PMAC PRINCE MAHIDOL AWARD CONFERENCE 2024

PS3.1

ECONOMICS AND OVERSEAS DEVELOPMENT AID (SPECIFIC ON DECOLONIZATION OF GLOBAL HEALTH)

| BACKGROUND

The process of decolonization, characterized by the liberation of formerly colonized nations from the grip of colonial powers, has had far-reaching effects across various domains, including global health. Decades of colonization had left enduring imprints on the health systems and resource allocations of these nations. The post-colonial era witnessed efforts to rectify historical injustices, leading to shifts in resource allocations and health priority setting. This session explores the multifaceted impact of decolonization on global health, focusing on the transition towards equitable resource distribution, the significance of localizing priority setting, the politics of official development assistance (ODA) funding, and the role of multilateral development banks in shaping alternate financing models.

Equitable Resource Distribution

Decolonization marked a turning point in global health, as many newly independent nations sought to overcome the disparities exacerbated by colonial rule. The colonial legacy had often left these nations with uneven access to healthcare resources, resulting in stark health inequalities. The pursuit of equitable resource distribution became a central concern, aiming to bridge the gap between resource[1]rich and resource-poor regions. International organizations and initiatives emerged to address this challenge. The World Health Organization (WHO), for instance, launched initiatives that aimed to allocate resources based on need rather than historical privilege. This transition towards equitable distribution was essential in tackling global health challenges in a more holistic and inclusive manner.

Localization of Priority Setting

Decolonization also underscored the importance of local perspectives in shaping health priority setting. Colonial powers had often imposed their own priorities and interventions on colonized nations, disregarding the unique health challenges these nations faced. Post-colonial nations recognized the value of localized priority setting, wherein health interventions and policies are tailored to the specific needs and cultural contexts of individual nations. This approach respects the autonomy and agency of nations in determining their health trajectories. Moreover, involving local communities and stakeholders in priority setting enhances the sustainability and effectiveness of interventions, as they are grounded in local knowledge and realities.

The Politics of Official Development Assistance (ODA)

Funding As decolonization gathered momentum, ODA emerged as a crucial tool in addressing global health challenges and supporting resource-poor nations. However, the politics surrounding ODA funding have been complex and at times contradictory. While ODA is often framed as a mechanism to support development and alleviate poverty, it can also be wielded as a tool of influence by donor nations. Political agendas of donor countries can influence the allocation of funds and the choice of health interventions in recipient nations. This raises questions about the extent to which ODA is driven by genuine concern for global health equity versus geopolitical interests. Thus, while ODA can facilitate positive changes in resource allocation and priority setting, its application must be critically examined to ensure it aligns with the principles of equity and self-determination.

Role of Multilateral Development Banks

Decolonization effects in global health have spurred the emergence of multilateral development banks as key players in financing and resource allocation. Institutions like the World Bank have adopted innovative approaches to health financing, aiming to provide sustainable solutions that transcend traditional aid models. The focus has shifted from mere financial assistance to capacity building and investment in health infrastructure. These institutions recognize the need to empower nations to manage their health systems effectively and allocate resources according to their priorities. By offering financial instruments like loans and grants, multilateral development banks facilitate resource allocation based on national development plans, fostering ownership and sustainability.

Alternate Models of Financing

Decolonization has encouraged nations to explore alternate models of health financing that align with their priorities and capacities. The one-size-fits-all approach of colonial times no longer suffices, as nations seek more agency in their health trajectories. Innovative financing mechanisms, such as results-based financing and social impact bonds, have gained traction. These models link financial incentives to the achievement of specific health outcomes, incentivizing efficient resource utilization. Additionally, domestic resource mobilization has gained prominence, emphasizing the responsibility of nations to invest in their own health systems. By diversifying financing sources, nations can exercise greater control over resource allocation and prioritize interventions that resonate with their unique contexts

| OBJECTIVES

Objectives of this parallel session Decolonization effects in global health have had profound implications for resource allocations and health priority setting. The transition towards equitable resource distribution, the emphasis on localizing priority setting, the complexities of ODA funding politics, and the role of multilateral development banks in providing alternate financing models collectively shape the landscape of global health. As the world continues to grapple with unprecedented challenges, such as the COVID-19 pandemic, the lessons from decolonization remind us of the importance of agency, equity, and inclusivity in shaping the future of global health. It is imperative for nations, organizations, and stakeholders to collaborate in fostering a health landscape that respects diversity, empowers local communities, and strives for universal well-being. This parallel session aims to first acknowledge and address the challenges in resource allocation and priority setting from a colonialization economic landscape, and then to identify possible solutions

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Professor Agnes Binagwaho, MD, M(Ped), PHD currently resides in Rwanda. She is the retired Vice Chancellor and co-founder of the University of Global Health Equity (UGHE) (in 2015), an initiative of Partners In Health based in Rwanda which focuses on changing how health care is delivered around the world by training global health professionals who strive to deliver more equitable, quality health services for all. She is a Rwandan paediatrician who returned to Rwanda in 1996, two years after the 1994 Genocide Against the Tutsi. Previously, she has provided clinical care in the public sector and has served the Rwandan health sector (1996-2016) in high-level government positions, first as the Executive Secretary of Rwanda's National AIDS Control Commission, then as Permanent Secretary of the Ministry of Health, and lastly as Minister of Health for five years. She is a Professor of Pediatrics at UGHE, a Senior Lecturer in the Department of Global Health and Social Medicine at Harvard Medical School, and an Adjunct Clinical Professor of Pediatrics at Dartmouth's Geisel School of Medicine. She is a member of multiple editorial, advisory and directors' boards, including the Think20 (T20), the Rockefeller Foundation, the African Europe Foundation and the African Union Commission on African COVID-19 Response. Professor Binagwaho is a member of the U.S. National Academy of Medicine and the World Academy of Sciences and a fellow of the African Academy of Sciences. She is an Emerson Elder and has published over 250 peer-reviewed articles and was named among the 100 Most Influential African Women for 2020 and 2021.