Reviewer’s report

Title: From conceptual pluralism to practical agreement on policy: global responsibility and the case for a Global Fund for Health

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Reviewer: Amanda Glassman

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General comments
1. This opinion piece links together many disparate ideas/goals (disease objectives, health objectives, human rights, social protection, human security) and problems (recessions, interdependence, aid ineffectiveness), and then suggests a single solution – a “Global Fund for Health”. However, the connection between the ideas, the problems and the solution doesn’t come through clearly, there are few concrete examples of how such a fund would address each idea/goal/problem, and –as a result- I didn’t find the proposed solution very persuasive as a means to address the disparate issues.

2. Major revisions that might help: (i) reduce the number of ideas/goals/problems to a manageable number and clearly describe what meeting/dealing with them would imply, in one part of the paper; (ii) build out a more persuasive case for how, practically, the proposed Fund addresses this smaller number of issues, using specific examples; (iii) describe any recent movement towards expanding the scope of the Global Fund and discuss obstacles more fully; (iv) end with a clearer policy recommendation – what would need to happen for an expanded Fund to become a reality and who would have to act to get it done.

Specific comments
1. The article’s motivating premise and first sentence states that “the global economic crisis…[will] impact on the health of the most vulnerable people of the world.” Yet the impact of the recession on health status is not well documented (the cited Horton 2009 article is not an adequate reference) and evidence has been mixed – some studies find that recession improve health status, while others posit the opposite. Further, the recession’s effects were concentrated in Europe and the US, while low- and middle-income countries (LMIC) did not experience contraction but instead quite rapid economic growth during this same period. Perhaps the authors are referring to the increase in food prices in 2008/9? But even here, the effects on the poor and vulnerable were mixed and short-term – on the one hand, prices increased and may have limited consumption of health-promoting goods, but on the other hand, the poor are more likely to produce food and benefit from higher prices. Indeed, as a whole, health is improving, even among the poorest, as are the economies of LMIC. So the question is whether this is a good way to frame and motivate the article?

2. One of the rationales for setting up the Global Fund was the financing of global
public goods in health, namely the prevention and control of infectious diseases with cross-border externalities (recall the Commission on Macroeconomics and Health). This rationale intersected with AIDS exceptionalism. It is worth returning to the ideas of the Commission, as they raise the important question of what is the role of global agencies versus national governments in meeting the objectives laid out in the schematic.

3. Is there any evidence -outside of journal articles- that political leaders and funders embrace the concepts “health as a human right”, “globalized social protection” and “human security is a global responsibility” as motivators for an expanded mandate at the Global Fund? It would help the reader to understand if this idea is actually feasible. I understand that there is some opportunity to add basic maternal and child health interventions if CCM/PR propose, and there is some move afoot to set up more money –again for MCH only- as an expansion of the Health Results Innovation Trust Fund at the World Bank. Certainly these marginal efforts don’t do much for social protection, human security, broader health goals, etc., etc.

4. On CCM and the general discussion on governance platforms, the problem with the co-governance idea is that “civil society” in many countries and in particular on the Global Fund CCMs are generally recipients of funding, and this has led to capture of funding by the same recipients over time. In addition, while there is an idea that civil society involvement in resource allocation decisions on public monies is a good idea in the abstract, there is little evidence that it has contributed to better outcomes – whether health or human rights or governance.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.