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Cite this as: *BMJ* 2022;379:o2475
http://dx.doi.org/10.1136/bmj.o2475
Published: 14 October 2022

Investing in public health systems is a global common good

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The covid-19 crisis has shed a brutal light on the weaknesses caused by a chronic lack of investment in health systems worldwide. Investment in institutions critical to producing global health commons have been persistently neglected—particularly national and regional institutions responsible for the prevention, preparedness, and response to health threats. Health commons are functions or interventions to improve health that require collective financing, usually from governments.[1] These common goods for health are fundamental to protecting and promoting health and wellbeing. They tend to have broad benefits, affecting multiple sectors.[2] Strategic action in this domain by government or donors is therefore essential.

A "global common" is what everyone shares on the one hand, but towards which everyone has responsibilities on the other. Unfortunately, when it comes to health, the concept of "global commons" can increasingly be summed up in the now proverbial Hardin "tragedy of the commons,"[3] with shared claims, but little effort to shoulder the common responsibilities we share and to tackle them systematically. Everybody desires freedom from infectious diseases, but we fail to invest adequately in centres for disease control, national institutes of public health, medicines and approval agencies, or in animal and environmental health programmes.

Common goods for health generally encompass five categories of responsibilities: policy and coordination (for example, disease control policies and strategies), taxes and subsidies (for example, taxes on products that have an impact on health in order to shift market dynamics, and change behaviour), regulations and legislation (for example, environmental regulations and guidelines), information, analysis, and communication (for example, surveillance systems), and population services (for example, medical and solid waste management, vaccination, or animal health).[4]

Covid-19 has exposed the detrimental effects of isolationist thinking and underlined the need for global health to be first and foremost seen as a "global common right," with healthcare systems a "common pool resource."[5] Threats linked to environmental degradation, climate change, biodiversity loss, microbial resistance, and air and sea pollution affect all countries in the world with mounting frequency and severity. The need to build strong institutions at the country level and globally has become manifest. We need surveillance and research institutions, regulatory and health information organisations, and national One Health programmes that can prevent and manage current and future health threats.[6]

We are in a moment of truth. On the eve of the World Health Summit, we must recognise that the world can no longer count on mere goodwill and cooperation to propel responsible public health measures in the future. Siloed financing models and fragmentation caused by limited interests have for too long dominated our actions. We must acknowledge they are ineffectual. We need to think much more fundamentally about the key investments needed to accelerate progress with the United Nations sustainable development agenda, including preparedness for looming pandemics and other global health crises. The health sector is key in achieving these aims. Not only does it contribute to human capital development, but it is also a critical source of social cohesion, economic growth, and adaptation to climate and other environmental threats.

We see three major moves forward in which common goods for health must be central.

Firstly, the G20 summit in November 2022 should advance a common-good-for-health approach linked to the building of pandemic preparedness and transformative infrastructure post covid. Indonesia's presidency of the G20 paved the way for reinforcing the need for a global health architecture that ensures the global community's resilience toward any future threat. It clearly emphasised the importance of countries investing in health commons, as per the recommendations of the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response.[7] As India assumes the presidency of the G20 from 1 December 2022, investing in the global commons for pandemic and climate change preparedness should remain high on the agenda in 2023.

Secondly, in discussions about health financing post covid, investing in common goods for health should now be fully recognised as the first step to take.[8] Since 2000, there has been too little progress in health system capacity in the developing world. Most of the official development assistance (ODA) funding for health (about $25bn per year in 2019) has been directed towards the purchase of medicines and vaccines for a limited set of diseases and number of beneficiaries.[9] Development aid for health has provided negligible funding for human resources and infrastructure. Yet investments in health workers and infrastructure represent more than 70% of the funding gap in health systems in the developing world today. The shortage of health workers is global,[10] but nowhere is it felt more than in the developing world. To date, only half of primary healthcare facilities in sub-Saharan Africa have access to clean water and adequate sanitation and only a third have access to reliable electricity.[11]

Domestic public spending on health has declined as a priority in low income countries over the past decade, while households pay more and more for healthcare.[12] And, worryingly, ODA for health has

often crowded out domestic spending for health.[13] An investment agenda that prioritises institutional, human, and physical capital for health services—which are to a large extent home grown—will have to be developed. These investments must be needs based, and focus on local capacity strengthening. This amounts to $100bn per year for pandemic preparedness and $300bn per year for universal health coverage.[14] Such investments require a broad coalition of financing actors to de-risk and back domestic financial efforts.

Thirdly, the justified civil society pressures on multilateral development agencies to deliver much more ambitiously on sustainable development goals force us into decisive action. One clear set of actions is to prioritise investments in national institutions and systems to prevent, prepare, and respond to future health threats, underscoring the case for domestic investments in health and social protection systems.[15] A common good framework will take us away from the traditional development aid mechanisms that have tended to take a fragmented and overly vertical approach to funding health programmes, rendering them unable to confront today's health challenges that are increasingly global in nature.[16]

Development aid for health needs to shift from being mostly a purveyor of medical products for short term cycles to providing investments in the national health and social protection systems of lower income countries.[17] As part of this transition, the newly established World Bank financial intermediary fund for pandemic prevention, preparedness and response must catalyse a synergetic effort to scale up investments in national public health institutions in developing countries.[18] We urge global leaders to commit themselves to foster collaboration between all international financial institutions. The full force of all of the world's more than 550 public development banks in the Finance in Common Summit partnership should be rallied towards the goal of financing the health commons and align their health investments towards strengthening those commons. The development banks represent up to $2.7tn of annual investments—approximately 12% of total global investment. This is key to strengthening the resilience of our societies to future shocks.

There is no time left to waste. We need to move away from the fragmented plethora of global initiatives and unite to strengthen public health and universal health coverage institutions at the country level. This is a global common.

Competing interests: none declared.

Provenance and peer review: Commissioned; not externally peer reviewed.

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