Welcome to this webinar session, we will be starting soon. Check the chat box for links and relevant information.
Common Goods for Health

- Remarkable progress on access to health services and health in past decades, but….neglect of substantial risks due to systems unable to manage and respond to:
  - Pandemics and outbreaks
  - Non-communicable diseases
  - Evolving diseases, including drug resistant TB
  - Large health impact of climate change and environmental degradation

- Population-based functions or interventions that only the collective arrangements can finance:
  - Enormous impact on human health and welfare
  - Government intervention is required (Public Goods and market failures)
Global Public Health security and resilient societies

Equitable health outcomes and wellbeing

Inclusive economic growth and employment

**Universal Health Coverage**
All people and communities receive the quality health services they need, without financial hardship

Health Systems Strengthening

1. Policy and Coordination
2. Taxes and Subsidies
3. Regulations and Legislation
4. Information, Analysis & Communication
5. Population Services

Common Goods for Health

Fundamental for Health, Foundational for UHC
<table>
<thead>
<tr>
<th>Categories</th>
<th>Examples of Common Goods for Health</th>
</tr>
</thead>
</table>
| Policy and Coordination        | - Planning and management of emergency response  
                                  - Health security and environmental risk national policies and strategies  
                                  - Disease control policies and strategies  
                                  - Community engagement and management  
                                  - Urban Design                                                                 |
| Taxes and Subsidies            | - Taxes on products with impact on health to create market signals leading to behavior change  
                                  - Subsidies to address market failures that affect use of important public health interventions (e.g. TB, HIV, vaccinations) |
| Regulations and Legislation    | - Regulation of the safety of medicines and medical devices  
                                  - Environmental regulations and guidelines (e.g. for biodiversity, water & air quality)  
                                  - Accreditation of health facilities and providers                                    |
| Information collection, analysis & communication* | - Human and animal disease, environmental, and risk (e.g. AMR, chemicals & radiation) surveillance  
                                  - Communication and dissemination  
                                  - Community behavior change communication  
                                  - Research and evaluation                                                                 |
| Population Services*           | - Sewage treatment and control  
                                  - Vector control  
                                  - Medical and solid waste management  
                                  - Public Health Emergency Operation response services                                 |
### Additional Costs to Finance Health EDRM Common Goods

<table>
<thead>
<tr>
<th></th>
<th>Total (billion)</th>
<th>Per capita average</th>
<th>Low income country average (per capita)</th>
<th>Lower middle-income country average (per capita)</th>
<th>Upper middle-income country average (per capita)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>26.05</td>
<td>4.69</td>
<td>8.49</td>
<td>5.46</td>
<td>2.76</td>
</tr>
<tr>
<td>Capital</td>
<td>12.29</td>
<td>2.21</td>
<td>4.33</td>
<td>2.47</td>
<td>1.35</td>
</tr>
<tr>
<td>Recurrent</td>
<td>13.76</td>
<td>2.48</td>
<td>4.16</td>
<td>2.99</td>
<td>1.41</td>
</tr>
<tr>
<td>1. Policy and coordination</td>
<td>3.44</td>
<td>0.62</td>
<td>1.10</td>
<td>0.78</td>
<td>0.30</td>
</tr>
<tr>
<td>2. Taxes and subsidies</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3. Regulations and legislation</td>
<td>0.005</td>
<td>0.0008</td>
<td>0.0041</td>
<td>0.0006</td>
<td>0.0002</td>
</tr>
<tr>
<td>4. Information collection, analysis and research</td>
<td>3.88</td>
<td>0.70</td>
<td>1.17</td>
<td>0.93</td>
<td>0.30</td>
</tr>
<tr>
<td>5. Communications and persuasion</td>
<td>4.24</td>
<td>0.76</td>
<td>1.67</td>
<td>0.91</td>
<td>0.35</td>
</tr>
<tr>
<td>6. Population services</td>
<td>14.50</td>
<td>2.61</td>
<td>4.55</td>
<td>2.85</td>
<td>1.82</td>
</tr>
</tbody>
</table>

**Notes:**

CGH function estimates include capital costs and one year of recurrent costs, in USD 2014.

Based on sample of 67 countries; Population-weighted averages used.

Less than \(1/20^{th}\) the annual cost of disasters.
Why Governments Should Invest in Common Goods for Health

- The economic and social value of CGH are large and the costs are tiny compared to the costs of not acting.
- Government financing & action are needed - markets and civil society cannot play critical CGH roles.
- Investment strengthens national security, individual and community health and wellbeing.
Action is Difficult

- Private benefit simple to calculate
- Response to immediate issue, problem
- Beneficiary and advocacy groups organize organically around economic, personal interests

Collective Decisions

- Public benefit hard to calculate
- Problems diffuse
- Solutions speculative, open to debate, hard to pilot on small scale
- Few incentives for prevention
- Usually requires overcoming concentrated economic interests

Government policies start here, and are binding on all

Politically salient

Individual Choice

Private market transactions start here, can gain momentum from small beginnings

Personal engagement
Webinar session - Building the Reset Series

The Case for Common Goods for Health

Featuring:

Agnès Soucat
Jesse B. Bump
Emmanuel Odame
Soonman Kwon
Palitha Abeykoon
Outi Kuivasniemi
William Savedoff
Susan Sparkes