuous circle and cycle: engage and reward institutions and individuals as investors who are also taxpayers driving up government revenue with potential to unlock even greater sources of funding. “**Exciting times to say the least.**”

**Recommended Strategy: Key Priorities**

Recommend strategic priorities are: (1) embed surgery in health care system development & UHC; (2) ensure financial protection; (3) develop workforce targeting the top essential surgeries; and (4) expand collaborative strategic partnerships, funder network, and centralized management capacity.

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58 Paolo Sison, interview with author
Embed Surgery in Health Care System Development

One of the great things about investing in safe surgery is it doesn’t compete with other health priorities, rather it complements and directly advances them. Safe surgery uplifts comprehensive health care systems, services and community development. Investing in surgery is neither limited to funding a particular disease, condition, or procedure, nor is it competing with other health needs, rather it benefits all other aspects of health system’s capacity to deliver care. Investing in surgical care benefits all health care delivery as they are part of the same complex enterprise, comprised of four interconnected, essential components: staff (trained and skilled professionals who provide service delivery and care), stuff (equipment, medical instruments, technology), space (appropriately equipped facilities), and systems (infrastructure, operational, administrative process and procedures). Rather than invest exclusively in a single disease strategy or procedure, it is recommended to finance the integration of surgical care with other public health measures and system development in LMICs.

Ensure Financial Protection

Given the risk of financial catastrophe from surgery faced by half of the world’s population, financial risk protection for surgery must be built in to health-system design. Essential surgical care should be included in publicly-financed health coverage policies, and advocacy efforts should be coordinated accordingly. This will require advocacy for national health systems to scale-up surgical services and embed basic essential surgery into universal health coverage (UHC) plans. To do so, health systems should shift from user-fees to indirect financing mechanisms.

59 John Meara, conversation with author
60 Meara, JG, Leather, AJM, Hagander, L et al. Global surgery 2030: evidence and solutions for achieving health, welfare, and economic development. (Lancet. 2015), “Out-of-pocket payments for surgical and anaesthesia care can cause catastrophic expenditure and impoverishment. Although surgical care can be highly cost-effective as a health intervention, it can still be catastrophically expensive for individual patients if they have to pay out-of-pocket at the time they receive care. Out-of-pocket payment for surgical care occurs in many LMICs, because surgical interventions are not usually covered under publicly-financed health care packages. Globally, 33 million people every year face catastrophic health expenditure through paying for surgical care (catastrophic expenditure is defined as direct medical payments for surgical care that exceed 10% of their total income or 40% of their income after their basic needs for food and shelter are met). A further 48 million people experience catastrophic expenditure when the non-medical costs of care, such as transport and food, are included. Most of these people live in LMICs. Many more people do not seek care at all, or decide not to pursue surgical treatment as advised because they cannot afford the costs.”
Specifically, offering financial risk protection (FRPs) is urgently needed. FRPs will entail including essential surgical care in publicly financed health coverage policies, investing in scale-up of surgical care in national health systems, and providing “progressive universalism” for surgical care.

For many LMICs, safeguarding people against financial catastrophe or uncertainty will mean a transition from user fees for surgical care, paid out-of-pocket, to indirect financing mechanisms such as general taxation or insurance models, which pool risk. This is already happening as countries increasingly move to introduce UHC, to promote equity, quality, and FRP within national health systems and services. UHC policies must include surgery and should cover at minimum a basic package of essential surgical and anaesthesia care. One way to do this is with “progressive universalism”, a “pro-poor pathway toward UHC, as an efficient way to achieve health and financial protection” serving the majority of people in LMICs who otherwise risk impoverishment, disability, or death.62

**Develop Workforce Targeting Top Surgical Priorities**

Research supports the cost-effectiveness of financing relatively simple surgical care that can be made available at the district hospital level, as well as emergency and trauma surgical interventions at larger hospitals.63 To overcome the workforce shortfall in remote and low-resource areas where doctors are scarce, basic interventions could be taught and provided by local health workers. For both efficiency and impact, surgical priorities should target the 15 surgical conditions comprising 80% of all surgeries. According to the International Collaboration for Essential Surgery, non-physician providers and medical officers who receive specific and narrow training in targeted surgical procedures could become skilled to provide these interventions.

The 15 essential surgical conditions are:

- Neglected obstructed labor resulting in obstetric fistula
- Severe postpartum hemorrhage requiring surgical care
- Infections resulting in abscesses that require drainage

62 Global Surgery 2030; Global Health 2035
Investing in targeted training that focuses on these procedures increases workforce skills, development, and capacity. Integrating workforce development and professional education into financing for safe surgery is one strategy for smart funding: it helps break the cycle of donor dependency and overcome chronic workforce shortage, while covering the most widely needed and essential surgical interventions that can save lives and prevent disabilities.

