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WEBINAR

REINVENTING GLOBAL HEALTH IN AFRICA
AND THE DEVELOPING WORLD:
THE FUTURE OF PUBLIC GOODS, FOREIGN AID, AND NEO-DEPENDENCY

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P R O C E E D I N G S

MR. ORDU: Good morning, and a warm welcome to our listeners here in the United States, around the world, and in Africa in particular. I'm Aloysius Uche Ordu, director of the Africa Growth Initiative at Brookings.

COVID 19 is clearly the biggest elephant on the global scene right now. The pandemic has laid bare the world's vulnerabilities to health and economy ruin from disease outbreaks. It has also revealed fundamental weaknesses and contradictions in global health. Despite progress towards improved health outcomes, many countries face a complex landscape of ambitious political commitments to universal health coverage, to human capital, and to global health security.

Evidently investors in global health must now navigate a minefield of uneven progress, great expectations, and denials of scientific evidence by entrenched interests.

Today we are delighted to assemble some of the world's leading experts on global health. We will discuss a new book by Dr. Olusoji Adeyi, president of Resilient Health Systems. Soji is also a senior associate at Johns Hopkins at Bloomberg School of Public Health. He was formerly director of health, nutrition, and population at the World Bank.

Soji authored a viewpoint for us in our 2022 edition of Foresight Africa. His book is titled "Global Health in Practice: Investing Amidst Pandemics, Denial of Evidence, and Neo-dependency." Soji, a warm welcome to you.

DR. ADEYI: Thank you very much, Aloysius. And I want to thank you and your team at Brookings for giving us the opportunity to have this conversation today. And I thank our panelists for joining us.

Let me begin by pointing out my favorite sentence in the book. It is the very last sentence in the very last chapter. And that is "A brighter future is possible."

For here we are today. Global health is broken, global health is very unhappy. And COVID 19 is a catastrophic problem for health and for economic development.

But COVID 19 is really not the fundamental problem of global health. All

COVID 19 has done is to put in stark relief the pre-existing conditions of global health. So we simplify and put them in two main buckets, but those two buckets are interrelated.

The first one is the problem of pair imbalance between the Global North and the Global South because at its core global health is about power. No, that is not to discount health status, health outcome, epidemiology, public health, health economics, and all those underlying disciplines. But at its core it's about power.

The second problem is that of neo-dependency. The neo-dependency of the Global South on the Global North. Which features a situation in which the Global South is dependent on dominate parts of the Global North for setting goals, for determining when the Global South can have what, on whose terms, and where.

So before we go into what are details, what will it take to reinvent global health? There are really just three main parts to it. The first one is to end foreign aid for all essential commodities and basic health services in global health. Yes, you heard that right. And foreign aid for basic health commodities and health services.

The second one is to overhaul what is now called technical assistance so that it becomes led by, managed by, and determined not by providers and financiers in the Global North, but by the beneficiary countries. That is the thought, that is the second one.

The third one is to now refocus foreign aid where it's added value is highest, and that's in the realm of global original public good. The institutions that would help with the production of those public goods and prevent the advent of public bad, and those institutions include but are not limited to those for surveillance, outbreak detection, and effective response. Also in that third bucket, recycle and development capacity in the Global South.

So those are the three essential changes. This is not a call to end foreign aid today. An eight-year window. Why eight years? The world has committed in the United Nations to universal health coverage by 2030. So everyone will have an eight-year notice. This is the eighth-year plan, in theory. What will this mean in practice? We'll get to discuss this in quite a few details.

But before COVID came along, as of 2017, based on estimates published by a group that created by WHO, about 75 percent or 76 percent, so three-quarters, of foreign aid for health was going to country specific functions and the remaining one-quarter was going to what you might call global common or global goods and R&D, etcetera, etcetera. So in fact the need for this stoppage is for that 76 percent.

What does this mean? It means pervasive in power. And in order to understand where the structure of that power and why addressing power is so fundamental, we need to go back in history. I will be brief. We could go back many centuries but we'll go back just 124 years.

Why? In the colonial era, as well as the era of transatlantic slave trade, many cities benefitted from shipping people into slavery, especially port cities. One of those port cities was the City of Liverpool in England, from which ships that transported 20 percent of enslaved Africans across the Atlantic, originated.

But this was not by the Atlantic alone. We're also taken by colonization for example. And I'm going to presume in Latin America. So the sailors of the merchants were coming down with what seemed to be exotic diseases, if you are European, and they were called tropical diseases. So in a way to understand, in an attempt to understand those diseases and to protect their investments, the colonial adventurers, the trades that were going on, merchants got together and a man named Alfred Jones put down 350 pounds to fund the Venerable Liverpool School of Tropical Medicine, one of my alma maters, an extraordinary institution. And the school would investigate those outbreaks and provide treatment in collaboration with some facilities from the city.

Six months later the London School of Tropical Medicine, as it was then called, opened its doors. That one was financed directly by the treasury of the United Kingdom. And in the remarkable footnotes the government recouped that money from the colonies. So in fact the colonies paid to found the London School of Tropical Medicine.

Not to be outdone, King Leopold of Belgium established one as well. And then

there's one in Amsterdam and on and on and on. So you get the picture. Across the Atlantic in the early part of the last century, the Rockefeller Foundation invested in a lot of schools of public health across the world. And in fact it put money in starting of the Schools of Public Health at the Johns Hopkins University, another of my alma maters, and Howard University.

What does this mean? Very much in all of this network and they have made extraordinary contributions to medicine and public health and science. That must be recognized. The other side of the coin was that this network was essentially the health brigade of colonialist adventures.

Now time moved on, the Second World War came, the Second World War ended, and we entered what has evolved into the modern era of developmental assistance of health or foreign aid. But something did not change, in fact it became cemented. Last year the Washington Post, whose offices are just down the road from where I'm speaking, published a series of unfortunate editorials by its Editorial Board. You can check them out. And one of them concluded at the height of the Delta wave of COVID, after denying the usefulness of waiving intellectual properties on vaccine and similar technologies, the Washington Post editorial concluded about the Global South "Let us give them what they really need."

