



UNIVERSAL HEALTH COVERAGE: AN ANNOTATED BIBLIOGRAPHY 3.0 – THE NEW HEALTH ECONOMY

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R**M** RABIN
MARTIN

 **JOHNS HOPKINS**
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Address requests for hardcopies or for insertion into the next version to:
Global Health Centre
The Graduate Institute
PO Box 136
1211 Geneva 21

globalhealth@graduateinstitute.ch
uhc@rabinmartin.com
galambos@jhu.edu

Version to download at
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Introduction

The health economy – an emerging concept

Health constitutes an important economic force for both high-income countries and emerging economies. In 2013, total global health expenditure amounted to USD 7.28 trillion¹. As more than 100 countries have now introduced policies that will help the transition towards universal health coverage, we can expect that the health sector is likely to grow. For example, since 2006, more than 1.6 billion people gained access to universal health services in 26 middle-income countries². Moreover, these trends refer only to direct health expenditure, and not to health-related products and services. If these related markets were included, then the overall size of the health economy would be even larger³.

While global policy-makers have moved towards accepting the concept of a 'green economy', a commonly accepted definition of the term 'health economy' does not yet exist. The 2011 UNEP Green Economy Report argues that "to be green, an economy must not only be efficient, but also fair. Fairness implies recognizing global and country level equity dimensions particularly in assuring a just transition to an economy that is low-carbon, resource efficient, and socially inclusive"⁴. Similarly, the International Chamber of Commerce (ICC), which represents global business, defines a green economy as "an economy in which economic growth and environmental responsibility work together in a mutually reinforcing fashion while supporting progress on social development"⁵.

It is this understanding of economic processes and outcomes that is crucial for the concept of the health economy. We would argue that the New Health Economy is one in which investments in health lead to both economic growth (through their direct impact on investment and employment) and equitable improvements in health (which also have an impact on the wealth

1 WHO. Global Health Expenditure Database. 2015. Available at bit.ly/WHO13-UHC

2 Argentina, Brazil, Chile, China, Colombia, Costa Rica, Ethiopia, Georgia, Ghana, Guatemala, India, Indonesia, Jamaica, Kenya, Kyrgyz Republic, Mexico, Nigeria, Peru, Philippines, South Africa, Thailand, Tunisia, Turkey and Vietnam. Cited in: Cotlear, D. et al. Going universal: how 24 developing countries are implementing universal health coverage reforms from the bottom up. 2015. Available at bit.ly/CotlearUHC

3 For example, the global healthy eating, nutrition and weight-loss market alone is estimated to have reached USD 574 billion in 2013, and the market for mind and body fitness accounts for around USD 446 billion. Other important sectors include the market for workplace wellness and wellness tourism. Global Wellness Institute. Global Spa & Wellness Economy Monitor. 2014. Available at bit.ly/GWI-UHC

4 United Nations Environment Programme. Towards a Green Economy: Pathways to Sustainable Development and Poverty Eradication. 2011. Available at bit.ly/UNEP-UHC

5 International Chamber of Commerce. ICC Green Economy Policy. Available at bit.ly/ICC2-UHC

of societies). For the private sector, the notion of a health economy goes beyond standard corporate social responsibility, highlighting that if companies promote health within a society, not only do they create a social good, but they can also obtain competitive advantage over other companies.

As such, the concept of the health economy, as illustrated in this bibliography, goes beyond the understanding of the research field of health economics and the healthcare sector (which instead describes the transactions of both services and medical products between healthcare providers and patients). The components of global health governance and the political, social and commercial determinants of health are only very partially included. At the same time, the concept of the health economy does not necessarily imply a healthy economy. While a well-developed health economy in a particular country can contribute to economic welfare, the concept does not necessarily imply a sounder economic system. Therefore, an awareness of the different definitions is crucial when aiming to improve understanding of this emerging field.

A changing global health landscape and increasing private sector involvement

The health economy is emerging in a period of change in the global health landscape. Not only did the amount of development assistance for health (DAH) increase from around USD 7 billion in 1990 to almost USD 36 billion in 2014⁶, but the actors involved have also changed dramatically. Multilateral and private actors such as Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as the Bill & Melinda Gates Foundation, have transformed the funding landscape as well as the roles of existing actors. Moreover, the role of the private sector in delivering health services is already important in developing and emerging countries.

Nevertheless, mistrust still exists with regard to markets and the role of the private sector in health. Many proponents of universal health coverage (UHC) are suspicious of private sector engagement, whether this involves insurance companies, pharmaceutical companies or other private actors. At the same time, there is a significant expansion globally of private sector involvement in health – not only by traditional players, but also by new actors such as IT and social media companies, high-powered consultancy firms, a wide range of suppliers, as well as a new wave of foreign direct investment. Therefore, identifying the complex network of actors in this system and the associated governance challenges of the health economy is crucial.

6 Institute for Health Metrics and Evaluation. Financing Global Health 2014: Shifts in Funding as the MDG Era Closes. Seattle: IHME, 2015. Available at bit.ly/IHME14-UHC

Complexity and governance of the health economy

The sharp increase in the number and diversity of actors requires sound governance on different levels to ensure efficiency and equity of access to healthcare. As countries seek to profit from the growing health economy, new relationships will emerge between these countries. Investments in health need to be channelled in a way that enables equity of access to quality healthcare. Acknowledging the complex links between health outcomes and the political, social and commercial determinants of health in such a context is becoming increasingly important. Policies that, up until now, have often not addressed health specifically, such as trade agreements or infrastructure financing, will increasingly need to consider health as an integral component. In order to address these links, policy-makers will have to think in a cross-sectoral way (public and private, industries) and make health considerations an important issue in any investment decisions across different sectors.

New cooperation initiatives between public and private sector actors can help by combining new resources and expertise in a period of limited public sector resources. This may involve new global health partnerships, public–private partnerships or product development partnerships. This may also involve trade agreements, as international capital and human resource flows are an important component of the health economy governance structure. Nevertheless, while a win-win situation is possible, many aspects have yet to be fully understood. For example, how can accountability be ensured in a system with numerous and heterogeneous actors? Will private sector involvement in universal health coverage help to achieve a higher degree of innovation whilst ensuring equity in health at the same time?

A bibliography on the health economy – A living document

This bibliography will help to understand the scale of the health economy as well as its challenges. The publications included come from a wide range of academic institutions, think tanks and – often with regard to the cases studies – from company reports. The purpose of the review is to collect literature on evidence, concepts and ideas that can contribute to creating a common understanding of the health economy.

The cross-sectoral nature of the health economy required searching a wide range of topic areas, such as economics, international health diplomacy and governance, private investment, and health financing.

The first chapter of the bibliography reviews publications that help to illustrate the strong interconnectedness between the health domain and the economy. Importantly, the goal is not to review literature on the research field of health economics alone, but to take a broader view on the effects of health on prosperity – and vice versa. The second chapter reviews concepts related to the health economy, such as the green economy, shared value creation, and alternative ways of measuring economic performance. The third chapter summarizes publications that describe the changing environment from which the health economy is emerging – with regard to both the global health landscape and private sector involvement in health. The fourth chapter reviews articles dealing with the complex governance challenges arising from the emergence of the health economy in a multi-actor and multi-sectoral world. The last chapter presents a selection of industry and country case studies that illustrate the scale and scope of what can be understood as the health economy.

The nature of this bibliography on the health economy requires a broad view on many different research fields that would, by themselves, justify a separate bibliography. Therefore, this bibliography can only provide an initial overview of relevant topics for the health economy. In addition, very few publications explicitly address topics related to the health economy in a multidisciplinary way, which leaves the reader to make the connections between the different topics.

1. The relevance of the economy–health nexus

The health system and the economy are closely interlinked. Investments in health and health-care, as well as the services delivered, are important elements of the economy. Global health spending totalled approximately USD 7.28 trillion in 2013. Taking a broader view on health and including sectors related to health, such as the healthy eating and healthy lifestyle sectors, would imply an even larger market. Moreover, ill health can create dramatic economic burdens, whether by destabilizing economies in the case of an outbreak of a communicable disease, or by reducing healthy life years through non-communicable diseases.

Jill Bernstein

Impact of the Economy on Health Care

Brief of the Robert Wood Johnson Foundation. August 2009.
Available at bit.ly/BernsteinUHC

This study summarizes the evolution of the healthcare sector and healthcare demand in the United States. It is acknowledged that demand for healthcare, and the benefits it brings, has continued, rarely abated, over the past half century. Moreover, this demand seems to be increasing and is expected to increase in the future, accounting for a significantly larger proportion of the national economy. Taking this into consideration, the author studies in detail the structural and economic forces of the US health sector. The study concludes by stating the need to take the emerging health industry in its full seriousness, and outlining possible challenges for national governments in the area of legislation. Finally, the author highlights the need to improve on the existing research methodologies used to calculate the impact of the health sector on the economy, and vice versa: “To evaluate reforms, or to understand the full impact of failing to make changes to the health care coverage and delivery systems, researchers will need to draw on more complete data than is now readily available”.

David E. Bloom et al

The global economic burden of noncommunicable diseases

Working Paper of the Program on the Global Demography of Aging, no. 87 (January 2012), pages 1–45. Available at bit.ly/Bloom1UHC

The perspective of the New Health Economy suggests a more comprehensive understanding of the economic effects of both healthy and unhealthy societies. This paper outlines how non-communicable diseases (NCDs) present an emerging challenge to health well-being and development. The rise in the prevalence and significance of NCDs revolves around the macro trends of ageing populations, urbanization and the emergence of unhealthy lifestyles across the globe. Sixty-three percent of deaths worldwide are due to NCDs, which include cardiovascular diseases, cancers, diabetes, chronic and respiratory diseases, and mental diseases. Productivity and output can be negatively affected, because individuals with chronic diseases are observed to work less, while their efficiency at work is reduced. Not only are labour supply, capital accumulation and GDP likely to be affected, but NCDs are also of direct concern for business communities as they fear an adverse effect on customers' purchasing power, along with increased healthcare and life insurance costs. Two aspects are of crucial importance. Firstly, at the national level, treatment expenses can be high and the loss of labour due to chronic diseases can hamper the country's productivity. Secondly, healthcare spending cannot be considered direct spending; it is, rather, an investment, and, as such, there is no consumption. Investors and private sector leaders have a vital role to play in developing technologies for prevention, early detection and diagnosis, as well as in marketing healthy products and improving the quality of existing food products.

Margaret Chan

Investing in health: Progress but hard choices remain

The Lancet 382, no. 9908 (December 2013), pages e34–e35.
Available at bit.ly/Chan1UHC. DOI: 10.1016/S0140-6736(13)62336-3

Achieving universal health coverage requires continuous investment in health systems. The Director-General of WHO reviews the Lancet Commission's study and acknowledges that the new generation of development goals needs to resonate with finance ministries and heads of government. Therefore, all actors need to be able to show that investments in health are paying

economic and political dividends. The Director-General welcomes the idea that scaled-up investments in health technologies and systems can cut infectious and child and maternal mortality rates to a level only experienced by best-performing high-income countries. A key message is that while quantifiable targets that allow for the tracking of future progress are very welcome, the need for horizontal coordination is still necessary.

