

SPECIAL EVENT ALONGSIDE THE FFD-IV CONFERENCE

Hosted by the Government of Spain

July 2nd, 14.30 to 16.00, FIBES #1

Co-sponsored by UNAIDS, WHO, ISGlobal, The Global Fund, GAVI and OECD

(others pending confirmation).

Health financing for a safe and sustainable economy: towards a Seville health financing agenda for action.

The COVID-19 pandemic demonstrated the vulnerability of the planet and the global economy to the disruptions of a health crisis. Health systems were suddenly a matter of maximum priority, but the right to health is not real for billions.

Before Covid, 2 billion people already experienced catastrophic health spending due to out-of-pocket (OOP) payments on health, the largest source of health financing in Africa, and only one third of the 68 poorest countries are set to see their health investments grow above pre-Covid levels by 2027. At the 78th World Health Assembly, the Pandemics Agreement was approved, as well as the “Strengthening Health Financing Globally” Resolution, offering a platform for driving more sustainable financing for UHC.

Dramatic ODA reductions underway in 2025 are a major shock to health systems and services, including for humanitarian and outbreak responses. These are affecting national responses that remain highly reliant on international funding, such as HIV, bringing back risks of epidemic resurgence and making programmatic transformation even more urgent.

42 countries in Africa and South Asia have public spending on health below \$30 pppa, lower the \$80-90 pc required to support necessary workforce and essential commodities.

This is a year especially relevant for the continued financing of important parts of global health through the replenishments of GAVI, for vaccines, and The Global Fund, for HIV, Malaria and TB, and health systems, all in the context of pressures on ODA budgets critical for the health of millions, especially in lower income contexts.

Developing countries are facing slow economic growth, flat revenue collection, excessive debt repayments as a result of the high costs of borrowing, and the impact of illicit financial flows (with up to US\$ 89bn lost per year only in Africa). Funding for scientific research that drives innovation and development of vaccines, treatments and diagnostics is also threatened but remains essential for areas such as child survival and the fight against infectious diseases.

In the context of this polycrisis, there are significant opportunities - through the research - production – commercialization of medicines cycle and through improved and consolidated regional procurement systems that can drive regional production, and attract additional investments to lower income contexts, supported by MDBs and DFIs. There is also a need to prepare responsible transitions and protect essential services where threatened without burdening impoverished users, including through multistakeholder partnerships that can help de-risk investments for regional and national sustainability. There is an opportunity to rethink global health financing models towards global safety nets to protect specially vulnerable settings from pandemics or natural events.

Securing universal access to health in a sustainable and incrementally self-reliant environment will require a greater focus on domestic revenue mobilization and the use of diversified financing mechanisms, while understanding that there will continue to be a critical need for ODA especially in lower income, vulnerable and crisis-affected contexts. This includes:

- a. Securing more and better spending by domestic governments, -increased revenues, and allocations to health, better tax administration and prevention of tax avoidance, stronger Public Financial Management (PFM), pooled procurement systems and health integration. It also includes strengthening how donor resources are to be channeled through country systems, that need to be strengthened and integrated at the fastest possible pace.
- b. The use of blended and diversified financing instruments is set to strengthen resource mobilization and improve coordination. Grants can support more concessional borrowing for health and leverage other tools. Health taxes for tobacco, alcohol or sugary beverages and debt swap operations can raise resources for the health sector, and dedicated funding for health from mechanisms such as new SDR issuances or debt relief operations could expand available resources.

The special event intends to highlight the most relevant elements of the context, challenges and opportunities for action including the resources and mechanisms needed to engineer the two components of successful transitional financing towards sustainable national health systems. Governments, multilateral actors, civil society and private sector are called to participate in the deliberations to ensure that we advance towards a more agile and coordinated global health ecosystem that considers global, regional and national levels, and secures a strong health financing agenda going forward, driven by the Sevilla FFD agreements. The event will also be an opportunity for the Spanish government to introduce its global health strategy approved in May 2025.

AGENDA

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1. Welcome and opening remarks:

Minister Monica Garcia, MoH, Spain

On the essential role of publicly financed health systems to fulfil the right to Health, and the need to converge on future financing models combining local, regional and global.

2. Opening session: Keynote & setting the scene

Moderator:

Maria Fernanda Espinosa, former President of the UNGA

Keynote

Dr. Tedros Adhanom Ghebreyesus, WHO

A converging agenda to make sustainable what today are underfinanced health systems for UHC.

Setting the scene:

Joseph Stiglitz

The FFD conference, and the necessary macro global reforms to enable a path towards a sustainable financing for health.

Mariana Mazzucato

Reorienting global economic governance for a fit for purpose people and planet that secures sufficiently financed health for all.

Donald Kaberuka (TBC)

The future of sustainable financing for health in Africa: the role of Governments and multilateral institutions.

3. PANEL 1. The priority of growing domestic revenues and allocations to health and related investments.

Moderator: Ndidi Okonkwo Nwuneli, The One Campaign

Minister Enoch Gdongdawa, South Africa (TBC)

Prioritizing public financing for health to secure economic growth

Winnie Byanyima, UNAIDS

A multisectoral agenda for health sustainability: social determinants, human rights, protecting vulnerable populations and intellectual property rights.

Peter Sands, The Global Fund

The continued need of global solidarity for impact and to strengthen national health systems.

Mary-Beth Goodman, OECD

Sustainable financing and health reforms for impact

4. PANEL 2. Towards a diversified financing framework for the health systems of the future, that protects health and advances science as a global public good.

Moderator: Quique Bassat, ISGlobal

Sania Nishtar, GAVI

Creating Innovative Instruments and Partnerships for Sustainable Immunisation Financing

Jarbas Barbosa, PAHO

From Challenge to Change: Financing Universal Health in Latin America and the Caribbean.

Jean Kaseya, Africa CDC

The role of regional institutions to advance the African health financing agenda

Nadia Calviño, European Investment Bank (TBC)

Blended financing for health: the role of DFIs and the projects of EIB.

5. CLOSING

Minister Mohammed Paté, Nigeria (TBC)

Concluding remarks on the challenges and pathways ahead.

Minister Jose Manuel Albares, MOFA, Spain

The need for a renewed approach to health financing and a Sevilla framework for action at global, regional and national level.