**Expand Strategic Partners, Funders, and Centralized Management**

While a few funders have taken the lead to advance access to safe surgery, more have expressed interest than have committed financial resources. We need a much more active, extensive, and collaborative network of funders with deep pockets making real commitments. Significant and coordinated outreach to mobilize resources should target new and emerging funders in the space, especially from the private sector: impact investors, philanthropists, and institutions unfamiliar with the issue of safe surgery. As the funder interest may be cultivated and grow, the advocacy and practitioner community must prepare to answer the question: how to shift interest into action? This will require a new level of strategic partnerships, centralized management and coordination, and a communications reframe.
Recommended Communications: Reframe & Translate Safe Surgery

Transformative Impact

In terms of financing, we need to better convey the enormous potential impact of providing access to safe surgery. “Access to safe surgery would transform the lives of 2/3 of the world’s population. Is there anything else bigger?” This should be #1 on every list. We should wake up every morning and scream from the rafters: this is unacceptable and we need to deal with this now.

This investment can save millions of lives and prevent millions more from succumbing to disability and impoverishment. Furthermore, building a safe surgery ecosystem that provides emergency and essential interventions, not only saves and safeguards human life, it transforms systemic, sustainable development at regional, national, and municipal levels. Addressing the complex problem of surgical access advances institutional and infrastructural capacity, trains leadership, elevates healthcare systems, and offers lessons learned that can be applied anywhere with a ripple effect economically, politically, socially, culturally.

Essential Health Access

Surgery needs to be understood as inextricable to essential health access. In isolation, “surgery” is a term too often loaded with problematic, negative, and traumatic connotations. From a funder’s perspective, surgery has been perceived as expensive, complex, inaccessible. To overcome this semantic and psychological barrier, safe surgery needs to be understood as a critical component of health care, health systems, and more “popular” health issues that attract finance from a larger donor and funder base. Indeed, many growing health concerns require access to safe surgery as an essential, embedded component for successful prevention, diagnosis, and treatment. Health issues requiring access to essential surgery include: maternal and child health, cancer and other non-communicable diseases, primary health care, road and traffic safety and emergency medical care.

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64 David Barash, interview with the author
Social Justice

Not only is safe surgery a high-impact, global public health priority, it is a fundamental issue of social justice.⁶⁵ We need to reframe the issue to eradicate the inherent injustice in denying access to life-saving, emergency and essential surgical care to ⅔ of the world’s population who are most vulnerable, poor, and marginalized. This will require acknowledging that one of the reasons why we haven’t had funding traction yet is that surgical access is perceived as a problem of “them” not “us,” exacerbated by discriminatory bias of race and class. This is not a new barrier; obstacles of bias, prejudice, discrimination, and other limitations too often distort, distract, divert, or dilute effectiveness of privileged funder decision-making in global public health. Tracing media and funding response, Ebola didn’t matter until an American white man got sick; opioid addiction became a “crisis” as middle-class white women were affected; HIV became an issue when affluent, white, gay U.S. men made it so. It is critical to recognize these dynamics, even and especially as they may be deeply uncomfortable, embedded and unconscious, in order to redirect resources where they are most needed. Financing access to safe surgery is a social justice issue.

Sustainable and Inclusive Development

Safe surgery is also an issue critical to inclusive development and equity. If the SDGs set an agenda of priorities, it’s finance that provides the essential architecture to achieve them. To be inclusive, SDG implementation will require financing of safe surgery in order to hit targets and indicators set for health, gender equality, social justice, economic growth, equal opportunity, and poverty elimination. These goals cannot become reality without safe surgery access for the global majority. As momentum of donor and investor interest continues to grow around the SDGs, it is paramount to emphasize safe surgery finance as a multi-goal investment opportunity.

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⁶⁵ David Barash, interview with the author
Conclusion and Next Steps

We know what to do. The work is great and the time is short. Taking action to catalyze philanthropic investment and innovative financing, requires the following proposed next steps:

Develop and offer multiple financing strategies.
  ● Complete an in-depth study of financing and funding.
  ● Complete an advanced feasibility study.
  ● Design a development and prototype.
  ● Prepare and launch financing vehicles and ventures.

Put surgery on the funding agenda to increase and attract new resources.
  ● Introduce safe surgery issue to donors, investors, and other funders.
  ● Embed financing in NSPs; embed NSPs in NHPs.
  ● Integrate surgical care with health system investment.
  ● Increase traditional DAH, government investment, and new revenue streams.
  ● Cultivate private sector partnerships and investment opportunities.

Cut through organizational and political barriers.
  ● Build and leverage collaborative partnerships.
  ● Coordinate policy advocacy with financing.

(Re)frame the issue in compelling philanthropic and investment terms.
  ● Emphasize transformative impact, health access, sustainable development, and social justice.
  ● Set bold, clear targets to prioritize now.
  ● Ask the right questions to tailor financing options

Catalyzing global access to safe surgery is within our reach and within our sight. Now is the time to take these next steps in order to build on this vision and transform it into reality.
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About this Paper

*Catalyzing Global Access to Safe Surgery* was commissioned and spearheaded by the G4 Alliance, and researched and prepared by Global Momenta, with its CEO, Diana Ayton-Shenker, as lead author. Inquiries may be directed as indicated below.

**THE G4 ALLIANCE**  info@theg4alliance.org
The G4 Alliance is dedicated to building political priority for surgical, obstetric, trauma and anaesthesia care as part of the global development agenda. With our member organizations, we provide a collective voice in support of increased access to safe surgical care for all.

**GLOBAL MOMENTA**  info@globalmomenta.com
Global Momenta catalyzes high-impact philanthropy, innovative finance, and entrepreneurship strategies to combine best practices of the private sector with best purposes of the social sector for positive impact.

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