Introduction

The Pfizer Global Health Fellows Program is an international corporate volunteer program. Through the GHF program, Pfizer colleagues are paired with leading international development organizations in short-term assignments in key emerging markets designed to transfer their professional expertise in ways that promote access, quality and efficiency of health services for people in greatest need.

This annual essay collection illustrates how Pfizer’s Global Health Fellows are working together with partner organizations in underserved communities to solve global health challenges.

To learn more about the Pfizer Global Health Fellows Program please visit www.pfizer.com/ghf.

After my experience as a Global Health Fellow and thinking about the importance of financing health, I wondered, isn’t it true that financing is the ultimate mechanism by which all problems are solved? In order to have a properly functioning health system, there must be, of practical necessity, adequate financing in place.

I worked as an Entrepreneur Fellow focused on Finance with mothers2mothers (m2m) in Cape Town, South Africa. During my six-month assignment, I visited a clinic in a low-income township where I was gratified to see how physically well the HIV-positive patients were, compared to my recollection about the HIV situation in Africa when I lived in Zimbabwe prior to 2001. Many factors have contributed to these improvements, including improved financing. During my fellowship, I learned that financing is not just about the availability or the lack of money, but rather that it is a process driven by multiple forces which are often difficult and complex to manage and control.

On a macro level, health financing is influenced by governments and large international organizations such as the United Nations. On a micro level, health financing is influenced by funding decisions made by large companies to individuals like you and me. I learned there are several influences surrounding macro-level and micro-level health financing.

Governments worldwide are struggling to pay for health care [1]. The challenge faced by policymakers is to ensure that people are not denied access to care because they cannot afford it. To ensure access to health services, three interrelated functions of health system financing are crucial. These are:

1. Revenue collection (meaning, raising more funds for health):
   - In many cases, there is scope for governments to allocate more money for health. In 2000, African heads of state committed to spend 15 percent of government funds on health. So far three countries (Liberia, Rwanda and Tanzania) have achieved this. If the world's 49 poorest countries each allocated 15 percent of state spending to health, they could raise an additional US$15 billion per year, almost doubling the funds available.
   - They can also generate more money for health through more efficient tax collection, as Indonesia has done, raising revenue by 10 percentage points. They can find new sources of tax revenue, such as sales taxes and currency transactions. Ghana, for example, has funded its national health insurance partly by increasing the value-added tax (VAT) by 2.5 percent.
   - The international community has a key role to play. Approximately US$44 per capita is required to ensure access to the most basic quality health services in low-income countries. Many struggle to do this. Today, 31 countries spend less than US$35 per person on health. If all donors kept their promise to allocate 0.7 percent of gross domestic product (GDP) to official development assistance, 3 million additional lives could be saved in lower income countries by 2015.
2. **Pooling of resources (meaning, raising money more fairly)**

- This means removing the key financial barriers to obtaining care. Countries like Japan that manage to ensure health services are available to the entire population have done so by reducing dependence on direct, out-of-pocket payments and increasing prepayment generally through insurance or taxes or a mix of the two. The funds raised are then pooled, so that it is not just those who are unlucky enough to get sick that bear the financial burden.

3. **Purchasing of interventions (meaning, spending it more efficiently)**

- Smarter spending could increase global health coverage by anything between 20 percent to 40 percent. For example, France has adopted a strategy of using generic drugs wherever possible; this saved almost US$2 billion in 2008. Hospitals are another. Hospital care often absorbs from half to two-thirds of total government spending on health: almost US$300 billion is lost annually to hospital-related inefficiency which could be boosted by 15 percent with more efficiencies.
- The international community has a key role to play in improving efficiency. Five years after the Paris Declaration on Aid Effectiveness, which aimed to harmonize aid around country-led programs, more than 140 global health initiatives run in parallel, imposing logistic and reporting burdens on recipient governments that stretch resources still further. The Government of Rwanda, for example, currently reports on more than 890 health indicators, a hugely time-consuming process [1].

While working on a cost metrics project at m2m I was forced to question what information generally influences funders and individuals to finance a cause because, at the end of the day, those factors have a strong influence on where the money goes, how health systems are financed and ultimately, our collective ability to meet the 2015 Millennium Development Goals (MDG).

I was surprised to note, through my research of charity review websites and sample donor application forms kindly provided to me by m2m, that there were no metrics directly related to the organization’s mission out in the field that were being shared publicly or directly requested on donor application forms. Instead, data such as dollars raised or spent, membership growth, number of program sites, etc., which do not measure the real success of an organization in achieving its mission, were of primary interest to potential donors. The metrics that quantified true impact, or as I like to think of it, the ability of an organization to maximize what is possible, were largely ignored at the decision-making stage. If funders and individuals do not challenge goals against real results, how then do we measure the ability of a development organization to contribute to the MDGs or tackle other global health issues? From my perspective, we need to review more closely how organizations, within their own sphere of influence, are eradicating an issue in order to ensure the best rate of return for society.

**Key Learnings**

Organizations have a huge influence on the way nonprofits and nongovernmental organizations conduct their business due to the financial benefits associated with donor compliance. It is not by any means a one-size-fits-all solution, but simple questions such as “How many?,” “How far?,” and “What result?” could go a long way to encouraging big-picture, volume-based impact measurement and thinking. This new information would contribute to our funding decisions in a positive way, improve our return on investment and increase our likelihood of achieving the MDGs.

**References**