

# Goal-based Investment Partnerships – Lessons for the Addis FfD Conference

Issue Brief

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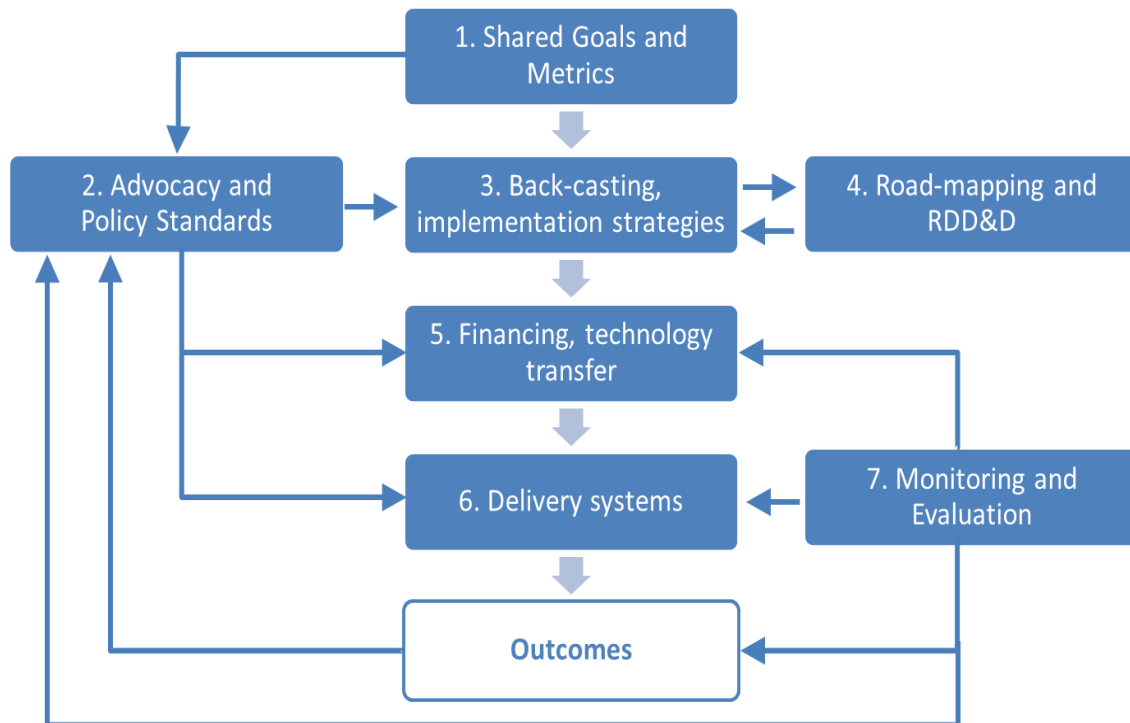
*This issue brief, based on the recently released SDSN Working Paper [Financing Sustainable Development](#), presents a seven-part framework for developing effective goal-based partnerships for the Sustainable Development Goals (SDGs). It draws on lessons from the implementation of the Millennium Development Goals with a particular focus on health. References and additional supportive evidence are provided in the Working Paper. Citations of this Issue Brief should refer to the Working Paper.*

A multi-stakeholder global partnership on health has accelerated the reduction in child mortality rates and delivered tremendous progress in controlling and treating infectious diseases. The partnership has shown how a multitude of actors, including national governments, civil society organizations (CSOs) and civil society, businesses, international organizations, foundations, and the scientific community, can be mobilized around shared goals to solve a complex long-term investment challenge. Together these actors can create a dynamic 'ecosystem' that mobilizes an entire epistemic community, ensures accountability, fosters innovation, and transfers knowledge for national-scale implementation programs.

Goals provide energy, commitment, resources, and timelines. They give rise to partnerships that can create real change. In this way, goal-based development constitutes a critical approach for solving extremely complex operational and investment challenges at global, regional, national, and local levels.

Each investment area or sector has unique features and requirements for success, so there cannot be a one-size-fits-all approach to building global public-private investment partnerships. Yet, it is possible to identify seven core processes of goal-based partnerships, illustrated in the following figure and described below.

### *Seven core components of goal-based investment partnerships*



- 1. Shared global goals and metrics:** John F. Kennedy famously explained the power of clear goals: “By defining our goal more clearly, by making it seem more manageable and less remote, we can help all peoples to see it, to draw hope from it, and to move irresistibly toward it.” This is how global goals like the Millennium Development Goals (MDGs) can work. They provide a coherent narrative for action, mobilize all actors involved in a particular area, and galvanize the community to develop clear strategies for implementation, raise the financing, and develop the technologies needed to implement them. Well-crafted SDGs can play this role in all priority areas for sustainable development. They would need to be translated into operational targets and objectives, just as the public health community adopted the ‘3 by 5’ target on HIV/AIDS control or the ‘Reach 3 million’ target to control TB on the back of the MDGs. Clear metrics will help us understand whether we are on track towards achieving the goals.
- 2. Advocacy and policy standards:** Activist CSOs and other stakeholders can raise awareness of the importance and feasibility of the global goals, mobilize stakeholders, and ensure accountability. They will help ensure effective implementation strategies and play a central role in mobilizing the required public financing. Rigorous evidence-based advocacy also helps establish policy standards in collaboration with international organizations, such as the consensus that both primary schooling and primary healthcare