Why is that sentence important? It encapsulates a mindset in which a select group decide what the others need. They did not say let us find a way to work with them to achieve their needs as they have identified them expressly. That was the same year when the Special Envoy of the African Union for COVID said, on COVID vaccines, that no, the African Union was not building its priority or its strategy on donations. They wanted to buy.

But the wealthy countries of Europe and North America would not have it. They wanted to donate. And it is because politically donation is at the instance of the donor, it preserves their power. Okay?

Now this is not a session on seeing how much Global North is at fault. Last year the Africa Forum, which brings together former heads of state, was pleading for the continuation of foreign aid to treat neglected tropical diseases just because the United Kingdom

was carving in foreign aids budget. That was an abdication of responsibility by those African leaders, and it is a symptom of neo-dependence.

Last year, after 120 years following the explanation of the transmission of malaria by Ronald Ross, for which he won the Nobel Prize, the WHO approved and recommended wider use of the RTSS malaria vaccine. One would have thought that African leaders would be jumping up and down saying finally for this age-old disease we are going to pay for these vaccines for ourselves. That did not happen. Instead, GAVI, the vaccine alliance, said they were going to put in \$156 million into that.

Let us be very clear. That move by GAVI was inappropriate and, quite frankly, it is reprehensible. Because it continues to undermine the agency of government in the Global South, especially but not only in Africa, to take charge of their own affairs. You're beginning to see the picture. But we're not done yet.

When you look at the channels through which power is wielded, something very interesting becomes clear. Let's go by them very quickly. Take the WHO, the world's leading health agency. The WHO now gets under 20 percent of its total money from assessed contributions, the rest comes from extra budgetary contributions.

You might say what is wrong with that? Well there's plenty that's wrong with it. It means WHO is now a purchasable contractor because it is terribly underfunded. WHO has become a general contractor, and you can just buy WHO and send it where you want it to go. So if you're Germany you can pay and have a new entity for pandemic and epidemic resources on your territory. If you are France you can pay for an academy and have it in Leon. If you're Switzerland you can pay and have a bio hub in Switzerland. Again, you're getting the picture.

If you go to international financial institutions such as the IMF and the World Bank, where I worked for years, they've contributed a lot in terms of policy analyses, in terms of policy advice, in terms of just a sheer amount of money that they put out there, and also program financing. Let's face it, those contributions have been punctuated over the years by misadventures like the Structural Adjustment Program. I know quite a bit about that because

as a physician in Lesotho I witnessed patients being discharged from the hospital because they could not pay. In fact that is the reason I went into public health because I wanted to be where those policies were being made rather than being at the receiving end of those policies.

Also the squeamishment about the investing in Aids, the reluctance to get in in the first instance, and most recently the failure of the much hyped Pandemic Emergency Facility, the PEF. I also witnessed firsthand the extraordinary difficulty of securing funds for the Africa CDC. It really should not be hard to get funds for something that is so painfully obvious and necessary.

If you go to the multilateral ground financiers such as the GAVI and the Global Fund, look, they invest in specific lines of work, and for the child in Nepal, the pregnant woman in Ghana, or the cab driver in El Salvador, who gets some of those services, that's a good thing. So this is not about whether each individual service is bad or not.

So what is it about? Hear me out. The very construct, because it is going on in perpetuity, the very construct is a path vehicle, a gain for Northern powers to ride roughshod over the Global South. And it provides cover for many governments in the Global South to not take responsibility for the health of their own people. Because the locus of accountability is not in Southern capitals, it moves to where those grant financiers are. So anybody who is going to do replenishments, and this needs to be said clearly, should be doing replenishments for transitioning out, not replenishment for perpetuation of any institution.

If you go to financiers, the poster child for this is the United States Agency for International Development. And I want to be very clear, there are thousands of people there who go to work every day as serious professionals. And I want to salute them. So this is not about anybody's intention. What the fundamental fact is this. The business model of USAID is wrong. If you wanted to invent an entity that would not make substantial contributions to development, that would not result in sustainable gains, the model you develop is USAID. It's entirely captured by contractors. And worse than that, as you will see in Chapter 4 of the book, USAID, and at the time, as well as the U.S. President's Malaria Initiative, deliberately

undermine an innovation that was going to save money and was projected to save lives in the Global South. That was the Affordable Medicines Facility for Malaria. I detail this in Chapter 4 of the book. This was a modality for local supply chains in the development countries themselves to get the drugs to people. So today USAID has continued with its model where it puts billions of dollars into foreign contractors to run their own supply chains in developing countries through central medical stores, and sometimes in total.

It's all Office of the Inspector General has documented some serious problems in that business model and its large supply chain contract. Well, guess what? USAID is now preparing to have an even bigger contract than that. The reason is beyond me. Because one of the things we learned in kindergarten, and definitely in primary one, that's elementary PO1, is that if you multiple zero by 100, you get zero. If you multiple zero by 1 billion, you still get zero. And I think this is the lesson that USAID needs to learn. It's a waste of taxpayers' money quite frankly.

Now if you go to foundations, and here we use the Gates Foundation, the Bill and Melinda Gates Foundation as an example. Again, they have funded many useful things across the world, we must recognize that. But you must ask yourself, why is it that the bulk of the award still go to or through Northern based institutions? Why are hundreds of millions of dollars going to the Institute for Health Metrics and Evaluation in Seattle when they could put that money into probably 20 different places in the Global South and those places will actually have more connections with the reality of those countries. You must ask yourself if this is the way to go.

