PAFDI
PAN-AFRICAN FINANCING FOR DEVELOPMENT INSTITUTE

UNAIDS

OVERVIEW OF RESEARCH PROJECT

PRELIMINARY FINDINGS

SSC providers contribution to global public health & HIV-AIDS

Purpose of study

1. Understand and appreciate South-South cooperation approaches to addressing health, pandemic and AIDS challenges (knowledge sharing).

2. Explore how non-DAC donors can potentially complement the global AIDS response (resource-mobilization).

Research project

- Phase 1: High level quantitative overview of emerging economies contribution to global public health and HIV-AIDS response
- Phase 2: Shortlisting of 6-10 emerging donors for more in depth qualitative analysis of their support to health and HIV-AIDS

Study parameters & data challenges

Global landscape (health, political, economic) rapidly and constantly changing = focus on last 5 years (2018-2022) – COVID spike outlier

Enormous data limitations on external support from emerging economies

- Statistical capacity constraints
- Political sensitivities (internal/external repercussions of publishing)
- Bilateral cooperation (financial versus technical) – quantifying value of knowledge & purchasing power parity (USA/Cuba-SA)
- Data collected under different methods & parameters
- Scope of health support: Scholarships medical students, refugees/migrants services, vaccines/medicine (private sector), science & research, water & sanitation, food & animals/plants health – link to human health (FAO/IFAD/WFP/UNHCR,UNEP?)

Phase 1: Global level analysis

Document review & data mining

Multilateral contributions good proxy

- WHO / UNAIDS
- Global Fund / GAVI
- UNFPA, UNICEF, UNITAID
- UNOSSC / UNDP / UNCTAD – SSC data
- Regional - AUDA, ASEAN (little data/capacity), **SEGIB** (good project level data)