European Commission

Investing in health

Staff Working Document. The European Commission (EC). 2013. Available at bit.ly/EC-UHC

One of the main objectives of the European Union (EU) is to create a competitive and open economy. This report, from the European Commission, identifies investment in the health sector as contributing to the Europe 2020 objective of sustainable growth. The report recognizes the health sector's contribution to specific areas of the economy: achieving economic growth (the healthcare sector accounts for 10 percent of the European Union's GDP), promoting social inclusion (healthcare employs 8 percent of the total EU workforce) and tackling poverty. In light of recent financial difficulties and the comparatively large share of healthcare spending in total government expenditure, a novel and more sustainable approach to healthcare delivery, especially financing, is required. The report explicitly recommends reforming health systems to enable greater cost-effectiveness, sustainability and efficiency through changed investment strategies. Four strategies for investing in health are further outlined in the report: investing in sustainable health systems, investing in human capital, investing in reducing health inequalities and investing in health through support from EU funds.

Government of Japan, World Bank

Lessons from 11 country case studies: A global synthesis

Paper presented at the Global Conference on Universal Health Coverage for Inclusive and Sustainable Growth. 2013. Available at bit.ly/WB3-UHC

This is a comprehensive study of countries that have achieved universal health coverage (UHC). The report provides an overview of the main strategies used on the way to achieving UHC in countries like Brazil, France and Japan. While achieving UHC is a general strategy within the

health sector, it is stressed that UHC can also contribute to economic growth and competitiveness in the long run. The study draws key lessons from three components of the health system that, arguably, are determinant factors of healthcare coverage. The first component, health financing, consists of the country's ability to collect revenue, assess risk and provide adequate remuneration for healthcare services. The second component, health service delivery, has mainly to do with investment in the various sectors that are linked to healthcare (for example, investments in technological advances, drug manufacturing and infrastructure). Lastly, the political economy and policy processes component has to do with institutional structures that determine contexts within which health policies are shaped and implemented. The study concludes by providing specific advice for countries on their way to achieving UHC, and advocating that UHC provides the potential to tackle such overarching problems as poverty reduction and health inequality among the poorest sections of the population.

Klaus-Dirk Henke

The Economic and the Health Dividend of the Health Care System

Vilnius. WifOR Presentation at Health Forum in Vilnius. November 2013.
Available at bit.ly/Henke1UHC

This study conceptualises the economic dividends of the health sector by presenting its direct contribution to a range of economic indicators through the newly developed Satellite Account System (SAS). The SAS identifies the health sector's economic contribution in gross values added on inputs, on production costs, on imports, on final consumption expenditure, on exports, on investments and on many other economic indicators, both in the production and expenditure sides of the economy. Concentrating on Germany, the author calculates that, between 2005 and 2012, the health economy contributed to around 7 percent of exports, 20 percent of final consumption, and to around 15 percent of total employment. The study concludes by restating that healthcare has fundamentally changed, and that it must be regarded as a growing market that drives macroeconomic growth. Lastly, it suggests that the size of the health economy be measured regularly.

Klaus-Dirk Henke & Karl Martin

Health as a driving economic force

Discussion Paper of the Technical University of Berlin, no. 2 (March 2008), pages 1–31.
Available at bit.ly/HenkeUHC. DOI: 10.1007/978-0-387-79876-9_4

This study looks at the macroeconomic importance of the health sector, dividing the industry into two sub-sectors. The first sector is a more direct medical sector (medicines, hospitals etc.), while the second ranges from preventive medical practices to consumer behaviour. The aim of the study is to illustrate the potential contribution of the health industry to economic growth and jobs. It is argued that investments in healthcare could be used “to mitigate or compensate the negative consequences of demographic change and globalization”. The study also looks in detail at how the health industry affects the existing human capital and labour force. The authors conclude that the health sector promotes growth in the economy overall. Therefore, investment in the sector is of great importance for development and growth in general.

Dean Jamison et al

Global health 2035: a world converging within a generation

The Lancet 382, no. 9908 (December 2013), pages 1898–1955. Available at bit.ly/JamisonUHC.
DOI: 10.1016/S0140-6736(13)62105–4

The Lancet Commission’s report establishes an economic case for investing in a global health system that aspires to provide universal health coverage in all countries. The returns on investing in health are significant. Reductions in mortality account for about 11 percent of recent economic growth in low-income and middle-income countries as measured in their national income accounts. However, while these accounts capture the benefits that result from improved economic productivity, they fail to capture the value of better health in and of itself. This intrinsic value, the value of additional life years (VLYs), can be inferred from people’s willingness to trade income, pleasure or convenience for an increase in their life expectancy. A more complete picture of the value of health investments over a particular time period is given by the growth in a country’s full income – the income growth measured in national income accounts plus the additional life years gained in that period. Between 2000 and 2011, about 24 percent of the growth in full income in low-income and middle-income countries resulted from the

additional life years gained. This more comprehensive understanding of the economic value of health improvements provides a strong rationale for improved resource allocation across sectors. If planning ministries used full income approaches (assessing the value of additional life years) in guiding their investments, they could increase overall returns by increasing their domestic funding of high-priority health and health-related investments. Assessing the value of additional life years strengthens the case for allocating a higher proportion of official development assistance to development assistance for health.

Jim Yong Kim

There is a strong economic case for universal health coverage

Financial Times. October 2014. Available at bit.ly/Kim5UHC

Citing the Lancet Commission’s study that health investments represented almost a quarter of growth in developing countries in the last decade, the article makes a case for better investment in healthcare in India. By protecting the poorest segments of the population from catastrophic costs related to health expenditures, universal health coverage can serve as one of the building blocks of economic sustainability in developing countries. By analysing information from over 20 developing countries, the article identifies the main challenges faced by these countries’ economies and health systems. Among recommendations on how to tackle the challenges, the author makes a case for better investment strategies, as well as for measures that will have a preventive impact on non-communicable diseases that seem to overburden healthcare providers and infrastructure.

David Marshall

Failing Economy, Failing Health: The Great Recession’s Toll on Mind and Body

Harvard Public Health (Spring 2014), pages 15–25. Available at bit.ly/MarshallUHC

The link between economic hardship and health outcomes has been discussed extensively in research. By analysing the aftermath of the Great Depression in the USA, this paper argues that recession results in a deterioration of individual and overall health. The relationship between an individual’s mental and physical health and their economic well-being is driven by

three factors. Firstly, unemployment leads to sickness; studies reveal an increase in health problems due to joblessness, for example, stress, heart disease, arthritis and emotional and psychiatric problems. Secondly, losing one's job in the USA means losing access to all medical benefits. As the benefits end, the cost of obtaining medical services has to be borne personally by the individual. Furthermore, they are forced to take up jobs that do not match their skills and this also causes mental and emotional stress due to a feeling of incompetence. Thirdly, an economic crisis can have an adverse psychological impact. Growing income inequality and social comparison means people become unsatisfied and unhappy due to a need to keep up with 'the average person'. Policy-makers could reduce the impact of economic downturns on public health by considering resources that mitigate the impact of stress, and by creating assets that enable people to cope better in times of crisis. With regard to the USA, the article outlines the need for a broader framing of the link between health and economic performance. Spending on health services should also be seen as an economic stimulus, as it was during Franklin Roosevelt's New Deal.

Aaron Reeves et al

Does investment in the health sector promote or inhibit economic growth?

Globalization and Health 9, no. 1 (September, 2013), pages 1–12.

Available at bit.ly/ReevesUHC. DOI: 10.1186/1744-8603-9-43

The main findings of this study suggest that public spending on health during recessionary periods can have positive short-term effects. These effects are further likely to contribute to recovery. Comparing quantified multiplier indicators for pre-recessionary and recessionary periods, the authors show that government spending induces total pro-growth effects, with significant positive multipliers for the social protection, health and education sectors. While multiplier estimates for pre-recessionary and recessionary periods move in the same direction with a slight attenuation during the recession, there could be different long-term effects. Furthermore, contrary to the argument that recessionary periods could exhibit higher multiplier effects, the study finds that during the recessionary periods, multipliers actually decrease slightly. It is argued that for health spending, the tendency is explained by patients turning more to public health during times of economic hardship (which has a lower pro-growth effect).

Christopher J. Ruhm

Recessions, healthy no more?

NBER Working Paper, vol. 1, (August 2013), pages 1–70.

Available at bit.ly/RuhmUHC. DOI:10.1016/j.jhealeco.2015.03.004

The dynamics between economic crises and health are complex. While much research agrees that crises have a generally negative impact on overall health, this paper provides evidence that a disaggregated analysis of causes of death can show that some health indicators do not actually follow this procyclical development. More specifically, the author finds that higher rates of unemployment are correlated with a decrease in the mortality rate in a given US state. The theoretical argument is that recessions force or incentivize people to cut down on expensive habits such as drinking or smoking. At the same time, they spend longer caring about and socializing with family and friends, which has a positive effect on health. Analysing the period between 1976 and 2010, the author observes that the mortality rate shifted from closely following macroeconomic ups and downs, to having a looser relationship. The author concludes that discrepancies in academic findings may be due to differences in the length of the time periods analysed.

Marc Suhrcke et al

The contribution of health to the economy in the European Union

Report of the Health and Consumer Protection Directorate-General. European Commission (EC). August 2005. Available at bit.ly/SuhrckeUHC

This is a detailed study of the health sector's contribution to the economy in the European Union. The main argument of the book is to convince European and national policy-makers to invest in the health sector as it is, de facto, one of the most important components for achieving a fully functioning competitive economy. The study examines the complex relationship between health and the economy, with the aim of articulating more clearly the importance of improved health on national wealth and the economy. The study looks, in particular, at how improved health contributes to average earnings and labour supply. The study also concentrates on the relationship between ageing populations and investment in healthcare: according to the results, poor health increases the likelihood of early retirement. The authors conclude by stressing the importance of increasing investment in health, as health is a significant determinant of economic growth and competitiveness.

Lawrence H. Summers

Economists’ declaration on universal health coverage

The Lancet 386, no. 10008 (November 2015), pages 2112–2113.

Available at bit.ly/SummersUHC. DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)00242-1](http://dx.doi.org/10.1016/S0140-6736(15)00242-1)

Economists from 44 countries called for universal health coverage (UHC) to be prioritised as an essential pillar of development. Eradicating extreme poverty and promoting economic growth and well-being can partly be addressed by investing in health to achieve a grand convergence in global health. Furthermore, it is estimated that investments in UHC convergence will result in tenfold benefits when compared to costs. While much has been achieved on the road to achieving the Millennium Development Goals, the next chapter poses another challenge. The biggest challenge of future development rests on the global community’s ability to provide existing innovative health solutions for populations that need them most. Cooperation between national leaders and international donors is therefore required to both increase domestic funding, and to ensure that donations are properly allocated in order to accelerate existing efforts towards UHC convergence.

Sebastian Vollmer et al

Association between economic growth and early childhood under-nutrition: Evidence from 121 Demographic and Health Surveys from 36 low-income and middle-income countries

The Lancet Global Health 2, no. 4 (April 2014), pages e225–e234.