Finally, the Northern NGOs. Many Northern NGOs do great work, they go to extremely difficult challenging places, and I want to salute them. It is also true, hear me out, that a select group of Northern NGOs have cornered a process in which they try to bully international agencies into dictating to Southern countries the precise policies of those NGOs. So they seek to exact authority without responsibility.

And this is a problem, it is a serious problem. And in fact even exert this

pressure on leaders of the Global North because they are so noisy. And we need to call these things out. So you have this, what I call the super structure of the metasytem that thrives on par imbalances, Northern elite capture, and a lot of rent seeking that's going on in global health. And that is why a serious solution needs to be found, more tinkering will not do. Mere refinement of the current system will not do.

I read somewhere, I think it was a quote, to be fair to Oren Harrari (phonetic), that electric lights did not come from continuous improvement of candles. And a lot of what is going on in this right now is tinkering with the candle in the hope that you get electric light from solar energy. It's not going to happen.

So with the Global South, if nothing has been declared before, one thing is now clear. The moment of great peril, such as a one in a century pandemic, you are on your own. Anybody who did not get that before must have registered it by now. And this may sound harsh, but it is the truth.

What is the truth? Fairness is not the currency of geopolitics in global health. And that's why everything you might have heard to the contrary is serious push for equity is not the currency in the geopolitics of global health. So the Global South needs to face its reality. Nobody is coming to save you from the Global North. I'm not talking about individual good will. There are thousands of our colleagues in the Global North who are extraordinary professionals who work day and night to make things better with colleagues in the Global South. One must recognize that specifically. So this is not about individuals, I'm talking about the metasytem, the construct. Okay?

So since nobody is coming to save the Global South, the Global South needs to self-emancipate from this neo-dependence. And that emancipation, the path to it is what I call increasingly self-financed assertiveness. That's what it is.

Now to avoid any doubt, as I wrote in the book, colonization was bad, it was accompanied by massive crimes against humanity. Its effects endured until today. And the cause for the decolonizing global health as legitimate. Do it. They are right. At this same time,

the more fundamental problem is not neo-colonialism, the cancer is not neo-colonialism. The cancer, the very aggressive cancer is neo-dependency. And Northern activists, North agencies, Northern institutions who do not frankly see this, who are still pushing endless runs of grants, less replenishment on CNN and BCC with faded posters and soccer stars and all those things. Nothing against soccer stars, I love the game, okay? They're doing a disservice to the Global South because they're influencing Global South leaders. They're preventing Global South countries, the citizens, from effectively holding their own leaders to account. Because in locals for accountability is so far away and this is what needs to change.

Now there'll be plenty of opposition to what I've just said. If you're a donor and you insist on continuing to finance commodities, and here folks at USAID, they need to listen up, and anybody with similar inclinations. Stop buying commodities and hiring contractors who go and deliver them to the natives.

This is 2022, you can subsidize those commodities at the factory gate and then get out of the way. Let country institutions, private and public sector, let them do the importation by themselves or let them choose their own procurement agents and let them do this in their own country.

Now if you subsidize those commodities at the factory gate, even if country budgets do not increase from one year to the next, the purchasing power of those budgets will increase because you subsidized them, you subsidize the product at the factory gate. So there is no rational basis for USAID to continue its current business model. It's a waste of taxpayers' money.

Anybody who insists on continuing technical assistance, well, you can set up a challenge fund or a draw-down fund and so the government of the developing country would decide what it wants, it will write itself a reference to the procurement and put it in public on the way, so there's transparency. There is no longer any reason for donors from the Global North to be stipulating that this particular entity is the one that's going to provide technical assistance in this particular asset.

These are very important things to note. And from the Global South, if you hear any leader of the Global South say oh, this is not going to work, this cannot be done, you must ask them, who is benefitting from the current system? Because part of the reason you would have objection is the fear of taking responsibility, it's a fear of being accountable.

Let me share one thing with you. And what I'm about to say didn't come from just one country. Country after country after country, when you have your quiet conversation and say why is it that you are graduating from low income to lower middle income but you're not putting more money into your health sector? Folks will say look, we're not stupid. We know that if we don't do anything, those people from Europe and North America, who love us more than we love ourselves, will hold replenishment meetings, they will raise billions, and they will continue to supply the goods and services. That is what is going on. One does not need to be an expert economist in zin theory to see how the system has been gimped and is being gimped. That is what is going on.

So I want to conclude here, as I started, by referring to again my favorite sentence in the book, which is the very last sentence in the book that says "A brighter future is possible." Thank you very much. Back to you, Aloysius.

MR. ORDU: Soji, thank you very, very much. That was quite a comprehensive coverage. And again, the book is titled *Global Health in Practice: Investing Amidst Pandemics, Denial of Evidence, and Neo-dependency*.

Let me now turn and introduce our esteemed panel. Today we have Mr. Elhadj As Sy, Chairman of the Board, Kofi Annan Foundation. We also have Honorable Keith Martin, Executive Director, Consortium of Universities for Global Health. And we have Ritva Reinikka, Professor, Helsinki Graduate School of Economics. I bid you all a warm welcome.

So here's what we're going to do today. Viewers can submit questions by emailing Events@Brookings.edu or via Twitter at #BrookingsGlobal.

Let me turn to Ritva first. It is indeed wonderful to see you again. You worked with Soji for many, many years at the World Bank. Now he's written this book, some might say

very provocative book, about the market and government failures in global health. As a development economist with vast experience, can you tell us why these issues are so important?

PROF. REINIKKA: Thank you very much, and thank you, Soji, for a theory presentation, as theory as the book is. And thank you for inviting me for this event.

I wanted, you asked me why these things are important. I think health is obviously important and I think often in the book sort of talks about what is the role of the public sector, what is the role of government, why is there government activity and therefore donor activity as well.

So it's really my take is that you need government because health sector is the one that has the biggest money failures there are. And this is because you need public health, you have these externalities from like we see the pandemic now, and then you have catastrophic costs when you get serious illness. So you need interventions in hospitals.

