

Trends and developments among funders

From Mexico to Mali: Taking Stock of Achievements in Health Policy and Systems Research

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Christina Zarowsky, MD PhD

Questions

- ▶ How much funding is available for what aspects of HPSR?
- ▶ How important is HPSR in the overall (health) portfolios of selected funders?
- ▶ How are funders thinking about HPSR in relation to their overall health mandates?
- ▶ What do funders' public websites and documents say about these questions?

Methods

- ▶ Web-based landscape
- ▶ E-mail exchanges
- ▶ Telephone interviews
 - ▶ **AusAID**, **CIDA**, **DfID**, DGIS, GTZ-BMZ, Irish Aid, Norad, SIDA-**SAREC**, USAID; **BMGF**, **Carso Health Institute**, **DDCF**, Rockefeller Foundation, **Wellcome Trust**; EU, GAVI, GFATM, GFHR; plus **IDRC-GHRI**

Results 1

- ▶ purposes and limitations of websites
- ▶ Frank and open discussions with funders
- ▶ Growing recognition of importance of systems and evidence
- ▶ Difficult to identify what and how much is spent, and what and how much is available and to whom
- ▶ Financial tracking –
 - ▶ project, topic, country/region
 - ▶ donors do not have a dedicated « HPSR » category
 - ▶ Unpacking funding in integrated/multi-purpose projects

Results 2

- ▶ Continued disease and product dominance, but significant and increasing HPSR funding
- ▶ Funding is fragmented and difficult to track, within and across funders (but watch risks of monopsony)
- ▶ Instrumental role of HPSR: funders are (much) more interested in health outcomes and services than in HPSR per se – still less in HPSR capacity and infrastructure
- ▶ What exactly is (and is not) HPSR