Available at bit.ly/VollmerUHC. DOI: [http://dx.doi.org/10.1016/S2214-109X\(14\)70025-7](http://dx.doi.org/10.1016/S2214-109X(14)70025-7)

This study did not find any significant quantitative association between macroeconomic growth and a reduction in child undernutrition. Using indicators for stunting, underweight and wasting, the data from 36 low-income countries indicate that, despite economic growth, there has been no evidence of a reduction in child undernutrition. These findings indicate that economic growth in itself is not sufficient – contrary to common perceptions – to lead to an improvement in child nutrition in developing countries. Rather, direct health investments are required to improve the nutritional status of children in low- and middle-income countries. The authors explain the results by the following arguments. Firstly, there could be an uneven distribution of economic growth. Secondly, the spending behaviour of households, given their improved

economic situation, might not be targeted at dealing with child undernutrition. Lastly, despite rising incomes, developments in social services – including healthcare services – might be lagging behind.

World Economic Forum

Maximizing Healthy Life Years: Investments that Pay Off

World Economic Forum (WEF). January 2015. Available at bit.ly/WEF1-UHC

This report stresses the importance of a healthy population for a country’s economic growth and prosperity. Specifically, a healthy population enables economies to find alternative ways of gaining a competitive advantage in times of economic uncertainty and a general slowdown in economic growth. This is why, the authors argue, it is important as never before to make the right kind of investments in healthcare. By structuring an ecosystem that influences the health of populations, the authors identify the main inflection points for investment. The authors also outline the main points to be considered for investing in ways that will generate positive results, both in terms of health indicators and economic returns.

2. Concepts for a health economy

There is no commonly accepted definition of the term ‘health economy’. Nevertheless, there are important ideas that can help create a coherent framework: sustainable and green growth ideas have changed the understanding of economic progress. The concept of ‘shared value’ aims to redefine business strategies in a way that allows companies to obtain a competitive advantage, and also to produce value for society by addressing its challenges. Measures of economic performance – on a country as well as on a business level – have started to include broader notions of well-being at operative levels of organizations.

Valerie Bockstette et al

Banking on Shared Value: How Banks Profit by Rethinking Their Purpose

FSG. 2014. Available at bit.ly/BockstetteUHC

By leveraging their expertise and resources in new ways, banks can support entrepreneurs who build profitable businesses by addressing societal and environmental challenges. They can create shared value by reconceiving products and markets at the client, regional and global level. It is projected that demand for banking products and services will grow exponentially. It is estimated, for instance, that SMEs alone will need more than USD 2.1 trillion of financing a year by 2050. The number of individuals who need banking services will also reach 2.5 billion people. Specifically, the banking sector will be able to create shared value in three different ways. Firstly, retail and commercial banks can cater to individual clients by supporting the long-term financial health of existing clients, whilst also providing banking services to financially excluded individuals or SMEs. Commercial and corporate banks can also contribute to the growth of depressed economies by proactively financing sustainable businesses and projects. Lastly, investment and wealth management banks can finance solutions to global challenges by investing in social and environmentally beneficial client segments.

Clayton M. Christensen, Jerome H. Grossman & Jason Hwang

The Innovator's Prescription: A Disruptive Solution for Health Care

New York: McGraw Hill, 2009. Available at bit.ly/ChristensenUHC

A fundamental challenge in the healthcare sector is to provide access to affordable health services to everyone. Making healthcare affordable is a difficult task, not only in advanced economies, but everywhere in the world. The authors of this book explore how 'disruptive innovation' can make healthcare more affordable. They argue that disruptions have three enablers: a simplifying technology, business model innovation, and a disruptive value network. Technological enablers simplify previously complex tasks (requiring a sophisticated skill set) into a predictable, rules-based technique (for example, blood sugar testing devices for individuals). Whilst these enablers usually come from industry, business models are mostly changed by new market entrants (for example, new locations where medical services are delivered). Moreover, the authors argue, disruption does not happen in an isolated environment, but, rather, across an entire value network: "Hence, disruptive business models such as value-adding process clinics, retail clinics, and facilitated networks must be married with disruptive innovations in insurance and reimbursement in order to reap the full impact in cost and accessibility". Importantly, disruptions in healthcare are, at first, most likely to affect the simplest problems within healthcare, before they gradually address more sophisticated problems.

Peter Ferguson

The green economy agenda: Business as usual or transformational discourse?

Environmental Politics 24, no. 1 (2015), pages 17–37.

Available at bit.ly/FergusonUHC. DOI: 10.1080/09644016.2014.919748

By now, concepts such as green growth and green economy have emerged as important topics in a post-2008 crisis period. By analysing different competing discourses among international institutions, this article identifies the potential of the green economy agenda to transform discourses on growth into post-growth societies. The author argues that three conditions have to be fulfilled for the green economy discourse to introduce this shift. Firstly, measuring social and economic progress requires widespread acceptance of green economy indicators, and not just GDP. Secondly, established concepts of economic and social security have to be

reformulated. Thirdly, notions of green growth should be separated from notions of green economy. All three conditions are necessary, because the green economy discourse needs to rebut the conventional discourse on economic growth by fulfilling or rebranding the promises of the conventional growth argument.

Andreas G.F. Hoepner

Environmental, social, and governance (ESG) data: Can it enhance returns and reduce risks?

Global Financial Institute, Deutsche Bank (DB). April 2013. Available at bit.ly/HoepnerUHC

There is growing recognition of the profitability of sustainable business models for communities and investors alike. Providing a systematic analysis of ESG investment, this study encourages instructional investors and banks to include ESG investments. ESGs can provide low-competition, long-term strategic investment returns as well as reduce risk. First of all, the last decade has seen a tenfold increase in ESG investments in general. This unprecedented growth is explained by the fact that businesses that incorporate environmental and social issues in their investment decisions reflect the reasonable expectations of both their clients and employees. Secondly, given that ESG investments are not part of mainstream investment portfolios, there is an opportunity to use this fact to gain profits. Thirdly, there is evidence to suggest that portfolios with high ESG ratings have been outperforming expectations (sometimes to the extent of even absorbing the hypothetical transaction costs). Lastly, the data indicates that businesses with better ESG ratings have a higher credit rating and a lower cost of debt.

Organisation for Economic Co-operation and Development

Towards Green Growth? Tracking Progress

Report of the Green Growth Studies, Organisation for Economic Co-operation and Development (OECD). 2015. Available at bit.ly/OECD-UHC. DOI:10.1787/9789264234437-en

Revealing their intention of achieving economic growth in a sustainable manner, member states mandated the Organisation for Economic Co-operation and Development (OECD) to develop its Green Growth Strategy in 2009. The strategy, finalized in 2011, laid the foundations for fostering sustainable economic development. The 2011 framework acknowledges that risks

to growth are increased as long as the traditional growth models continue harming the natural environment, which is indispensable to human existence and development. Therefore, the framework clearly outlines the need to account for the consequences of the productivity growth agenda. OECD member states and other governments have implemented important measures to make sure that 'green' and 'growth' go hand in hand since the framework was launched in 2011. Nevertheless, much remains to be done. Evaluating the steps taken, this report outlines four major areas within which much progress can be achieved. Firstly, it is acknowledged that there is greater need to align growth and environmental objectives through concrete measures (by linking economic reform policies to environmental objectives, for instance). Secondly, the report emphasizes the importance of finalizing and implementing green growth policy frameworks (by promoting sectoral approaches for green growth). Thirdly, there is a need to address the social implications of green growth (to promote and facilitate inclusiveness by studying the distributional impacts, for example). Lastly, in order to track progress and understand the changes, there is a need to develop indicators.

Kyle Peterson, Samuel Kim, Matthew Rehrig & Mike Stamp

Competing by Saving Lives: How Pharmaceutical and Medical Device Companies Create Shared Value in Global Health

FSG. March 2012. Available at bit.ly/Peterson1UHC

Applying the shared value concept to health, this report focuses on how pharmaceutical and medical device companies can unlock new markets in low-income and middle-income countries. The goal is to reach underserved markets and to simultaneously create societal value by giving more people access to medical treatment and medicine. Companies can do this by reconceiving products and markets, by redefining productivity in the value chain, and by enabling local cluster development. The first two strategies require R&D efforts, as well as existing products and supply chains, to be adapted to the needs of low-income and medium-income countries. The third strategy calls for local health promotion, and for local health systems to be strengthened. While these strategies can be implemented by individual companies, the report acknowledges the need for corporate philanthropy and external funders (for example, governments or foundations) in order to reduce the risk for investments in R&D, or to commit to vaccine purchases so as to increase the size of the market.

Michael E. Porter & Mark R. Kramer

Creating Shared Value

Harvard Business Review, (January 2011), pages 62–77. Available at bit.ly/KramerUHC

The New Health Economy consists of multiple different actors from both the public and the private sector. Business models in the health economy have to take into account the implications that business decisions may have on the health of different populations. The shared value approach expands the narrow model of economic value creation beyond company profitability and growth to include societal needs. Shared value strategies can be defined as all “corporate policies and practices that enhance the competitiveness of a company while simultaneously advancing social and economic conditions in the communities in which it operates”. As there is growing congruence between economic value creation and societal objectives, social needs represent not only the greatest number of future opportunities, but also shape internal company productivity. By applying these strategies, the authors argue that corporations can not only improve societal situations, but that they can also achieve an advantage over their competitors.

United Nations Environment Programme

Towards a Green Economy: Pathways to Sustainable Development and Poverty Eradication

United Nations Environment Programme (UNEP). 2011. Available at bit.ly/UNEP-UHC

The concept of a green economy is, in some regards, very similar to what could become the New Health Economy. For example, the idea of a cross-sectoral acknowledgment of one specific aspect of well-being. But this report describes many more facets of the green economy, such as a very clear investment focus within the economy: “In a green economy, growth in income and employment are driven by public and private investments that reduce carbon emissions and pollution, enhance energy and resource efficiency, and prevent the loss of biodiversity and ecosystem services”. In development theory, the green economy approach highlights the fact that poor communities, in particular, are linked to fragile environments and ecosystems. By combatting climate change and following a sustainable growth path, the poor could benefit from improved water quality, reduced food insecurity and greater energy security. Nevertheless, the report admits that these achievements are only possible if a pro-poor orientation is

superimposed on the green economy: “The promotion of organic agriculture can open up opportunities, particularly for poor small-scale farmers who typically make up the majority of the agricultural labour force in most low-income countries, but will need to be complemented by policies to ensure that extension and other support services are in place”.

World Bank

Green Bond: Impact Report

Impact Report. World Bank (WB). June 2015. Available at bit.ly/WB5-UHC

Countries attending the United Nations Third International Conference on Financing for Development have agreed on important measures for financing the new sustainable development goals. Participants emphasized the importance of cross-sectoral cooperation in order to mobilize funds to achieve the sustainable development goals. The report specifically underlines the importance of aligning private investments with sustainable development goals by introducing concrete financial innovations. One financial instrument that has been growing in popularity over the past decade are green bonds. First issued by the World Bank in 2007–2008, green bonds now account for more than USD 65.9 billion of private investments. While still in its infancy, the market has been led by international organizations, and currently includes multinationals such as Unilever and EDF (Électricité de France), as well as financial institutions. Moreover, projects funded by green bonds can be found across the world and across industries. Green bonds are to be issued in countries such as Brazil and Mexico, and first steps have also been taken in China. A sectoral breakdown of projects funded by green bonds includes energy efficiency, water, renewable energy, climate-resilient infrastructure, forestry and transport. This type of financial innovation also achieves the twin goal of furthering economic development whilst contributing to environmental sustainability.