So from my perspective perhaps I would argue that the book takes a view of health sector, and as an economist I sometimes have an issue with it because it sounds like the government has to do everything. Because it has to do primarily health care, it has to do public health, and then hospitals somehow, particularly when insurance markets don't work. And in a way I didn't quite find the discussion, but it's perhaps not important so much because the book has a different take, it has a very broad take.

And from the public finance point of view I would argue because like when reading the book I was thinking about this basics issue. Why basics, or all public health for that matter? Government has no one else is going to do that. But when Soji very forcefully and provocatively, as you said, pushes this, I as an economist was thinking why is it that we have what we have. And there are reasons. Economists usually look at incentives, and I thought two incentives. And what it means also, it will be difficult to change.

One, donors, the so-called Global North, in the book especially. Why do they finance basics? Because they care about poverty. I sometimes feel that donors care about

poverty far too much because national development is really important. So they want to target poor people, health is a big issue in poverty. So they provide for poor people and that's why donors often fund the basics.

Then when you think of public finance, where I used to work for many years, money is fungible. That's one of the big lessons. What does that mean? It means that if donors pay for vaccines and malaria nets, that it's natural that governments put their money elsewhere.

So I think Soji lifts the argument much higher up for power, etcetera. I don't have an issue, I can see that when I read the book I'm a little, a few notches down in that. But for me these are fundamental drivers. The poverty focus and fungibility of money, and they are therefore very difficult to change. So it's even if you tell the leader, please change that, it may not happen because the motive is not there. Maybe if you allow me one more linked comment -

MR. ORDU: Please do.

PROF. REINIKKA: Thank you. So when leaving this as from the background, so as you mentioned, I'm not a health economist, I'm an economist who has worked in the health care services, especially both research operation. Then I worked a lot with ministers of finance, public finance issues, and then education. So I naturally look at this issue from the bigger perspective.

And one of the issues obviously, Soji's presentation really is about big fundamentals, geopolitics, historical perspective. So this is perhaps, as I said, much more sort of lower rounds of the issues. However, he talks about for instance in the book about sector programs and doubts that they in the health sector, you know, they use any transaction costs. But for me always these issues are important to look at beyond the health sector.

And I wanted to take an example of an East African country where I used to work for many, many years. So this is how a non-global health person sort of sees it. So in that very country, even the army submitted itself to the country's budgetary process, but the

health sector didn't. And what its funds gained globally from various funds, etcetera. It did not even bother attending the meetings when the country was building its framework for its national budget. So I saw the army guys in there outfits coming to the negotiations, the health people didn't because their money came from elsewhere.

So in a way, you know, I take actually an issue, my issue perhaps is that the health sector should not be looked at a lot. But overall I'll finish just with this comment that I do agree with many things in the book based on the limited experience that I have, country ownership. And in a way my earlier comments are about country ownership. But I want to go beyond just this one area.

I really agree with the point of private sector that Soji in particular discusses in the context of the malaria program. Technical assistance, yes, some of it is definitely less than optimal. And that both parties bear responsibility, also developing countries. I think that comes out very well similarly for the public good.

The book is very theory and provocative. So sometimes I'm strictly Nordic so I believe that change may come from being like a little more modest on calling these things, but maybe not. Thank you.

MR. ORDU: Thank you very much, Ritva. That leads me to some remarks about contrasting Nordics with theorizing Nigerians, but that's a conversation for another day.

Let me talk to you, Elhadj As Sy. You've held many, many senior leadership roles in global health and development. What three things resonate for you strongly when you read this book?

MR. SY: Thank you so very much. There are a number of things, you know, resonate with me. I can trim them down to up to three if you want, but initially I had, you know, five. So we just had five key words. And why those fives? Because I had the pleasure to read this book through a societal and political lens. And also have the pleasure to recall many, many, many discussions, you know, you and I had, you know, Soji, when you started, you know, this analysis and this discussion. Not today, not because of COVID, and not because of

Ebola, because these are the two ones, the big ones, you know, that are being quoted a number of times.

I remember so our very, very, very empathic discussion about primary health care many, many years ago. And at the beginning of the HIV Aids epidemic where we had the opportunity to work together, where you also had the same view. And we worked together in Amosha (phonetic) in the year 2000 when under the leadership of Kofi Nans, so we're brought in African leaders to comment. And I was a comment man 50 percent, you know, not going to health. So this is really I think a sense of a deep and honest similar situation.

And then the way you put it together in the book is much more comprehensive. You add the equal distance either of all the actors out of, you know, these meaning of the good ones and then the bad ones. But, you know, a view of the shared accountability across the board and a shared responsibility across the board.

And I like particularly your focus on the African leaders and then the leaders of the Global South. And I remember, you know, it was in one of the leaders, you know, Haiti, when that was sort of to the population and, you know, he was wife said Kristof, you have to look after the people. I said, well, I may be too tough, you know, to humanity, but not tough enough to the people. Because, you know, we have greater problems so then we have to take greater responsibility.

And I think that in that sense really that is calling on me, and what are the facts we learned. I realize when I think of citizenship. And I think of leadership. And I think of accountability, and then I add, you know, two things at the end, which is then solidarity and trust, with a question mark.

You know, why citizenship? You know, everything starts, you know, with an individual human being. And that's how the old perception of disease or old perception of health. And then depending on the social economic conditions, you know, within which you are, that will be determining what your health seeking behavior is, will it be or not. That will be determined in consort your particular itineraries that can take you to a traditional healer, to the

herbalist, you know, to the health post, or for even to hospital. And what will be the determining factor there, the economic power. It is the quality of, you know, people are coming to you or not. Is it because you know somebody, you know, there was certain renown, was renowned, you know, to be good, and then good with people. That gives you then the confidence, you know, and the trust, you know, to go there. And that's where it starts.