should be free or the WHO standard on the free or highly subsidized distribution of Long-Lasting Insecticide-Treated Bednets. Good advocacy in turn requires flexible funding for CSOs (e.g. through philanthropists, such as the Gates Foundation) as well as reliable evidence on the efficacy of the proposed programs, which is provided through rigorous monitoring and evaluation. The successful achievement of outcomes strengthens advocacy, as happened in health where success in one country and against one disease was used to spur greater action elsewhere.

- 3. Back-casting and implementation strategies:** We use the term 'back-casting' to describe the process where long-term targets are set, and the changes needed to achieve these targets then systematically determined by working backward from the targets. Back-casting is not to be confused with rigid central planning: it allows for bottom-up innovation and must be adaptive, as strategies and pathways will have to be continually revised and updated based on new scientific insights, technological innovation, and lessons learnt from implementation. Such back-castings form the basis for national implementation strategies that spell out the operational milestones, means of implementation, responsibilities, and so forth. Implementation strategies may cover a few years and often require quarterly performance benchmarks and reporting on results. The public health community used back-castings to great effect by showing how ambitious treatment and mortality targets can be achieved through targeted investments over sustained periods of time. Based on national and global back-castings, provided by organizations such as the Commission on Macroeconomics and Health, countries developed national strategies to control HIV/AIDS, TB, malaria, and address other health priorities.
  
- 4. Technology road-mapping for Research, Development, Demonstration and Diffusion (RDD&D):** Based on the global goals, rigorous RDD&D is required to inventory 'reservoir technologies', fill gaps in interventions and available technologies, demonstrate the efficacy of new technologies and tools, and ensure their widespread adoption through diffusion. In areas where major technological progress is required (e.g. in vaccines or low-carbon energy technologies), the expert communities can develop long-term road maps for technology development, often with strong participation from business and academia. Important examples in the health sector are the Gavi vaccine market roadmaps, UNITAID's long-term funding commitments to support product development partnerships, or disease-specific roadmaps. Such roadmaps and findings from RDD&D in turn will influence the back-castings and implementation strategies. Technology roadmaps have been used to great effect in other areas, including the International Technology Roadmap for Semiconductors, the NIH Epigenomics Mapping Consortium, or various energy technology roadmaps undertaken by the International Energy Agency. Each of these roadmaps has accelerated technological progress on semiconductors, genome sequencing, and energy technologies. Similar roadmaps are required for all SDGs that rely on significant technical progress.

- 5. Financing and technology transfer:** Each area needs to identify the appropriate blend of public and private resources for capital and operating expenditure and how these can be provided at scale and with minimal transaction costs in countries, as well as for global public goods. Where substantial flows of international public finance are required, pooled multilateral financing mechanisms can make an important contribution towards keeping transaction costs low and organizing the sector. Technology transfer must be integrated into international financing mechanisms since the private holder of the intellectual property will need to be compensated for any transfers at reasonable rates. For example, the Vaccine Alliance (Gavi) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) have scaled up ODA for public health, but they have also drastically increased the efficiency and effectiveness of funding. Both institutions were vital in making advanced technologies widely available in developing countries by purchasing large volumes of commodities and drugs from the businesses that produced them.
  
- 6. Delivery systems:** Effective national delivery systems that are supported by international partners vary from sector to sector. Where public goods need to be financed, delivery systems may be of a public administrative nature (e.g. health, education) or involve public-private partnerships (e.g. for finance, construction, and operation of infrastructure). Some delivery systems may be run largely by CSOs, as is common in some South Asian countries, or by businesses.
  
- 7. Monitoring and Evaluation (M&E):** Rigorous and transparent M&E will sharpen the understanding of which interventions and delivery systems work and how they can be improved, help track public and private resource mobilization and their effective use, track technology transfers, and, above all, monitor the outcomes. M&E holds all actors to account for results and ensures efficient use of resources. It provides the evidence base for effective advocacy and policy standards. In the case of health, rigorous independent M&E has been hardwired into all programs supported by Gavi and the GFATM. Over time, M&E has contributed to substantial improvements in the design and delivery of health programs, and these lessons were shared widely within the public health community. A key driver of success has been the leadership from many different stakeholder, including the financing mechanisms, CSOs, universities, governments, and businesses.

All functioning global partnerships have successfully utilized these seven components. Each component can be driven by many different actors, governments, CSOs, businesses, and universities, and each needs to work in harmony with the others. The components also differ markedly across investment challenge: a global partnership for the low-carbon energy transformation would have very different needs from health partnerships, though each of the seven components will play an important role. Understanding the functioning of goal-based investment partnerships is critical for a successful outcome of the Addis Ababa Conference on Financing for Development.