3. The potential of the health economy

3.1. Changing global health landscape

The health economy is emerging in a period of change in the global health landscape. Not only did development assistance for health (DAH) increase from around USD 7 billion in 1990 to almost USD 36 billion in 2014, but a significant part of this funding came from other actors. Multilateral and private actors such as the Bill & Melinda Gates Foundation, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Gavi, the Vaccine Alliance, have transformed the funding landscape as well as the role of existing actors. Moreover, the role of the private sector in delivering health services is already important in developing and emerging countries.

Victoria Y. Fan, Karen A. Grépin, Gordon C. Shen & Lucy Chen

Tracking the flow of health aid from BRICS countries

Bulletin of the World Health Organization 92, no. 6 (June 2014), pages 457–58.

Available at bit.ly/Fan2UHC. DOI: 10.2471/BLT.13.132472

Global health aid donations have undergone changes at both the receiving and the donating end. While recipient countries are struggling with proper investment strategies, the donor configuration has changed. Traditional donor countries, like the United States, are reducing their contributions to global health causes. On the other hand, the BRICS countries and private organizations have been increasing their donations. Institutions that aggregate information on global health donations, however, are suited to the old regime. The authors argue that processes need to change in order to accommodate the preferences of new donors, as transparency in reporting donation flows benefits both donors and recipients.

Julio Frenk & Suerie Moon

Governance Challenges in Global Health

The New England Journal of Medicine 368 (March 2013), pages 936–42.

Available at bit.ly/Frenk1UHC

The global health landscape has changed dramatically and continues to change in the face of increasingly complex problems. Highlighting infectious diseases, undernutrition and reproductive health problems, as well as the burden of non-communicable diseases and the challenges posed by globalization, this article maps out the structural challenges of global health governance. In the context of these problems, global health governance is faced with finding a balance on several levels. First of all, there is the sovereignty challenge, which has been exacerbated by the transfer of health risks across national borders. Secondly, it is observed that global health is affected by policy-making processes across multiple sectors, such as migration, trade, security and the environment. Lastly, global health governance is facing a challenge of democratic deficit. Without the formal institutional set-up on the global level, institutions face two types of accountability challenge. On the one hand, international organisations are accountable to nation states and not directly to citizens. This results in a legitimacy deficit on the operational level. On the other hand, there are no formal accountability institutions for increasingly significant non-state actors. These complexities prevent the global health system from delivering its four main functions: producing public goods on a global level, managing externalities, mobilizing global solidarity and providing stewardship.

Global Health Workforce Alliance

Strategy 2013–2016: Advancing the Health Workforce Agenda within Universal Health Coverage

Global Health Workforce Alliance (GHWA). September 2012. Available at bit.ly/GHWA1-UHC

The human resource crisis in the healthcare sector has become an acute issue for developed and emerging countries alike. This has led to the emergence of new actors who deal with the issue at both the national and global level. The Global Health Workforce Alliance (GHWA) was established in 2006 to address the crisis globally. In its first six years, the GHWA made substantial progress on the path to resolving the issue. Amongst its other achievements, the organization managed to put onto the global health agenda the Kampala Declaration and

Agenda for Global Action in 2008. Despite progress, however, challenges still remain. These include, but are not limited to, the following: training and deploying 2.6 million health workers, creating an equitable and long-term vision to deal with the crisis, and creating accountability mechanisms. With this in view, the GHWA sets out its strategy for this four-year period.

Institute for Health Metrics and Evaluation (IHME)

Financing Global Health 2013: Transition in an Age of Austerity

2014. Available at bit.ly/IHME1-UHC

Global health funding has increased in absolute numbers: in 2013, it was five times greater than in 1990. Nevertheless, new trends pose new financial challenges, both for donors as well as for national governments. This study, conducted by the Institute for Health Metrics and Evaluation, identified the main challenges of global health funding, including gaps between funding and disease burden, and distributive issues of donor aid. It has also been calculated that government health expenditure is still the major source of health investment in the developing world.

Elke Jakubowski & Richard Saltman (eds.)

The Changing National Role in Health System Governance: A case-based study of 11 European countries and Australia

World Health Organization (WHO). 2013. Available at bit.ly/Jakubowski1UHC

The role of governments in the healthcare value chain is changing. This report, commissioned by the Swedish government, outlines changes and increasing complexity in the health sector. National governments have to acknowledge that they are actors within this complex system. The report also highlights challenges arising from new medical possibilities, limited financial capabilities, the increasing importance of knowledge, and huge demand for transparency from consumers. The authors review some of the solutions implemented by several European states (with regard to resource allocation, quality improvement and control, knowledge management and integrated care) and conclude by providing practical suggestions.

Homi Kharas

Financing for Development: International Financial Flows after 2015

Briefing report of the Brookings Institution (BI). July 2014. Available at bit.ly/KharasUHC

This briefing note, prepared for a research forum on the post-2015 sustainable development agenda, looks at future trends in development financing. The post-MDG world consists of countries that, in general, have higher revenues and could finance a larger part of their public spending. Unfortunately, this trend does not apply uniformly across the developing world: some countries have independent financing, while others face drastic cash shortages. Additionally, the challenges of the post-2015 period are also different from those of the MDG era. Development finance has the twin challenge of finding a balance between investing in issue-specific projects, whilst ensuring adequate investment for a country's long-term economic growth.

Ilona Kickbusch

Why the G20 must embrace a new health agenda

G7/G20. November 2015. Available at bit.ly/Kickbusch1UHC

Health is a significant part of the economies of G20 countries, and will contribute to the emergence of new relationships among the members of the organization. As newly emerging health industries will be expanding into developing countries for new markets, G20 finance ministers will have to consider developments within the areas of investment, innovation, growth and labour markets. Nevertheless, economic growth does not always result in improved health, due to uneven distributional impacts. Therefore, there is a need to support new development models for health within emerging economies and middle-income countries (MICs), where the poorest segments of the population may still lack social protection. Furthermore, the G20 countries, which account for more than half of the world's population, must be actively involved in addressing the financial challenge of health as part of the Sustainable Development Goals (SDGs). As a petition signed by 44 leading economists on support for universal health coverage stated, solving health issues represents an important contribution towards sustainable development. It is also estimated that the health challenges of the 21st century will impose high costs on economies: resistant infections alone will cost these economies USD 100 trillion by 2050. This and the other epidemic challenges of the 21st century will require world leaders – from those countries represented by the G20 as well as others – to cooperate and collaborate.

Jane Nelson, Beth Jenkins & Richard Gilbert

Business and the Sustainable Development Goals: Building Blocks for Success at Scale

Harvard Kennedy School Corporate Social Responsibility Initiative. 2015.
Available at bit.ly/NelsonUHC

Analysing the existing governance structures and the scope of the Sustainable Development Goals (SDGs), the authors set out to help stakeholders from the public and private sectors collaborate more effectively. As emphasized by the report, the SDGs cannot be achieved without the involvement of the private sector. And even though the importance of the multi-stakeholder approach towards sustainable development has long been understood, actors still face obstacles that prevent cooperation. After reviewing the main arguments for engaging businesses in development, and the progress achieved so far, the authors list six conditions that are necessary to successfully engage businesses in achieving the SDGs, such as changes in policy and regulatory support, promoting awareness and changing attitudes, among others. Lastly, the authors also provide strategic recommendations for public sector actors to engage with businesses in contributing to sustainable development.

PwC Health Research Institute

Top health industry issues of 2015: Outlines of a market emerge

PwC Health Research Institute. 2014. Available at bit.ly/PwC-UHC

This report predicts the top ten issues of the US healthcare system as it undergoes the biggest changes in its history. The New Health Economy will resemble a fully-fledged market, serving consumers who expect the best quality for the lowest payment at their fingertips. The newly emerging market is highly connected, driven by consumer demand, and is attracting a wide range of new actors, from technology companies to retail dealers. These changes bring new opportunities for consumers, healthcare providers and regulators, but they also bring challenges. Newly developed technological devices and apps allow for lower-cost blood testing, monitoring of important symptoms of illness, and other services. However, a few questions also arise with the inception of this new market. For example, how will new services and devices be incorporated within the existing structures of the healthcare sector? How is new technology changing payment methods? What are the implications of new technologies for

consumers' health data? The implications of the newly emergent market concern not only the private sector, but also policy-makers and consumers.

Marco Schäferhoff, Elina Suzuki, Philip Angelides & Steven Hoffman

Rethinking the Global Health System

The Royal Institute of International Affairs (RIIA). 2015. Available at bit.ly/SchäferhoffUHC

Rethinking the state of global health in the post-Millennium Development Goal period, it is increasingly acknowledged that the global health landscape is changing. Technological innovations and improving economies shift the burden of global health from infectious diseases to non-communicable diseases. The fact that the latter are influenced mostly by factors outside the health system means the existing global health architecture should be reconsidered. This paper outlines four major areas that need to be reconsidered to create a system that will meet the needs of the new global health landscape. Firstly, as the experience with the Ebola outbreak showed, there is a need to make the global system more responsive through the detection and timely prevention of such outbreaks (by improving and formalizing international coordination, and strengthening international disease surveillance and detection capabilities). Secondly, there is a need to scale up the provision of global public goods (such as R&D and innovative financial instruments). Thirdly, direct country support should be redesigned to address a country's priority challenges, especially for fragile or transitioning states (by differentiating between technical and financial support, by reinforcing the consolidation and integration of financing channels, and by tailoring existing support). Lastly, global health leadership and cross-sectoral coordination must be improved by establishing new institutions or forums that will enforce multi-stakeholder engagement.

Devi Sridhar & Chelsea Clinton

Overseeing Global Health

Finance & Development 51, no. 4 (December 2014), pages 26–29. Available at bit.ly/SridharUHC

The global health governance system has changed over the last decade and the New Health Economy is emerging within this altered system. This paper argues that while the World Health Organization (WHO) remains an important actor in global health governance, vertical funds, such as the Bill & Melinda Gates Foundation, Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, are playing an increasingly important role – and sometimes have different means and priorities than WHO. While WHO has a broad mandate of “the attainment by all people of the highest possible level of health”, vertical funds have narrowly defined goals. Gavi, for example, aims to save children’s lives and protect health more broadly by increasing access to childhood immunization in poor countries. However the governance of these actors is also fundamentally different from WHO. While at WHO every country has one vote at the World Health Assembly, the authors argue that the eight founding countries of the Global Fund purposefully bypassed the UN when they established it in 2002. Another example is Gavi, where the Gates Foundation provided the initial pledge of USD 750 million. Moreover, the channels used by the new donor actors do not rely solely on the governments of the recipient countries. Rather, they select the receiving organizations themselves (including NGOs and private sector firms). However, the authors argue, vertical funds do not engage in strengthening national health systems.

3.2. Private sector involvement along the value chain

The private sector already plays an important part in financing and delivering healthcare in many countries. The Sustainable Development Goals recognize this role and call for a greater involvement of the private sector in supporting global development. Potentially, the private sector offers many important capabilities along the entire value chain, such as its ability to unlock additional financial resources for healthcare, its innovative power and its ability to scale operations. However, private sector involvement in health is still a controversial issue, and is viewed with mistrust by many public health professionals.