And why was that then with the citizenship right now there? The place you were born or you leave or where you grew up end up determining what your status of health will be. Now many children will not reach their sixth birthday simply because they have the misfortunate to have been born in a certain city, nothing else but that, you know, will determine it.

You know, many will be losing their lives due to treatable conditions because again, you know, the places where you live and then you're born. Now if we take it now to the individual level it is that same individual with the citizen, the importance of acting cities and shame. Holding leaders, you know, to account, claiming your rights. And also not becoming, you know, passively recipients of policies and promises but also shaping, you know, the kind of, you know, health status we want, which is much broader than the health status which is shaping, you know, this society that rule. And I think I'm seeing more the importance, you know, of that active citizenship and COVID has come back and revealed it, exacerbated it, and then put it in more, you know, to the fore.

And then this leads me then to leadership. And you really very critically and in a very comprehensive manner talked about leadership. Leadership can be defined, you know, in thousand words and in sentences and books. But at the end of the day it has to be to responding to the needs of the citizens and at the end of the day it has to deliver on the promises made, you know, to the citizens.

Unfortunately, too many promises made, too many promises broken. And when they are broken then we will ask where the accountability.

And I think you used the word abdication in our leaders, and then we keep on

seeing that, you know, again and again since Alma-Ata. Health for the world by the year 2000, 15 percent, you know, going to, you know, the health sector. You focus, you know, on addressing HIV Aids. Universal has coverage, you name it, and then it goes in another way. And the promises are made, the promises are broken, where lies the accountability?

And I think that is really, you know, where you're putting your finger on. It is not rare nowadays that in many of the programs that both you and I have participated in that we see 80 percent of the programs, and in some countries 90 percent of the whole program being funded by, you know, by accessed, by donors. And that is truly unacceptable. And there I think we should not brag, you know, of having found out. But I think if that was an opportunity to really incentivize, you know, everybody, to play a role and then cups are being filled. And additionally it being brought in and not a substitution in terms of financing and a substitution in terms of taking responsibility.

But let me tell you, citizens, you know, are not, you know, so weak as we may think. They remember. They remember the promises made and then the promises broken. And then their trust lay not in the level of trust and mistrust they have in their leaders. And what is now the most shared feeling among citizens, you know, across the board is a deficit mark against us.

And that leads me then to solidarity where that has, you know, moved many of us to attend the work that we're doing. Why we are all here together, you know, around the same table. You know, because at one point in time we believed, you know, in that solidarity, we committed, you know, to that, we chose the path, you know, that we have chosen, we want to be global stewards. But now years after years we are seeing some level of disillusion in terms, you know, of our solidarity.

And I look to your words, I heard them very loudly that the current fairness is not, you know, the current silver tongue, and that's exactly your words. And that's really what it is.

You know, COVID 19 has come back in an exacerbating fashion. You know, is

it necessary, you know, that countries, you know, hold to vaccines that could cover 150 percent of their population? Is that necessary? You know we currently urge any countries to think of their citizens first. That is absolutely okay, that we would like, you know, every country to do. We care about, you know, American citizens the same way we care about the citizens in the Global South. But it is really necessary that the Global North holding up all the vaccines for themselves and they did every day, ad nauseum, and none of us is safe until we all are. How do we translate that into action so we are all missing, you know, that action to move from those words, you know, to action as in that, you know, we would like to see, you know, happening.

Now I fully agree with you when you say that the future, you know, it can only be brighter. Honestly, we cannot be worse than, you know, what we have preached now. I think we look at it in all context and that we are seeing. You mention, you know, all the right points there, the global exclusions, you know, with all good intentions. You know, the lack of funding of the World Health Organization, less than 20 percent, you know, of the budget, accessed contributions, the flooring of the voluntary contribution within our data team, you know, where you would like those to go, and then it would be.

While we are speaking now, you know, the Executive Board, you know, is meeting in Geneva. And they're discussing, you know, financing. And they simply can't agree to keep giving 50 percent of the budget, you know, being funded by accessed, you know, contribution. And I think when, you know, when countries, you know, meet today and we talk about, you know, getting, you know, targets that ambitious enough, or even, you know, sharing what we already have, you know, today, you know, we agree only on a process that would lead us, you know, to a decision by the year 2023 or 2024 which is then too late, you know, for too many by that time.

I think what we are seeing here, and that's why I welcome the book. The sense of urgency, you know, that is really required, you know, today. I can really tell there are many things that we wanted to know that we have not done. The manner being something extraordinary that is were not there. But I think you covered it, creating this sense of urgency.

You know, pointing the finger at two of the societal and political issue through a lens that I've been looking at. The importance of revision, committed leadership, a responsible leadership, that is leadership that delivers and then address the needs of the citizens. Dual citizenship that will be holding leaders accountable and that should run beyond the confines in our geographies. And then if we care about solidarity then we should also have the citizenship across border or global citizenship, you know, that would put us in a movement, you know, that will be happening for the sake of all. Because I agree, none of us is safe until we all are. But let's put it in practice.

So thank you very much, again, you know, for the ringing the pilum and communicating the sense of urgency, you know, that we need today.

MR. ORDU: As, thank you very, very much. Those are very excellent remarks about a sense of urgency, particularly as regards to shared accountability and responsibility, which really Soji lays out brilliantly in the book.

Honorable Keith Martin, let me now turn to you. In Soji's book he wrote about the contributions of the universities and schools of public health, do they not sought power imbalance in global health. How can those institutions be part of the solution to the power imbalances in global health today?

MR. MARTIN: Well thank you very much Aloysius, and I really again want to echo the extraordinary work that Soji has done in this book, and recommend it to everybody.

Your question, Aloysius, really is a microcosm of what we've been talking about all along. And it underpins how the academic sector which we have here at the consortium, the Universities for Global Health, we have 170 academic institution around the world, and our focus is to improve the health of people on the planet, which is what we're talking about here today.

