

Informal Meeting of Global Health Leaders

In New York, on 19th July, 2007, global health leaders from eight international organizations,¹ together with their deputies, met informally to discuss ways of strengthening their collaboration in global health in order to achieve better health outcomes in developing countries.

Capitalizing on the recent appointments of several leaders, **the objectives** of the meeting were to review the progress made in recent years, assess current trends in global health as well as future challenges and, in the context of current opportunities, agree to a set of collective actions.

Several key themes emerged:

1) The need to stimulate a global collective sense of urgency for reaching the health-related MDGs. Every day around 28,000 children under five die from largely preventable causes and 1,400 women die of pregnancy-related causes. In addition, each year, there are 350 to 500 million new episodes of clinical malaria and around 4 million and 9 million people newly infected with HIV and TB respectively. Participants agreed that, despite important progress in some countries and for some indicators, the international community, in partnership with countries, must accelerate and intensify efforts dramatically in order to reach all of the health-related MDGs. The eight organizations represented have an important role in stimulating this accelerated action; participants agreed to hold themselves accountable for providing the necessary support to countries to reach the goals and to accelerate action at all levels within each of their own organizations.

***Action:** The global health leaders agreed to catalyze a greater sense of urgency for reaching the health-related MDGs in their own organizations and support it with their budgetary and human resources decisions.*

2) The need to modify institutional ways of doing business so as to achieve the MDGs. Achieving the health-related MDGs will require increased emphasis on collaboration and team-work. Clarity on core responsibilities of each agency, the need for a coordinated inter-agency approach for providing high quality, demand-driven technical assistance and a collectively-supported and robust monitoring and evaluation system was emphasized. Such approaches need to build on what already exists at global, regional and country levels. Each of the organizations agreed to evaluate their personnel, training programmes and incentives structure to reflect this new, collaborative way of doing business, recognizing that new skills will need to be developed, particularly at the country level. The development of a framework for mutual accountability would ensure more clarity on roles and responsibilities, milestones and a system for monitoring commitments.

***Action:** The global health leaders agreed to work together to better define their individual and collective accountabilities for better and faster results.*

¹ Margaret Chan (Director-General, WHO), Michel Kazatchkine (Executive Director, Global Fund to Fight AIDS, TB and Malaria), Julian Lob-Levyt (Executive Secretary, GAVI Alliance), Thoraya Obaid (Executive Director, UNFPA), Joy Phumaphi (Vice President, Health, Nutrition and Population, World Bank), Michel Sidibe (Deputy Executive Director, UNAIDS), Ann Veneman (Executive Director, UNICEF) and Tadataka Yamada (President, Global Health, Bill and Melinda Gates Foundation). Asha-Rose Migiro, UN Deputy Secretary-General, addressed the group and participated in the first session of the meeting.

3) The critical need for a more systematic and robust approach to knowledge management and learning. Given the significant new investments in global health, opportunities are available to capture knowledge and lessons learned in health programmes. The participants emphasized the opportunity to conduct more systematic mapping of the health sector at country level including the role played by the private sector.

Action: The global health leaders agreed to explore means to systematically capture knowledge gained in health programmes and to develop a more robust and coordinated approach to knowledge management in general. Finally, the group agreed to pool resources as their organizations conduct mapping exercises and health sector assessments.

4) Recognition of the important opportunity presented by the renewed interest in health systems. Participants welcomed the commitment to the health-related MDGs as articulated in the several new global initiatives being developed around health systems strengthening. Such support for systems strengthening is well aligned with the priorities of the participating organizations. There was strong agreement for adopting a ‘systems for outcomes’ approach whereby systems strengthening efforts would be evaluated by their ability to deliver against health outcomes. In addition, the group recognized the key brokering role of the UN agencies, in helping to bridge the need for accountability and countries’ desire to lead their own development processes. The urgent need for a normative framework on health systems was emphasized. Finally, with the growing number of stakeholders working in global health, the need for closer alignment around an over-arching health sector strategy at the country level was emphasized. In this regard, the global health leaders discussed the experience of AIDS programming and the ‘three ones’ which may offer learning opportunities.

Action: The global health leaders agreed to engage emerging global initiatives in a coordinated manner to ensure that their organizations effectively support countries through funding and/or technical and policy assistance. In addition, WHO and the World Bank committed to fast-track the completion of the normative framework for health systems strengthening.

5) Recognition that the role of civil society and the private sector will be critical for success. The private sector has several roles to play in delivering health services, in financing health care, and in bringing new technologies to market. Innovations can help accelerate progress, whether they are technologically-driven or new programme models, such as micro-venture and performance-based financing. Non-government organizations have a long and proud history of delivering services in developing countries and their field experience is a source of important lessons learned. Support to developing countries in reaching the health-related MDGs will require strengthening integrated delivery systems across the public and private sectors, creating opportunities for private sector involvement and investment.

Action: The global health leaders expressed their commitment to involve the private sector and civil society more systematically as the work on the health-related MDGs expands at global, regional and country levels.

Future Plans: The group agreed to reconvene in early 2008 in order to monitor progress against commitments made at this meeting.