Asia–Pacific Economic Cooperation

Healthy Asia Pacific 2020

An initiative of the Fourth High Level Meeting on Health and the Economy in Asia–Pacific Economic Cooperation. August 2014. Available at bit.ly/APEC-UHC

Senior-level politicians have recognized the significant impact that universal health coverage has on a country’s economy. At the Fourth High Level Meeting on Health and the Economy in Beijing in August 2014, ministers from Asia–Pacific Economic Cooperation (APEC) countries developed the Healthy Asia Pacific 2020 initiative. “Given the role of health in the economy, participants agreed that APEC economies should be encouraged to develop sustainable and high-performing health systems by adopting... ‘health in all policies’ and a holistic approach, namely ‘whole of government’, ‘whole of society’ and ‘whole of region’ to achieve people’s health and well-being throughout the whole life course to 2020”. Specifically, APEC members recognize the need to invest not only in health, but also in wellness to drive the productivity of their workforce, as well as to maintain healthy older workers in the workforce. A crucial element of the initiative is to encourage public–private partnerships, for example, to incentivize private sector players to see their role as responsible employers in advocating healthy lifestyles. The initiative also highlights the importance of promoting trade in health within the region in order to develop the capacity of economies to address health issues throughout the whole health value chain (for example, by identifying supply chain barriers that drive up costs and exclude patients from access to medical products).

Dina Balabanova, Valeria Oliveira-Cruz & Kara Hanson

Health Sector Governance and Implications for the Private Sector

Rockefeller Foundation (RF). October 2008. Available at bit.ly/BalabanovaUHC

Acknowledging the importance of the private sector at every stage of healthcare provision and delivery in many countries, this study examines how governance affects the private sector's involvement. The paper presents an analytical framework for conceptualizing the governance function within health systems, and the role of government in the context of an expanded role for private service provision and financing. The paper explores the relationships between the private and public sectors, and outlines one main role that still remains in the public domain: protection of the public interest. The forms of engagement through which the public and private sectors can achieve public health goals include cooperation and learning from each other.

Onil Bhattacharyya et al

Innovative health service delivery models in low and middle income countries – What can we learn from the private sector?

Health Research Policy and Systems 8, no. 25 (July 2010), pages 1–11.

Available at bit.ly/BhattacharyyaUHC. DOI: 10.1186/1478-4505-8-24

Patients in the New Health Economy will be more exposed to technology at multiple stages of their healthcare. This article explores successful cases of innovation within healthcare services provision. Specifically, the authors study private service providers who bring disruptive innovation into the field by providing high-quality healthcare services for the poorest populations. Concentrating on facilities that provide heart surgery and other services related to heart problems, the authors identify and then briefly discuss the strategies used by social innovators in their health service delivery models. Arguably the main finding of the study is the fact that disruptive innovators tend to innovate in the areas of marketing, finance and operation. In addition, successful innovators have a narrow clinical focus and do not tend to provide a wide range of services.

Global Health Group

Public–Private Investment Partnerships for Health: An Atlas of Innovation

Global Health Group. August 2010. Available at bit.ly/GHG-UHC

Healthcare systems, both in developing and developed countries, are facing a lack of investment as well as inefficiency, which consequently affects patients' experiences and satisfaction. Skills and resources that could improve public systems exist in the private sector, but are usually not utilized by governments. Public–private partnership (PPP) programmes that guarantee public ownership of the project present an opportunity for national governments to improve on existing investment and funding systems. This report provides an overview of existing PPPs worldwide, outlining best practice and potential challenges, such as how to ensure high-quality and affordable care for all patients, and what the ideal public–private relationship would look like.

International Finance Corporation & World Bank

Healthy Partnerships: How Governments Can Engage the Private Sector to Improve Health in Africa

International Finance Corporation. 2011. Available at bit.ly/IFC-WB-UHC

The scale of the health challenges facing Africa is such that governments and international organizations alone are unable to solve them. The solution, therefore, lies in involving the private health sector. To this end, governments have been boosting their efforts to increase the engagement of private health actors. This report argues, however, that there is lack of information on the details of public–private partnerships in health in Africa. A better overview of the existing structures would enable governments to adapt existing best practice. The report therefore compares the various ways in which African governments engage with private sector actors and introduces new framework to assess these partnerships. Following over 750 interviews with stakeholders from the public and private sectors in more than 45 sub-Saharan countries, the authors highlight the areas where public–private partnerships are working well, and those where they are failing to do so.

Daniel Low-Beer (ed.)

Innovative Health Partnerships: The Diplomacy of Diversity

Singapore: World Scientific Publishing. 2011. Available at bit.ly/Low-BeerUHC

It has been acknowledged that global health challenges can only be solved through the collaborative efforts of actors possessing a range of capabilities and resources. This has been confirmed in many collaborative efforts at the national and international level. The field, however, is still in its nascent stage. This book examines the emerging trend from various perspectives and considers the composition of actors involved. Differentiating between the national and international levels, the book looks into partnerships with countries and communities, as well as international outreach. Interestingly, the authors also focus on the negotiation process as well as on the various commitments that have been implemented to integrate new partnerships, such as global health initiatives, private foundations, public and private partnerships, and the growing role of civil society in this area.

Catherine Olier

The role of private sector in health care: Challenging the myths

Oxfam. October 2012. Available at bit.ly/OlierUHC

This article makes the case for an urgent need to expand the equitable and universal coverage of quality healthcare in the developing world where, in 2010, about 800 mothers a day died due to a lack of basic healthcare services. The report analyses the question of whether the means of such provision should come from public or private entities. The report first outlines the main disadvantages of relying solely on the private sector: such as the profit incentive of all private actors, which may not necessarily serve those who are in most need of care, but cannot afford to pay. Furthermore, the article reviews cases where investment in public care delivery and provision was successful. Specifically, the case studied is Thailand. It is acknowledged, however, that successful change in public healthcare provision is a function of political commitment, leadership, investment and popular support among others. Lastly, the article concludes by outlining roles for the private sector.

Oliver Wyman Health & Life Sciences

Convergence: Opportunities for Innovation in the New Health Economy – An Industry Perspective

Oliver Wyman Health & Life Sciences. 2014. Available at bit.ly/WymanUHC

This study looks at the possibilities for a multiplicity of private actors in the newly emergent health economy. It describes the new market by its convergence: “a blurring of the traditional lines that separate healthcare from health insurance, medicine from health and wellness, employer-sponsored benefits from retail-based healthcare, and the physical from the virtual”. The study further outlines the changing role of consumers in the market chain in demanding better services, which will eventually lead to a convergence of organizations working in various combinations to deliver better and more transparent care. The new marketplace will link traditional healthcare providers to areas that create value in non-traditional sectors, such as personalized well-being and wellness.

Jeffrey L. Sturchio & Akash Goel

The Private-Sector Role in Public Health

Report for the Center for Strategic & International Studies (CSIS). January 2012.
Available at bit.ly/SturchioUHC

The role and interest of the private sector in creating a positive social impact has changed over the past decade. There has also been widespread acceptance of the private sector’s involvement in achieving global development goals. Moreover, private and public actors are increasingly being seen as partners for achieving these goals. The private sector’s contribution has been especially meaningful in the area of global health. From the macroeconomic perspective, there is a link between a country’s health and wealth; improving the health of a country’s population contributes to economic development, as well as to political stability in that country. And companies also benefit whilst operating in those countries in the long term. There are also more direct reasons for companies’ interest in developing health systems in newly emerging markets. The scarcity of human resources, due to poorly functioning health systems, for instance, imposes additional costs to business. Therefore, the private sector has long been interested in health, and has been active in the global health arena. There are various models of engagement, which are creating a new and complex global health landscape. The challenge

of managing this complexity requires further cooperation between private and public actors, with the goal of establishing clear rules and best practice that will ensure transparency, equity and accountability.

United Nations Global Compact

Private Sector Investment and Sustainable Development – The current and potential role of institutional investors, companies, banks and foundations in sustainable development

United Nations Global Compact (UNGC). January 2015. Available at bit.ly/UNGC-UHC

Reaching the investment target of about USD 5–7 billion a year for the Sustainable Development Goals requires a commitment from private, public and non-governmental organisations, both at the national and international level. Private sector actors are embracing the concept of sustainability in their activities. With corporations and businesses incorporating sustainable conduct and best practice in their operations, there is also a shift within the financial sector. Financial institutions contribute to development goals by creating new investment tools as well as redirecting existing investments. Furthermore, investors have a role to play in ensuring that markets are taking into account and adequately rewarding the sustainable behaviour of companies (as these companies will deliver long-term returns). This approach will also help financial institutions to better evaluate and manage the environmental and social risk projects they finance. With the creation of financial instruments such as green bonds, there is also a shift towards allocating capital to environmentally and sustainability oriented projects on a large scale. Other financial institutions can also provide risk transfer services and insurance solutions at the macro, meso and micro level, protecting governments, companies and individuals from adverse events. Corporate social responsibility as well as responsible investment practices are already contributing to the SDGs. But achieving stronger sustainable outcomes requires leveraging existing investments and expertise through a better understanding of the activities of different private actors and the interplay of those activities.

4. Complexity and governance of the health economy

The sharp increase in the number and diversity of actors requires sound governance on different levels to ensure efficiency and equity of access to healthcare. As countries seek to profit from the growing health economy, new relationships will emerge between these countries. Investments in health need to be channelled in a way that enables equity of access to quality healthcare. New cooperation initiatives between public and private sector actors can help by combining new resources and expertise in a period of constrained public sector resources. This may involve new global health partnerships, public–private partnerships or product development partnerships. This may also involve trade agreements, as international capital and human resource flows are an important component of the health economy governance structure. In this context, the social, political and commercial determinants of health play an important role as they represent research on how different elements of the health economy may affect health outcomes (for example, agriculture and trade on health).

Susanna Bohme, John Zorabedian & David Egilman

Maximizing profit and endangering health: Corporate strategies to avoid litigation and regulation

International Journal of Occupational and Environmental Health 11, no. 4 (October 2005), pages 338–48. Available at bit.ly/BohmeUHC

An individual's health is determined by multiple factors that arise in areas not directly related to medicine. One of the most important health determinants derives from the industrial sector. This study analyses how the private sector sometimes does not fully acknowledge the dangerous content of the foods and services it produces. The article concludes by suggesting that, given their scientific knowledge, public health professionals can initiate a public debate on the issue.

Nellie Bristol

Global Action toward Universal Health Coverage

Conference Report of the CSIS Global Health Policy Center. Center for Strategic & International Studies (CSIS). January 2014. Available at bit.ly/Bristol1UHC

Achieving universal health coverage has been especially challenging in developing countries. Health markets in these countries are composed largely of uncoordinated private sector players. In some countries of sub-Saharan Africa, for instance, the private sector provides almost half of the care needed. In India, on the other hand, the private sector meets 80 percent of needs within the healthcare sector. Furthermore, the poorer the country, the more complex the private care provider landscape. In the poorest countries, for example, about 50 percent of private services are informal providers. Even health practitioners may be informally trained: 45 percent of private practitioners in the poorest countries have not had any formal training. This often results in medication being misused and more specialized care being unavailable. Regulating this complex system, apart from being a daunting task, has not received the attention it deserves. This study suggests that governments in the countries concerned need to bring private players to the negotiating table. In fact, it is suggested that broad coalitions be built, consisting of governments and health professionals, but also citizens, pharmaceutical companies, and all the other businesses operating along the health supply chain. Only by adopting this all-inclusive approach will convergence towards universal health coverage become a more feasible prospect.