But I wanted to start with Soji's favorite line of the book "A brighter future is possible." I'd say it's not only possible, it's actually essential. And his powerful description of the past must inform us of where we go into the future and how we build forward better.

If we look at the pandemic it really showed us the best and also the worst of us. The best in the production of the MRNA vaccine, the courage of South Africa to tell the world about the Omicron variant early on regardless of the consequences to themselves. And the ugly, the grotesque maldistribution of vaccines around the world. And frankly, the use of politics to advance domestic narrow-minded political interests at the expense of a huge cost of life. And we've seen that in various parts of the world.

To try to get to answer your question, Aloysius, really gets to how do we reform the sector more broadly. And I just want to emphasize a few points from Soji's book.

The first is that the host company, the recipient country, their needs and interests have to take primacy. That doesn't happen in the working global health, and I hate this say this, when academia is involved in. But extraordinarily good people who are involved in the space. But I'll get to how we can change that in a second.

The second part is capacity building. Now it's not only in the areas of ministry of health but if we look at the countries in the world that are the poorest countries, the fragile countries, the failing nations, what do they have in common? Well the lack and weakness of public institutions is central to that. It enables corrupt leaders to be able to coopt and coopt the state and use it for their interests and destroy and damage, kill, maim, and hurt people within their countries or in the region, and we have countless examples of that.

So it's not only capacity building the ministries of health, but I posit to you, every country, any stable country, has to have a strong ministry of justice. It has to have public works, it has to have a strong ministry of finance. It has to have a capacity to tax the individuals working in that country to create the resources to pay for the public goods the citizens require. It also requires a free press, which we neglect. And requires independent oversight of governance so when people are elected they're electing the people they want and those people are accountable to their citizens. Once that is severed, we can see that that's the cancer that destroys the stability of any state.

So how do we get there? And it goes, Aloysius, to your comment about

reforming how academia and the development sector can actually work together. Right now the incentives are all messed up, they're in the wrong space, as Soji describes clearly in his book.

In order to change the incentives which follow the funding we've got to change the funding. Funding will change the incentives or the incentives will be changed if the funding is changed. A funding change effects a changed culture. That changed culture will effect change of activities, which will effect change outcomes. If we follow that line of logic and thinking I think it will go a long way to achieving what Soji describes in his book very clearly about the need to capacity building.

Also which is to your point that As Sy and Ritva pointed out on reforming the WHO as Soji describes. And, correct, the Executive Board just met in Geneva and couldn't get their act together. There's two central areas in reforming the WHO, in my view, that are essential. Not only to change the funding from a 20 percent assessed contribution, to an 80 percent voluntary, needs to be flipped on its head. 80 percent assessed contributions, 20 percent voluntary. And that will get to Soji's point about the coopting of the activities.

The second part deals with governance. The Executive Board is not an executive board like other places. It doesn't have the power for the oversight that is required for any organization. So to liberate the WHO and the extraordinary hardworking people who are there, you need to have an executive board that is independent, that can actually exercise its oversight of the WHO. It also needs to be able to have independent data production, data production is done by representatives from the Global South. And that data needs to be released publicly without any interference, it has to be. We need to sever, in other words, we have to create a wall between the politics and the public activities and normative functions of the WHO, which have to be independent of anything else. Otherwise you lose trust. And that will liberate the WHO to be the global public institution that we all want it to be.

Finally, on the issue of corruption which Soji describes. I mean we've all been in many different, numerous discussions and it drives me to distraction when the discussion of

funding revolves around who's going to hit .7 percent of GDP per official development system. That is an absolute, in my view, moot point. ODA is \$160 billion a year. What does it take to achieve a sustainable development goals? About \$1.5 trillion a year.

But here's the interesting thing, and this is the central point that I think is a cancer that is neglected in development. Corruption. Corruption costs the global community \$1.5 to \$3 trillion a year, according to the IMF. Where does that money come from? A lot of it is stolen from low-income countries. Where does it go? High income countries. It goes into the UK, Canada, the United States, it goes into shell companies, bank accounts, and it goes into assets. Those are hidden in storage in rich countries.

So the hypocrisy of this is that on one hand African countries are talking about investing in development and low income countries, but on the other hand their benefitting 10 times the amount of official development systems. And when low-income countries try to get that money back, what happens? They can't. High income countries make it very difficult to repatriate those funds. So though trillions of dollars right now are sitting in high income country bank accounts and in assets and it belonged to low-income countries. That needs to be returned.

And unless high income countries are going to stand up and go ahead and return that money, then that's utter hypocrisy and we cannot talk about development and having the kind of an end of geo-dependency that Soji powerfully describes in his book.

And finally, this only happens as a consequence of leadership. So all of us who are involved in development, in my view, we need to talk about the practical solutions that Soji describes in his book, to be able to work with our colleagues responsibly, as defined by them, meeting their needs to build their capacity to create the independence that any stable country wants and any prosperous country wants. Without that we're just perpetuating the status quo and that is utterly hypocritical.

Thanks so much, Aloysius, over to you.

MR. ORDU: Thank you. Thank you very, very much. I think the central

message about the cancer of corruption, which unfortunately remains a major impediment to effective development, remains something we have been struggling with.

I remember way back when, I'm sure Ritva will remember, when Wolfensohn first joined the World Bank as President, one of his first annual meeting remarks was this notion of the cancer of corruption. So thank you very, very much for those remarks.

Let me now turn to Soji. It's interesting because in the foreword to your book, Professor Dean Jamison wrote that your conclusions are as radical as they are clear, conservative opposition is inevitable. What do you think, very briefly, that Professor Jamison was alluding to here?

DR. ADEYI: Thank you, Aloysius. And I want to thank Dean for taking the time to write a foreword to this book.