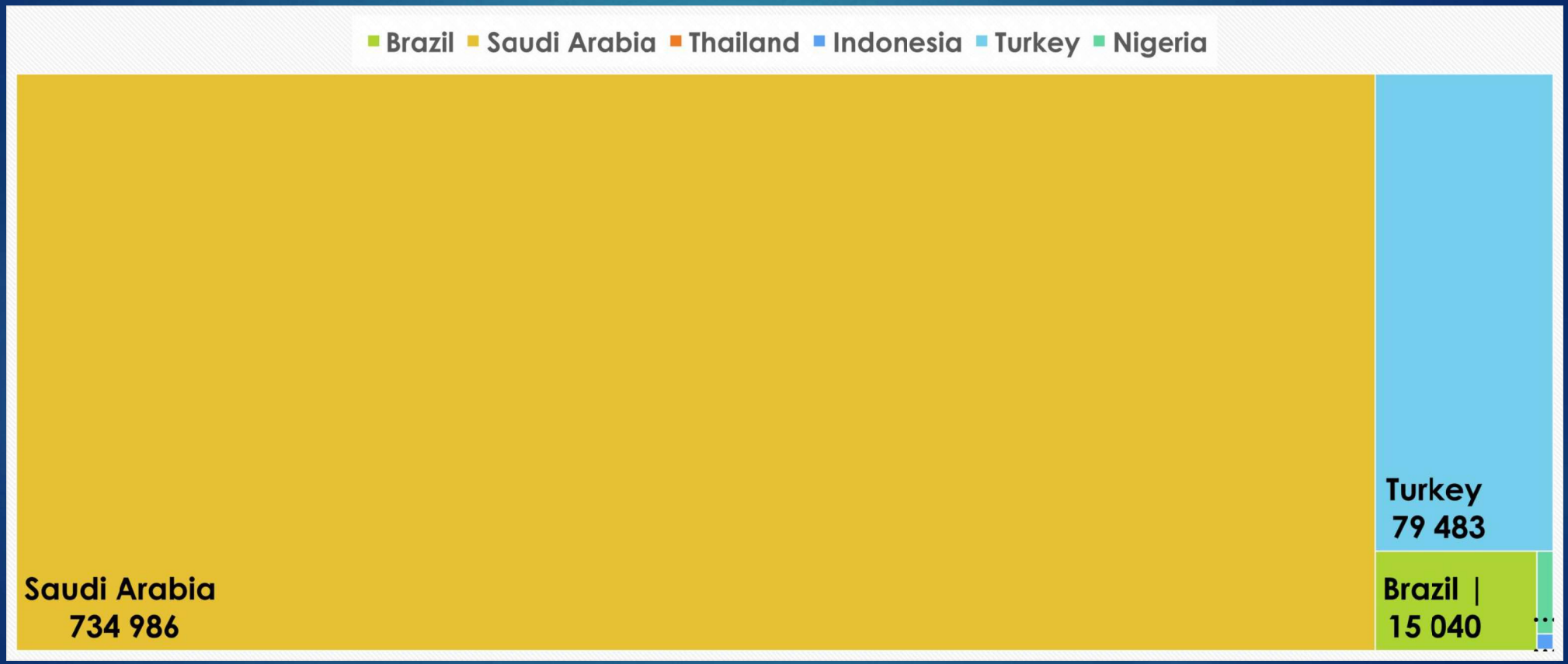
Bilateral contributions sketchy

- OECD (CRS+ / TOSSD)
- Lots of political and technical limitations from SSC

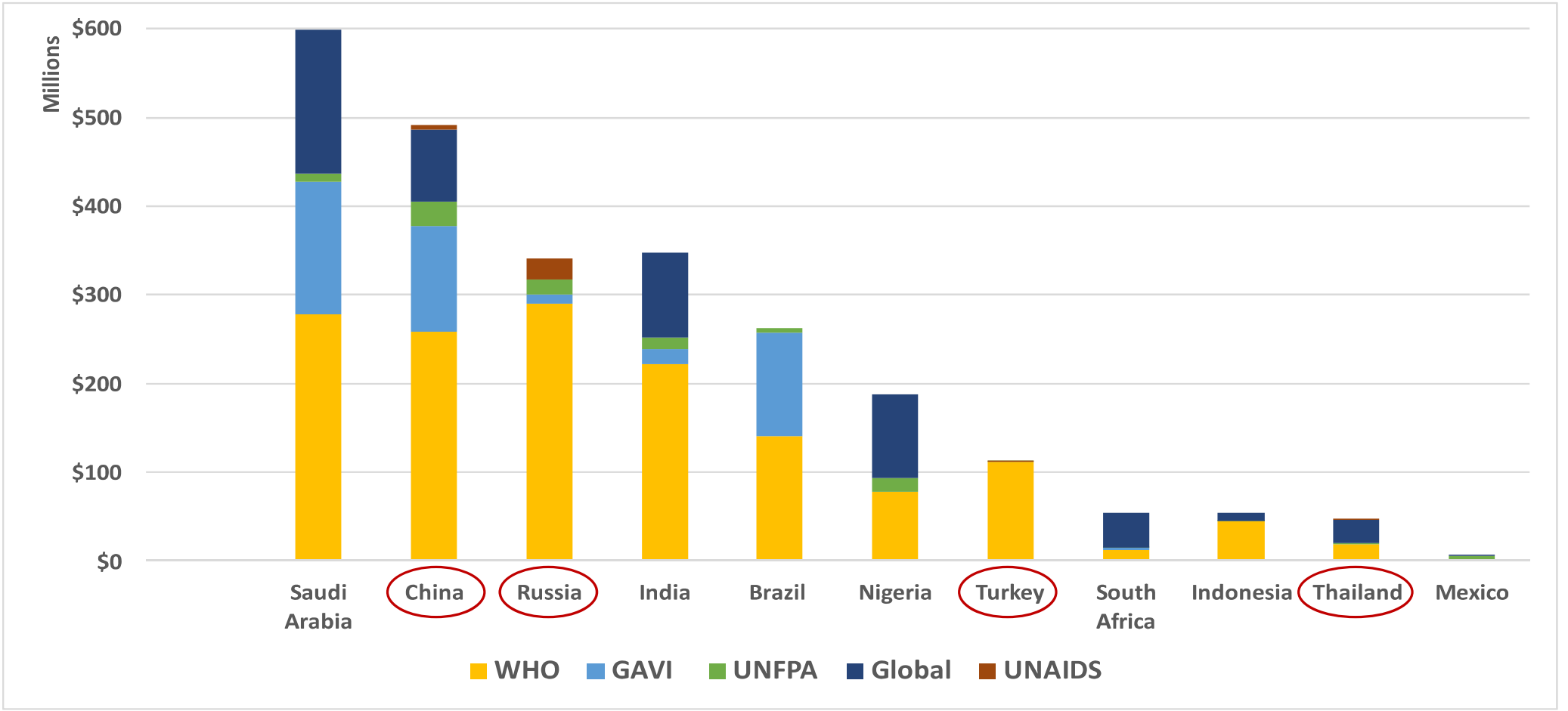
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

2019-2021 TOSSD reports by non-DAC providers

(USD x1,000)