Gillian Buckley, John Lange & Anne Peterson (eds.)

Investing in Global Health Systems: Sustaining gains, transforming lives

Report for the Institute of Medicine of the National Academies (IMNA). September 2014. Available at bit.ly/BuckleyUHC

Commissioned by the United States Agency for International Development (USAID), this report makes the case for the future of healthcare investment in developing countries. By outlining the new challenges faced by the world's poorest populations, the authors argue it will be impossible to make progress in healthcare in the future if donors continue to use old tools. After further explaining the potential contribution of functioning healthcare systems to individual

health, economic prosperity, and even global security, the authors conclude by presenting an array of effective strategies for donors with regard to the substance, manner and direction of the foreign assistance provided (with a special focus on the US).

Kent Buse, Wolfgang Hein & Nick Drager (eds.)

Making Sense of Global Health Governance: A Policy Perspective

London: Palgrave Macmillan UK. 2009. Available at bit.ly/BuseUHC

Globalization is intensifying the health threats faced by individual countries and communities. Solving these emerging problems requires new modes of cooperation between a range of actors, innovative methods of financing (in the context of increasingly scarce resources), as well as new forms of financial assistance. With the aim of understanding the complex global health governance scene, this book focuses on three aspects of the current global system. Firstly, the key actors – such as organizations, the private sector, foundations and other networks – involved in global health are analysed. Secondly, the authors concentrate on the relationships these actors form and the way they interact. Lastly, the book analyses the policy implications of these new actor arrangements in order to contribute insights for the main actors involved in the policy arena, at both the global and national level (such as scholars, governments, private and non-for-profit actors, among others).

Benedict Clements, David Coady & Sanjeev Gupta (eds.)

The Challenge of Health Care Reform in Advanced and Emerging Economies

Washington D.C.: International Monetary Fund (IMF). April 2012. Available at bit.ly/Clements1UHC

Healthcare reform is seen as the main fiscal challenge for both advanced and developing countries. Achieving a balance between equitable, universal health coverage and sound public finance is extremely challenging, especially in the context of large fiscal adjustment requirements to counter financial crises. The book, published by the International Monetary Fund (IMF), addresses the main questions (such as how to solve health inequalities, reduce costs and eliminate inefficiencies, among others) faced by all governments in their efforts to achieve universal health coverage. By quantitative analysis of the effects of specific health reforms in

selected countries, the book highlights reforms that both advanced and emerging economies could consider to improve efficiency and equity of health spending.

Marwa Farag et al

Health expenditures, health outcomes and the role of good governance

International Journal of Health Care Finance and Economics 13, no. 1 (March 2013), pages 33–52. Available at bit.ly/FaragUHC. DOI: 10.1007/s10754-012-9120-3

Does investment in health deliver better health outcomes? This is a key question for policy-makers in times of tighter budgets. While some governments are starting to question the assumed link between health investment and outcomes, this study provides clear evidence of the significant positive impact of health spending on health outcomes. The authors confirm the link between infant mortality rates and the level of health spending, using data from 133 developing countries. They also found that governments with better governance practices achieve better results for the same level of healthcare spending, indicating that governance structures are an important factor in healthcare delivery.

David Fidler

The Challenges of Global Health Governance

Council on Foreign Relations (CFR). May 2010. Available at bit.ly/FidlerUHC

This paper considers the new regimes in health governance that began emerging after the financial crisis. The author argues that the new regimes result in unprecedented support for global health, and, more importantly, frame healthcare and health policy as part of a country's foreign policy (in line with other issues like human rights or gender equality). These trends, contends the author, ushered in competition as well as cooperation between states and a variety of other interested parties. This cooperation led to innovation in legal frameworks, public-private partnerships, national programmes, innovative financing mechanisms, and greater engagement by non-governmental organizations, philanthropic foundations and multinational corporations. As a result, we live in an era of complicated governance, which, despite its positive effects, has some defects. And these imperfections, concludes the author, are responsible for suboptimal outcomes for individual and national health.

Richard Horton & Selina Lo

Investing in health: Why, what, and three reflections

The Lancet 382, no. 9908 (December 2013), pages 1859–61. Available at bit.ly/Horton1UHC. DOI: 10.1016/S0140-6736(13)62330-2

In the post-2015 development agenda, convincing policy-makers (in particular, finance ministers) to invest in health requires arguments that go beyond simply citing a person's right to the highest attainable standard of health, or referring to health equity as socially just. The authors argue that investing in health, in accordance with the goal of achieving universal health coverage, does not just mean improving people's health; it also means increased prosperity, social and financial protection, and national security. Beyond the question of whether to invest, the question of where to invest is crucial for the achievement of any post-2015 goals. In this respect, the global health landscape has become much more diverse. Vertical initiatives, private sector actors, non-governmental organizations and new global health institutions are pursuing different strategies. A key challenge highlighted in this article is that donor countries are increasingly channelling their funds through actors who they can trust to invest in effective and efficient development projects. Therefore, the global health community needs to revisit the institutional functions that must be fulfilled in order to ensure that investments work. Six institutional functions are outlined in the article.

Johannes Jütting

Public-private partnerships in the health sector: Experiences from developing countries

International Labour Office (ILO). ESS Paper no. 10. 2002. Available at bit.ly/Jütting2UHC

Healthcare provision in developing countries has been changing radically over the past decades. First of all, governments have to face increasing financial pressures and allocate available resources as efficiently as possible. At the same time, they have to satisfy growing demands for healthcare – and other social – services. On the other hand, however, a large number of private actors are also engaged in delivering healthcare services and products. With these developments in mind, the authors explore the so-called 'third sector', or public–private partnerships (PPPs). A qualitative case study analysis provides insights into the implementation challenges facing PPPs in developing countries. PPPs are found to increase competition for all

actors in the financing and provision of health services. And the successful implementation of PPPs hinges on both macro-level (incentives) and micro-level (actors' capacity) components. Almost 15 years after the publication of this study, it provides insights into the opportunities and challenges for collaboration between the public and private sectors as they were perceived at the time.

Ilona Kickbusch & Thorsten Behrendt

Implementing a Health 2020 vision: Governance for health in the 21st century – Making it happen

World Health Organization (WHO). 2013. Available at bit.ly/BehrendtUHC

This report, prepared for the WHO Regional Office for Europe, provides an overview of specific examples of how whole-of-government and whole-of-society approaches have been implemented within different national contexts. The report also delivers an overview of the foundations of governance in the 21st century with regard to health. Governance for health is defined as attempts by governments and many other actors to introduce health and well-being as a collective goal of a society, or even a whole nation. Health is presented as having a multidimensional impact on a society. First of all, health is a societal goal, because the variety of actors and sectors involved indirectly contributes to the health sector. Secondly, the health sector in itself makes a huge contribution to the achievement of other goals (for example, economic development). Presenting this nuanced interdependence of societal goals alongside the variety of sectors and actors trying to achieve these goals, the report concludes by calling for joint and smart action, which would include reconsidering public health as a dynamic network that is important for other societal goals and concerns.

Ilona Kickbusch & David Gleicher

Governance for Health in the 21st Century

World Health Organization (WHO). 2012. Available at bit.ly/Kickbusch2UHC

Redefining health within the New Health Economy requires a reconfiguration of existing governance approaches towards health and well-being. Well-being and health are among the main components of economically successful societies, and health policy-making is not the

only sphere in which well-being is created and influenced. By approaching new governance and health challenges from a broader perspective, this study shows how the interconnected nature of challenges and solutions paves the way for networked solutions from all the possible policy and governance levels. The study also draws out key messages for the governance of health and well-being, such as collaboration and citizen involvement.

Tim Lang & Geof Rayner

Beyond the Golden Era of public health: Charting a path from sanitarianism to ecological public health

Public Health 129, no. 10 (2015), pages 1369–82. Available at bit.ly/LangUHC.
DOI 10.1016/j.puhe.2015.07.042

Reviewing the change in approach towards health developments, this paper questions the assumptions behind the idea of the ‘Golden Era’ of health (closely associated with economic growth). It concludes that the role and purpose of public health needs to be reconfigured and take into account the costs that have accompanied economic growth in recent decades. The existing system hugely underestimates the following factors. First of all, growth has been accompanied by increasing levels of inequality, both within and across communities. Secondly, the Western lifestyle, which is welcomed and promoted across the world, is unsustainable; it relies on using resources without considering the costs imposed on the physical environment. Furthermore, there is a gross disregard of the external and collateral costs imposed by economic growth, such as the increasing burden on public health due to diseases caused by an unhealthy diet. Considering all of these developments, the paper states that continuing economic growth is not sufficient in itself to meet public health needs; neither can humanity continue to ignore the mismatch between economic and technological progress, and environmental costs. Finally, the authors argue that the idea of ecological public health is not a discretionary option anymore. It is, rather, the only option that will prompt the global community to address the complex challenges it faces.

Kimmo Leppo, Eeva Ollila, Sebastián Peña, Matthias Wismar & Sarah Cook (eds.)

Health in All Policies: Seizing opportunities, implementing policies

Ministry of Social Affairs and Health of Finland. 2013. Available at bit.ly/LeppoUHC

Health in All Policies (HiAP) is an approach to public policies across sectors that systematically takes into account the health and health system implications of decisions, seeks synergies and avoids harmful health impacts in order to improve population health and health equity. This concept was introduced most prominently during the Finnish EU presidency in 2006. In this book, different authors analyse various aspects of HiAP, such as health in development, health and employment, and health and agriculture. In this regard, the arguments put forward help to explain the significance of the health economy, a crucial aspect of people's lives. The book outlines at least two arguments why HiAP should be considered by policy-makers, and which are also relevant for the health economy. Firstly, health improvements happen across sectors and can have a positive impact on all these sectors (for example, learning capacities for education policy). Secondly, by improving the health of a population, society as a whole benefits and the positive effects can impact other policy areas, such as environmental protection, financial sustainability and economic growth.

Amy Lin & Joe Wilson

Healthy Markets for Global Health: A Market Shaping Primer

A Report for the USAID Center for Accelerating Innovation and Impact. United States Agency for Development (USAID). 2014. Available at bit.ly/Lin1UHC

Healthcare markets within developing contexts do not always function properly, leading to inefficiencies, whilst the health (and sometimes the life) of the population depends directly on the products and services that are available (or unavailable) on the marketplace. Market shaping can change the existing market structures with the aim of creating efficiencies that, ultimately, improve the health of poor populations. A properly functioning healthcare market is, therefore, one of the keys to solving many health issues in the developing world. Market shaping practices can be exercised by stakeholders such as countries and donors, who can use their purchasing power, financing, influence and technical expertise to address the main causes of market shortcomings. One of the most prevalent examples of market shaping involves Gavi, the Vaccine Alliance. When negotiating vaccine prices, Gavi takes an ecosystem approach

and identifies market shortcomings in order to optimize or redesign the marketplace. In 2003, for instance, Gavi managed to increase the number of providers of the pentavalent vaccine from just one to six. This resulted in a 65 percent reduction in the price of this life-saving vaccine.