First let me say what Dean was not referring to, because I think that's important. When he said conservative opposition is inevitable, he was not referring to any political leaning or anything like that. No, I don't think that's what Professor Dean Jamison was referring to. He was referring to opposition from those institutions, those constructs that benefit from the status quo.

I mentioned some of them before, but since this is about power, its opposition deriving from a fear of giving up power. That really is it fundamentally. So if you are in a position where you have been dictating to countries of the Global South, again this is not individual malice, let's be clear about this. We are talking about the construct, the metasystem. If you are in a position which you've been dictating to countries of the Global South, then it's going to be very hard to voluntarily give that up.

And we talked about influences on WHO, about the reluctance on the part of the World Bank to invest in the Africa since that is where it is controlled. We talked about how the global fund and GAVI, for example, need to switch into replenishment for exit. Of course they are going to resist that. I'd be amazed if they didn't. Because it would quite easily, the normal experience is when folks have to give up power in that sense. We talked about the

USAID, I'm not going to repeat that. And exemplar examples on the foundation front and also the Northern NGOs, as well as Southern leaders, and As Sy says that more eloquently than I could.

So it's about resistance from entrenched interests. That is it. And in the book I put it, quoted Chomsky where he said "Power and truth are in conflict." So when the truth is that this thing needs to be reformed and overhauled, that is in conflict with power. And that is where the opposition will come from.

MR. ORDU: Thank you, thank you very much. Let me turn to you, Ritva. Any comments on the situation we find ourselves now as regards to vaccines?

PROF. REINIKKA: When reading the book, just to frame the question, I can really see from this very rich and broad and important conversation, that I look at health still from outside, from the country perspective and the old sort of government perspective in that country. It is really very clear, maybe my message generally would be that, I mean this book and this seminar has highlighted that it actually shocks me. I didn't realize that issues are so bad. I didn't.

But it is also important for global health people to situate them in the country context and government context and not just look at health alone. That is really my message. But I wanted to come as a practical person. I really, when I observe what has happened during the last few years, to me it seems obvious that Africa needs its own vaccine production. I mean the book discusses property rights, but I think there is more to it. Like what about India that built an ecosystem and research and investment that led into massive production of medicine and drugs and genetic drugs.

And when I have observed COVID, when you talk about it quite a bit on the book, we haven't talked so much so during the seminar. Is I've seen, just as an observant really, a star, which is the African CDC. I mean that has been so wonderful from the perspective as I'm able to judge it. What is that role? And what is the role of global health? It's obvious that that capacity Africa now has 1.3 billion people, in 25 years, 2 and a half billion. It's

obvious there needs to be capacity. It's going to be Senegal perhaps, must be institute or something regional, that I was looking for something like that. We don't have to delve too much perhaps because the seminar has a very broad take, but that was very important in my view. How to create that capacity.

MR. ORDU: All right. Thank you very much, Ritva. Let me turn to one of our audience questions. I am particularly delighted because this is from an area of the world where we rarely, rarely get questions. This is from the Solomon Islands. And it's by Mary Gappi (phonetic). I hope I'm pronouncing your name well. Her organization is the Tertiary Educational Authority, and she works in early childhood care and education as an officer there.

She says here in the Solomon Islands COVID 19 just reached us in January, and is spreading rapidly and is very difficult to control, particularly for those of us looking after our fellow teachers and early learners. Does your panel have any advice for us on the front line of this pandemic?

I want to ask, As, do you want, I would like you to shed some light on this and then we'll go to Keith as well. Thank you.

MR. SY: Thank you very much. First of all, thank you to the colleagues from Solomon Islands. There is a lot we can learn from Solomon Islands that also applies to COVID. That is the resilience, you know, of the island in terms of, you know, shocks and hazards, you know, that are related to extreme weather, evidence of climate change. That is preparedness, early alert, early warning, early response, resilience building.

You take our climate, you apply that to COVID, you have exactly the same. And I think that's what we need. But once we get there, there is some common goods that we all have, which is depending now on our own behaviors and attitudes. That is how much, you know, we do in terms of respecting, you know, the counter, the protective measures. Like all the barrier methods that we know, you know, we can do that. And there is upon us.

I understand that the behavior change is not easy but well we really have to do that, you know, in order to protect ourselves.

And then only after that can we use technology, which is something which is often beyond our control, in order to strengthen the base, you know, that is inside us. And in technology today, and it is unfortunate to count it as technology because the rich world has grabbed everything that was, you know, available on the market, starting with masks, hand sanitizers, PPEs, even before we talk about vaccines.

And I think those other things that, you know, we need to do but the more resilient your society is, and I think what we can learn, you know, from the resilience to climate of those big, what I want to say, one friend from the Solomon Islands said okay, you're a small island. He said no, I am a big ocean country. So in those big ocean countries, you know, that we can learn, you know, that apply, you know, those type of resilience, the preparedness and then the early response, you know, to it while we altogether work to address the common challenges, you know, that Soji has highlighted in terms of equity, in terms of also fairness, in terms of access, you know, to commodities that will make us all safe.

MR. ORDU: Keith, any thoughts on Mary's question from Solomon Islands?

MR. MARTIN: Well, thank you, Mary, for posing this question.

First thing you've done is actually brought up the plight of the Solomon Islands to the world. And that's a great thing that you have done.

Second, from the asset about, if you have vaccines, get them. If you don't, mask wearing, social distancing. But what we learned early on before vaccines were available, at CUGH, we actually interviewed representative leaders from Taiwan, South Korea, and Japan about what they were doing effectively.

And what's critically important is for political leaders to express clearly and communicate to the public clearly, factually, all of the public health and do it frequently. And that way the public has the best chance of, you know, of protecting yourself and that's a fundamental role of political leaders. So they have to, they need to exercise that role.

Thank you, Mary.

MR. ORDU: Let me do one very, very quick round of questions for you to react

very quickly. Because the book does spend some time on technical assistance, especially technical assistance as currently practiced in global health.