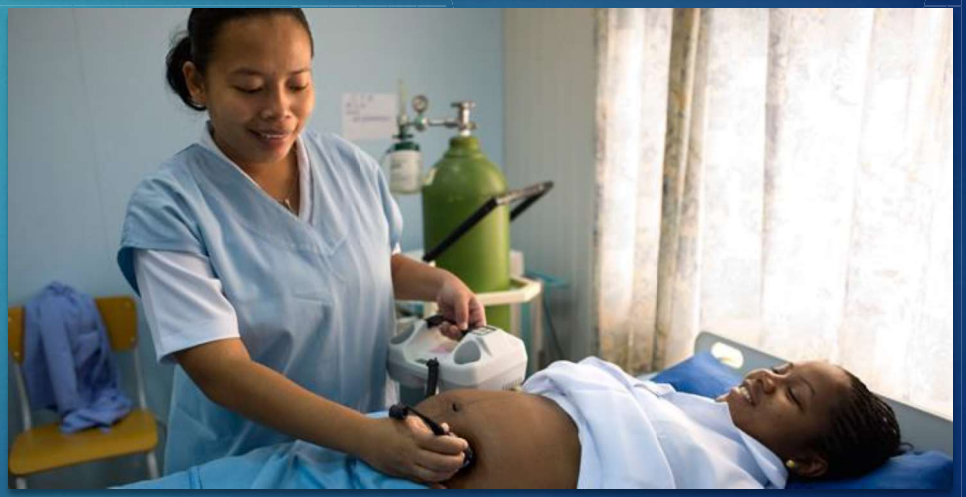


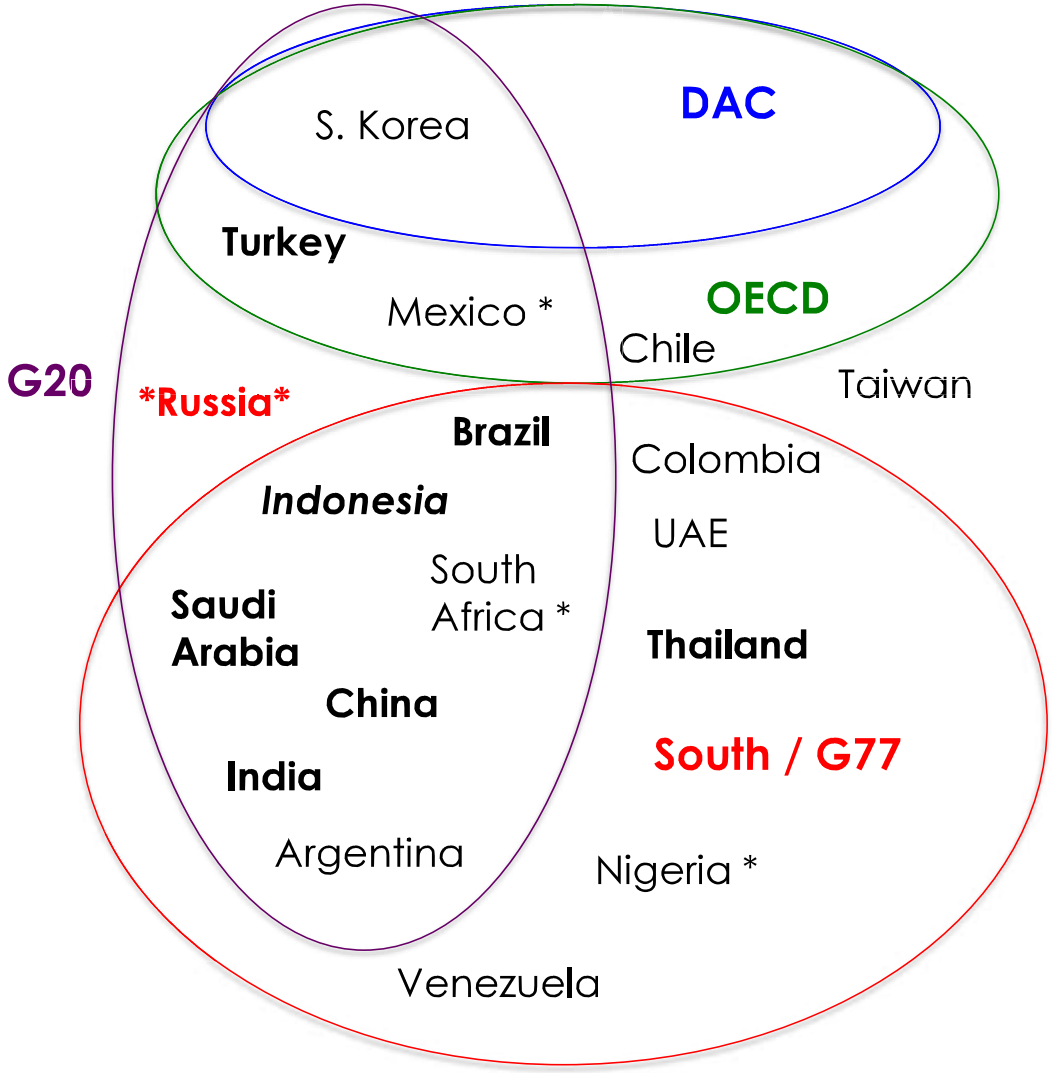
Emerging economies contributions to health multilaterals (5 year period)



Recommendation for country focus case studies

- largest G20 non-DAC economies (BRICS+)
- Plus **Thailand** (outstanding example of public health and HIV-AIDS)





Regional spread / balance problematic:

high in Asia,
low in Africa and LAC

High Level Findings from global study

- **Private sector & philanthropies (i.e Gates Foundation & Pharma Industry) provide bigger financial contributions to health than traditional bilateral and multilateral donors.**
- **Cultural & religious values inform HIV-AIDS & public health policy and subsequently international health cooperation**
- **A lot of development cooperation of emerging economies comes from triangular cooperation. SSC providers are pivot countries that draw on their past history, geography, technical expertise & knowledge (UNFPA-Thailand)**
- **Aside from Saudi Arabia and China** (and maybe India and Brazil), **the biggest contribution of SSC to global public health is technical and knowledge rather than financial.**

Phase 2: country case studies

- Focus on data gaps and qualitative analysis
- Document review + Interviews and expert observation
- Engaging with UCO, national institutions and stakeholders
- Using local researchers and SSC specialists