Nora Ng & Jennifer Prah Ruger

Global Health Governance at a Crossroads

Global Health Governance 3, no. 2 (June 2011), pages 1–37. Available at bit.ly/Ng4UHC

This paper provides a comprehensive review of global health governance. It begins by exploring the literature on global health governance, tracing the history and emergence of the concept. Specifically, it examines the transition from international health governance to global health governance by focusing on the multiple actors operating in this field: nation states, international organizations (for example, the World Health Organization), non-governmental organizations and public–private partnerships. In addition, the paper analyses how healthcare issues are framed in the literature. Lastly, it identifies major issues within global health governance. It is acknowledged that major problems are persistent in their nature. One of the most salient issues of the past and today is the failure of coordination between multiple actors within global health governance. The report concludes by providing an overview of the approaches to dealing with health challenges. While vertical (selective primary healthcare and disease-specific programmes) and horizontal (broad development-related or holistic health system improvement approaches) are identified as prevailing approaches, the report draws attention to the newly emerging diagonal approach.

Ellen Roskam & Ilona Kickbusch (eds.)

Negotiating and Navigating Global Health: Case Studies in Global Health Diplomacy

Singapore: World Scientific Publishing. Available at bit.ly/RoskamUHC

The global diplomacy landscape has undergone many changes in recent decades. Global negotiations and national diplomacy are less the exclusive domain of trained national diplomats. Increasingly, new actors from multiple areas are constantly negotiating and working to solve

global challenges. This book provides a collection of case studies on how global negotiations on health challenges have been conducted, as well as the outcomes of the negotiations. Adopting a critical approach, the work lays the foundations for understanding newly emerging diplomatic tools, challenges and negotiation frameworks, as well as policy mechanisms within health policy negotiations. The study covers a diverse range of topics as well as regions. The work is specifically directed at actors from all walks of life who are involved in global health negotiations with the aim of helping them understand the dynamics of global health diplomacy.

Devi Sridhar, Sanjeev Khagram & Tikki Pang

Are Existing Governance Structures Equipped to Deal with Today's Global Health Challenge – Towards Systematic Coherence in Scaling Up

Global Health Governance 2, no. 2 (2008/2009), pages 1–25.
Available at bit.ly/Sridhar2UHC

Focusing on the health implications of the recent financial crisis, this study examines how governance structures are managing global health challenges. By reviewing the existing mechanisms of healthcare provision, the study emphasizes that the main goal of global health governance is to strengthen healthcare delivery in developing countries, especially in the area of primary healthcare. The study also outlines the importance of including all key actors, and accepting innovation in order to achieve more inclusive, equitable, flexible, democratic and sustainable mechanisms of healthcare provision. The study concludes by analysing the importance of accepting multilateral governance frameworks pioneered by international institutions like the World Health Organization.

World Health Organization

Everybody's Business – Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action

World Health Organization (WHO). 2007. Available at bit.ly/WH08-UHC

The economic reality and other trends relating to their citizens' health are prompting governments to seek more innovative solutions. The World Health Organization faces similar challenges,

and will need to reconsider its role in the evolving health systems. This framework aims to clarify and strengthen WHO's role by, first, outlining a common health system framework and, further, by providing strategies for WHO. Firstly, WHO needs a capacity boost in order to diagnose the constraints faced by health systems. Secondly, it is suggested that WHO needs to be more active in overall health sector policy processes. Thirdly, WHO should concentrate on increasing national capacity in health policy analysis and management. Finally, WHO's efforts should be geared towards increasing national involvement in tracking trends within health system performance.

World Health Organization

Health in All Policies (HiAP): Framework for Country Action

World Health Organization (WHO). 2014. Available at bit.ly/WHO6-UHC

Health in All Policies (HiAP) requires significant coordination between different sectors and policy fields. This WHO policy framework provides a specific action plan for HiAP, targeted particularly at health authorities at all levels of governance that engage in HiAP promotion within their policy field. The report outlines six components that should be addressed in order to put HiAP in place. Depending on the specific national context, these components can be selectively integrated to successfully implement the HiAP approach.

5. Case studies

Case studies, from countries and industries, help illustrate the scope and scale of the health economy. There is nothing inherently new about private sector involvement in building better health solutions and systems. Nevertheless, examining concrete projects and evaluating them can help guide future action. At the same time, it is crucial to get an idea of expectations among industry actors. These two components will help guide future policy action within the health economy.

5.1. Industry case studies

Bain & Company

Global Healthcare Private Equity Report 2014

Global Healthcare Private Equity Report of Bain & Company. 2014.

Available at bit.ly/BC-UHC

Private equity funds invest in companies and sectors that are expected to see significant growth in the following years. Therefore, trends within this investment category give an indication of the business potential within healthcare that can be scaled up. This report outlines major trends in healthcare private equity deals in 2013. Globally, the top ten healthcare buyout deals totalled USD 11.5 billion. The sector analysis describes the changing landscape within healthcare-related IT, which ranges from companies that improve sourcing billing for providers, patient engagement and satisfaction services, to advanced data analytics for pharma firms. The biopharma sector (and associated services) was also an important field for investment. In addition, provider and services investments were particularly popular in emerging markets such as India and South-East Asia.

Amanda Glassman & Miriam Temin

Millions Saved: New Cases of Proven Success in Global Health

London: Center for Global Development. Available at bit.ly/TeminUHC

Globalization and its associated trends have greatly challenged the global health system, as well as provided new opportunities. This book offers a critical analysis of several health projects within this particular context. The selection of case studies provides an overview of the progress made from sub-Saharan Africa, Latin America, the Caribbean, East Asia, South Asia, and South-East Asia. Critically assessing 18 successful projects and 4 projects that could be improved, the study concentrates on four strategic categories: the provision of medicines and technologies, facilitating access to healthcare services, improving financing in order to improve health, and promoting behavioural changes.

GSK

GSK announces new strategic investments in Africa to increase access to medicines, build capacity and deliver sustainable growth

GlaxoSmithKline Corporate Social Responsibility Projects. March 2014.
Available at bit.ly/GSK1-UHC

One of the most fruitful fields of private sector involvement in health-related topics is research and development – particularly if the focus of that research potentially helps people at the bottom of the pyramid. UK-based pharmaceutical company GSK is creating the world's first R&D Open Lab for non-communicable diseases in Africa. The project will provide research facilities, resources and knowledge to help independent researchers work on their own projects, focusing on diseases such as malaria and tuberculosis. It is hoped that insights gained from projects elaborating on the specificity of diseases in the African setting will inform prevention and treatment, and that these insights will enable the development of new medicines targeted at existing needs. Additionally, the project will support the training of researchers. GSK will also partner with African countries to work on the development of domestic manufacturing capacity. In particular, up to 100 million pounds sterling will be invested to expand the company's existing manufacturing capability in Nigeria and Kenya, and build up to five new factories in Africa. New facilities will focus on developing and manufacturing locally relevant products (for example, antibiotics and HIV medicines). The new factories will also contribute to the local employment of a highly skilled workforce.

GSK

Responsible Business Supplement 2014

GSK. 2015. Available at bit.ly/GSK-UHC

In its annual corporate social responsibility (CSR) report, GSK outlines the main principles behind its practices and CSR projects. The company views such practices as creating value for society, and regards responsible business priorities, along with robust governance within the organization, as inseparable from the interests of the company's shareholders. Taking this approach, GSK has pioneered several projects in collaboration with national governments.

Klaus-Dirk Henke

Improving value for money from a health economics perspective

WifOR presentation at the OECD First Annual Meeting of Senior Budget Officials Network on Health Expenditure. Organisation for Economic Co-operation and Development (OECD). November 2011. Available at bit.ly/Henke2UHC

Examining the issue of how to use economic resources to increase value, this article states that the solution lies in avoiding inefficiencies through greater conservation, promotion and regeneration of health. Despite the fact that the optimal structure for achieving this goal does not yet exist within the healthcare system, the article proposes a strategy of investing scarce resources where the health benefits are greatest, or where the greatest value is generated for every dollar spent. It is argued that this type of action would require the ex ante allocation of resources. Another option would be to avoid wasteful activities within the system, which could be achieved by pursuing more specific strategies. For example, Germany could achieve this by paying for performance, by creating incentives for more selective contracting, through greater patient involvement in their own care, by encouraging more entrepreneurial and innovative behaviour, through an evidence-based health policy, or through improvements in the basic legal framework, amongst other actions.

Paul Hunt

Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health

United Nations (UN). 2009. Available at bit.ly/HuntUHC

Health is the human right of every individual. Acknowledging this and viewing the provision of medicines as the shared responsibility of governments and pharmaceutical companies, the UN special rapporteur sets out to examine how these companies are engaged in this area. The special rapporteur conducted interviews with the senior management of GlaxoSmithKline (GSK). GSK is one of the world's leading pharmaceutical companies, which regards the interests of its shareholders as indivisible from the provision of quality goods that benefit society at large. Studying the company's policies with regard to access to medicines in developing countries, the special rapporteur provides a set of existing best practices, as well as an overview of the main obstacles faced by companies attempting to improve access to medicines. One of the best practices, for instance, is GSK's use of commercial and non-commercial voluntary licences, as well as tools such as patent pooling. On the other hand, it is suggested that voluntary licensing could be used on a greater scale. Lastly, companies attempting to increase access to life-saving medicines still face additional costs, such as high tariffs and taxes.

David V. McQueen et al (eds.)

Intersectoral Governance for Health in All Policies: Structures, actions and experiences

World Health Organization (WHO). 2012. Available at bit.ly/McQueenUHC

Health in All Policies strategies have been gaining increased attention from policy-makers and national governments. Analysing these developments, this study outlines the main challenges that could impede the further development of the concept. Some of the challenges include documented policy experiences, the evidence base, the comparative effectiveness of actions taken by different governments, as well as the measurement of outcomes on population health. The authors have the twin goal of providing specific case studies on the role of different governance structures in implementing HiAP, as well as triggering a debate on how their framework of analysis can be changed and improved for further research. The paper specifically demonstrates how governance structures are experimenting with HiAP and "how the analyses of these experiences with the use of this framework can promote a more structured approach by policy-makers seeking various mechanisms and methods to address HiAP through governance".

Merck & Co.

Merck for Mothers: Senegal Fact Sheet

Merck Corporate Social Responsibility Projects: MSD Merck For Mothers. March 2015.
Available at bit.ly/Merck-UHC

A key expertise that companies possess is their understanding of supply chains. But while this expertise may allow companies to access new markets, many health-related products do not reach consumers for reasons other than general availability. Maternal mortality is still an issue in Senegal, despite the fact that there has been a 40 percent drop in the maternal mortality rate since the 1990s. One in 60 women still risk dying during pregnancy or giving birth. One of the main contributors to the mortality rate is the lack of family planning due to the limited availability of contraceptives. In 2011, for example, almost 80 percent of public health institutions ran out of contraceptives, and only 30 percent of women seeking contraception were able to obtain it. Family planning is recognized as one of the most cost-effective ways of addressing maternal mortality – potentially averting one in three maternal deaths by reducing the overall number of pregnancies and helping women space out their pregnancies. The Bill & Melinda Gates Foundation, together with IntraHealth International and the Senegalese Ministry of Health and Social Action, have launched a collaborative project designed to increase access to family planning. The programme will expand access by linking private sector actors – skilled in forecasting, ordering and the delivery of contraceptives – with health facilities.