And the question is, is it possible to make a change from traditional technical assistance to technical assistance partnerships? If so, how would this come about? Brother Sy.

MR. SY: Partnership is about sharing. Sharing of information, you know, sharing of knowledge and sharing of power. And that's where I learned again where Soji has concluded. And it has to be, you know, let's start again, you know, among citizens, you know, between men and women, between those in rural areas and in the urban settings. You know, between those, you know, who went to formal schools and then those we are considered to be the greatest mass, between the North and the South, between the rich and the poor. And then between this generation and the next one. Because we're talking about global health. It's about not only today, it's about also the future.

What are you doing to be doing today in terms of partnership and sharing, you know, to help the future. We want the future for our children and then the future of this planet. And I think those are really for me the key issues, you know, that we need to, you know, bear in mind again from a broader political societal, you know, landscape. And then we can drill down from that, you know, to concrete public health measures, global health measures, that will take us incrementally to it.

MR. ORDU: To Keith on the same issue on technical assistance.

MR. MARTIN: Thanks, Aloysius. So at the consortium of Universities for Global Health I would encourage everybody, come out to our conference, CUGH2022.org, it's in March. We'll be dealing with these issues.

From academia's perspective, what has to change, in my view, is that we need, tenure needs to be reformed. Tenure in its current construct will not be able, universities to be able to work constructively with our partners in low resource settings, which we're doing at CUGH. We're working on trying to align and connect the training capabilities, the training

needs. We have a number of platforms on that. But tenure needs to be reformed.

Right now you're not actually rewarded for being able to do the kind of capacity building that we're talking about here. For that to happen the funding needs to change, as I mentioned before. If the funding changes, the big fund is changed that is funding global health right now in academia, they need to assert that and align that with different outcomes, including capacity building, including working and enabling lower resource settings to get grants, lead grants, develop their own plans. If you do that then we'll have a constructive structure for capacity building and for academia to work more collectively and more effectively to be able to build capacity in low resource settings. But that's an issue of leadership and we all must speak out to effect that change.

Thanks, Aloysius.

MR. ORDU: Ritva, same question, you've led many teams that have done technical assistance work over the course of --

PROF. REINIKKA: Actually I must say that I have been a big person always, and still am, on technical budget support. I really don't even, I was happy not to have any technical assistance attached to it. Let the government's own institutions turn it. And because I'm an economist I believe in, and I know fungibility is real. So even if you think you win things, you don't, you can't do it.

But perhaps to add to this is for me, and I learned this when working with the education sector. Education sector, by the way, talk so much less about money, it's very interesting. Because they really say they look at there, how much money does effect learning. And it's like the starry sky, there is not trend. So it's really interesting to hear that emphasis on funding and how funding affects incentives. So actually it's a surprise.

But what I wanted to say, in the education field when you ask what to do about technical assistance, I like to think about issues' first symptoms. So symptoms have been laid out here. Then you need actually a proper diagnostic. Like what are the kind of proximate causes of these symptoms. And then only later on are you able to come to therapeutics.

So that it's not, you can't just jump in quickly to say, and that's what I try also in my comments from the economics perspective to say, yes, it's about the incentives. Incentives are creating many other things also, but except money. But if you, if the community of global health wants to really deal with this, it takes a proper laying of the symptoms, surely some of it is in this book. Doing that as much as is needed, there is academia, there is operations, there are many actors. And then kind of in a collaborative effort to look for therapeutics, to go well beyond the wishful ideas how it should be.

Thank you.

MR. ORDU: Thank you very much. As, just a minute, concluding remarks?

MR. SY: I would just go with what Keith said, you know, which, you know, reminded me very much of my times working in humanitarian settings. Shocks and hazards, you know, line COVIDS, they are big revealers, they can reveal the best in us and the worst in us. And here I believe we have a choice. And the choice is definitely to, you know, make, you know, the best in us overtake the worst. And I think that's what concludes was, his words of a brighter future.

Thank you very much.

MR. ORDU: Thank you. Keith, last minutes.

MR. MARTIN: I just wanted to thank you very much. I hope that our listeners will work with our colleagues in a more responsible way that Soji has outlined in his powerful book. We have a lot to learn from what's in that book and I hope we just take those lessons to heart and implement. Wishful thinking without action doesn't change anything, but we have to act and act in a way that can be tactful and reform the systems before us.

So thank you, Aloysius.

MR. ORDU: Thank you. Ritva, last word?

PROF. REINIKKA: Just thank you very much for inviting me, that made me read the book from cover to cover. I didn't know, Soji, that you would think sometimes in Latin, but I learned it from the book. But I do think the agenda is so big that then maybe would some

of it parts and I would really like to see actually some change taking place in a collaborative effort.

So I just want to thank you. It was a pleasure being part of the Brookings and the Africa Growth Initiative. So thank you.

MR. ORDU: You're most welcome. Thank you. Soji, last word?

DR. ADEYI: Thank you, Aloysius, Ritva, Keith, As, and the entire Brookings team.

I want to close by paraphrasing the late Senator Robert Francis Kennedy. He said "Some people look at things as they are and ask why. I look at things as they are and ask why not be otherwise." So in this book I look at the why, why are things the way they are. And then turn it, say why not? Why not make things better?

So with thanks, the challenge, the collective challenge to all of us is to rise to the occasion, make things better, think neo-dependency so that the generation coming before us will face a different set of challenges, they will not be wallowing in self-pity and they will not be indulgent in neo-dependency. A better future is possible.

Thank you.

MR. ORDU: On those optimistic note, thank you very much, Soji, for putting this excellent book in our hands to chew on and discuss today.

Ritva, very grateful for your presence here.

Keith Martin and of course As Sy. Thank you all, and thank you very, very much on behalf of the Brookings Africa Growth Initiative.

Thank you very much. Bye bye.

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