PwC Health Research Institute

Healthcare's new entrants: Who will be the industry's Amazon.com?

PwC. 2014. Available at bit.ly/PwC9-UHC

The New Health Economy does not only include healthcare services and the traditional actors who provide them, it also applies a more holistic view on how health systems induce economic activities that go beyond the standard health system. This report looks in detail at multiple private sector actors who have not traditionally been regarded as players in the health sector. The study questions how new actors, from the retail, technology, telecommunications, consumer and automotive industries, are creating value, expanding the market and making profits in the health industry. The study also emphasizes the changing position of consumers of health products: they are demanding better products for their money. In summary, the health sector

as we know it is undergoing radical change, taking on a more market-like structure, and this will have huge implications for consumers, businesses and governments.

Aditi Ramdorai & Cornelius Herstatt

Lessons from low-cost healthcare innovations for the Base-of the Pyramid markets: How incumbents can systematically create disruptive innovations

Working Paper of Technical University of Hamburg-Harburg, no. 74 (June 2013), pages 1–33. Available at bit.ly/RamdoraiUHC

This study examines the organizational strategy of a leading multinational company to analyse its ability to pursue disruptive innovation within healthcare provision. Disruptive innovation within healthcare is important for two reasons. First of all, this type of innovation provides access for huge numbers of people who would not otherwise be able to afford expensive healthcare services. Secondly, it is argued, disruptive innovation in the health sector can help reduce healthcare costs in developed countries by disrupting the established markets or methods of delivery. The authors conclude with two main findings. Firstly, the company's ability to create and sustain disruptive innovation seems to be enhanced if it has an ambidextrous internal structure; it is the ability of a company to simultaneously engage in 'exploitation' and 'exploration'. Secondly, it is advisable to maintain dedicated levels of resources, as well as processes, that are specifically aimed at disruptive innovation.

TNT

TNT Express launches PharmaSafe, the all-in-one transport solution for temperature sensitive pharmaceuticals

TNT Corporate Social Responsibility Projects. January 2012. Available at bit.ly/TNT-UHC

One of the major challenges facing pharmaceutical supply chains is the lack of control and visibility due to the involvement of a large number of parties (i.e. more than 20 for an air shipment). This creates problems for customers, whereby products arrive with substantial delays or in a damaged state. But most important is the lack of temperature regulation, which affects product efficacy. WHO states that every fourth vaccine reaches its destination in a degraded

state because of incorrect shipping. TNT's PharmaSafe aims to simplify the process and secure the international shipment of pharmaceuticals. The whole process will be controlled by TNT. The service enables real-time tracking of location as well as temperature. More importantly, TNT Express can detect, predict and correct any temperature fluctuations.

5.2. Country case studies

Nicholas Apergis & Puja Padhi

Health expenses and economic growth: Convergence dynamics across the Indian States

International Journal of Health Care Finance and Economics 13, no. 3–4 (December 2013), pages 261–277. Available at bit.ly/ApergisUHC. DOI: 10.1007/s10754-013-9130-9

The health economy in emerging countries will potentially contribute significantly to economic growth. The authors set out to test empirically whether there is a convergence of real per capita output and public health expenditure across 26 Indian states. Based on their findings, the authors argue that there is no actual convergence. Furthermore, the study could not identify a direct link between economic growth and public healthcare spending. The main implications for policy-makers are threefold. Firstly, it is suggested that investment and spending on health is required and could be achieved by direct policy intervention. Secondly, the authors argue that a huge divergence in economic indicators across the states necessitates strategic investment (that is, investment in states where it is needed most to minimize the distribution gaps). It is also argued that including and engaging the private sector is necessary in order to achieve shared public health goals.

John Ele-Ojo Ataguba & Di McIntyre

Who benefits from health services in South Africa?

Health Economics, Policy and Law 8, no. 1 (January 2013), pages 21–46. Available at bit.ly/Ataguba1UHC. DOI: 10.1017/S1744133112000060

In preparation for South Africa's move to a universal health coverage system, the authors analyse the existing system. By providing an overview of the lessons learned, they emphasize the

importance of not repeating past mistakes when designing a new financing mechanism. Comprehensive analysis of household-level survey data reveals that the main challenge of the system lies in its inability to provide for equity. That is, health services in South Africa – private and public alike – benefit rich populations more instead of distributing services in accordance with people’s actual need for care.

The Economist

Health care in America – Shock treatment

The Economist (March 2015). Available at bit.ly/Economist1-UHC

The US healthcare industry has come under increased pressure after the Affordable Care Act changed many existing industry practices. For example, fees for hospitals and doctors’ surgeries are more targeted towards outcomes rather than delivering a particular service. Higher ‘deductibles’ for patients have also altered conventional practices. Simple tests, for example, are now offered by walk-in clinics (such as CVS Minute Clinic), which are staffed by nurses rather than doctors. This change in health delivery has been made possible because many diagnostic tests can now be done much more easily on the spot and do not require a laboratory. The article identifies new actors that include digital-health start-ups, supermarkets and pharmacy chains.

The Economist Intelligence Unit

Asia Rising

Report of The Economist Intelligence Unit (EIU). 2014. Available at bit.ly/Economist2-UHC

Trends in the Asian health economy present challenges as well as opportunities for healthcare providers. Representing more than half of the world’s population, Asia stands out as an attractive market for health products and services. Not only is Asia big, it is also getting increasingly richer. This report, from The Economist Intelligence Unit, studies the trends and dynamics of Asia’s healthcare sector. While the market represents a potential source of revenue for many players, the competition is also intensifying, both within the market itself and within specific regulatory settings in Asia.

Yevgeniy Goryakin et al

The effect of health on labour supply in nine former Soviet Union countries

European Journal of Health Economics 15, no. 1 (January 2014), pages 57–68.

Available at bit.ly/GoryakinUHC. DOI: 10.1007/s10198-012-0455-y

Health is increasingly being seen as contributing to economic growth and development. This study of nine former Soviet Union (FSU) countries aims to understand the impact of poor individual health on the labour supply. The study is based on household survey data and has two specific findings. Firstly, the study finds that poor health is correlated with a 13 percent decrease in the probability of working, thereby confirming hypotheses that poor health is detrimental not only for individual-level productivity (resulting in lower wages), but also for the labour supply in general. Secondly, the study identifies that the burden of disease, combined with an individual's inability to participate in the labour market, exposes the population to an increased risk of falling below the poverty line. The study concludes by signalling that improving the health of the overall population will generate potentially high returns on investment in the FSU region.

Julius Mugwagwa

Innovative spending in health: A case study of Zimbabwe, South Africa and United Kingdom

Association of Healthcare Funders of Zimbabwe (AHFoZ). September 2014.

Available at bit.ly/MugwagwaUHC

Creative investment in healthcare, especially given the current dire global economic situation, is a source of concern for almost any government. This report tries to identify innovative ways of investing and spending, championed by private, public and not-for-profit actors in Zimbabwe, South Africa and the UK. After considering the health systems of these countries, and the challenges and opportunities facing each country, the study concludes with several observations. First of all, it is argued that governments display strategic behaviour when spending resources. Secondly, it is also claimed that completely free health services encourage wasteful spending and the misuse of health facilities. Lastly, it is observed that resolving healthcare investment puzzles encourages a solutions-thinking approach, which can result in other potential solutions being ruled out prematurely.

A. Venkat Raman & James W. Björkman

Public–Private Partnership in Health Care in India: Lessons for Developing Countries

Routledge: New York. 2009.

The importance of taking a holistic approach to health and well-being has been one of the main arguments within academia in the recent past, as factors from areas outside the conventional perception of health affect individual well-being. The authors of this book take this holistic approach and see that public–private partnerships (PPPs) can serve as one of the best methods of putting the approach into action within the Indian context. Based on case studies of different states in India, structural problems that characterize PPPs are further outlined. The authors then argue that, by filling the cooperation and communication gap between the private and public sector, the Indian government and society can set out on the path of achieving a holistic model of healthcare that places the individual at its centre.

Anna Sagan & Alicja Sobczak

Implementation of the 2011 Therapeutic Activity Act: Will commercialization improve the financial performance of Polish hospitals?

Health Policy 118, no. 2 (November 2014), pages 153–158.

Available at bit.ly/SaganUHC. DOI:10.1016/j.healthpol.2014.09.017

With the aim of improving financial efficiency and increasing entrepreneurship within the healthcare sector, the Polish government introduced the Therapeutic Activity Act. The act changes the legal form of public health institutions – mainly hospitals – to for-profit companies. This report analyses the effectiveness of the reform following its introduction in 2011. While the law has had an undisputedly preventive impact on the generation of new debts, it has, nevertheless, failed to create an overall enabling environment in which the financial situation of Polish hospitals can improve.

Kenneth C. Shadlen & Elize Massard da Fonseca

Health Policy as Industrial Policy: Brazil in Comparative Perspective

Politics & Society 41, no. 4 (November 2013), pages 561–587. Available at bit.ly/ShadlenUHC

Under its obligations to provide national health coverage, as well as offering free AIDS medicines, the Brazilian government faced the challenging task of providing affordable medicines to its population. With a weak pharmaceutical sector and uncertainty over the supply of imported medicines, the government decided to take an innovative approach and incorporate the pharmaceutical sector into its Industrial, Technological, and Foreign Trade Policy. To improve the local production of medicines, the government created a credit line, which resulted in increased knowledge and technology transfer between private and public companies. Currently, local producers supply the required medicines, which are then purchased by the government. An innovative approach to a major healthcare challenge led to an expansion in the capabilities of local suppliers.

World Economic Forum

Health Systems Leapfrogging in Emerging Economies: From Concept to Scale-up and System Transformation

Industry Agenda Paper. World Economic Forum (WEF). 2015. Available at bit.ly/WEF-UHC

Achieving universal health coverage requires the integration of private actors in the respective countries. This report, from the World Economic Forum and Boston Consulting Group, a strategy consulting firm, outlines several approaches that will enable these actors to access the potential in universal health coverage. While micro-level improvements (that is, in a particular region or one part of the health system) have worked in many countries, scaling up these successes has proved to be a difficult task. Three ways of scaling up are highlighted as possible ways forward: a horizontal scale-up, in which the success model is replicated on a large scale within the existing system; a functional scale-up, which means that a model is expanded to include additional health issues by offering new services and products; and a vertical scale-up, which is achieved by integrating the model into the existing health system by adjusting the model, the system, or both. Governments are needed to create an enabling environment for industry actors to scale up health innovations. They can, for example, formulate clear visions for the health system, adjust the policy environment (for example, through prescription policies),

promote technological diffusion (for example, through tax breaks) and act as a strong steward of health by forging partnerships between private sector actors, NGOs, public investors and international organizations.

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