

## S2, Ep. 10 The role of women in the health investment space\_Transcript

[00:00:00] **Iris Nxumalo-De Smidt:** Welcome to season 2 of the Just for a change podcast, powered by the Bertha Centre for Social Innovation and Entrepreneurship. We love hearing and sharing stories about social innovation happening both locally and outside our borders in the global south. In season 2 we put the spotlight on the changemakers behind some incredibly innovative approaches and solutions who are creating systemic change.

[00:00:32] And - we're also curious to find out what keeps them going. Join us as we discover how these changemakers are changing the way we're changing the world. My name is Iris Nxumalo-De Smidt and I'm your guest host for this episode. A 2021 Bertha Scholar, I am passionate about the role that civil society plays in supporting systems change

[00:00:56] And I seek to position my emerging body of work at the intersection of feminist activism and social innovation. We'd also like to commemorate World Health Day that happened on the 7th of April this month. This year's theme is "Our planet, our health" - where the focus is on a well-being economy that has human well-being,

[00:01:19] Equity and ecological sustainability as its goals. These goals are translated into long-term investments, well-being budgets, social protection and legal and fiscal strategies. With me today is Gillian Moodley, a senior project manager at the Bertha Centre, as well as two other guests that we'll introduce a bit later during the show. [00:01:44] Welcome Gillian, so good to have you here.

[00:01:47] **Gillian Moodley,:** Thanks Iris. I'm excited for our listeners to get a glimpse into the innovative health finance world.

[00:01:55] **Iris Nxumalo-De Smidt:** And I'm excited as well. What I'm looking forward to hearing about in today's episode is the experience of women working in innovative finance for health. Why is it so important, Gillian, for women to operate in this space?

[00:02:08] **Gillian Moodley,:** [00:02:09] Sure Iris innovative finance mechanisms can be used to increase the amount of funding from a traditional source, such as government or your private sector, overseas development assistance, or donors as well as private funding or philanthropies. It can also be used to address the ineffective, inefficient and inequitable funding by using mechanisms like performance-based funding or outcomes based contracts.

[00:02:35] One of which is impact bonds. That

[00:02:37] **Iris Nxumalo-De Smidt:** sounds very interesting. Gillian, could you perhaps give an example?

[00:02:42] **Gillian Moodley:** Yes of course. Goodbye Malaria is a programme between South Africa, Mozambique and Eswatini and is an example of collective funding. The programme mobilises community and social capital with the dual aim of preventing malaria and creating employment through social entrepreneurship.

[00:03:01] It is co-funded by Global Fund, the relevant governments and private sector companies such as Nandos, Bayer Health, Vodacom, Nedbank, the Bill and Melinda Gates Foundation, and Airports Company South Africa, among others. What stands out in this example is how priority and social issues can be tackled by combining resources of both the public and private sector.

[00:03:27] You can read more about this and other case studies in our health finance report coming up soon.

[00:03:34] **Iris Nxumalo-De Smidt:** That's great. Thank you, Gillian. Dr Nevilene Slingers and Mariale Urrea are two inspirational women who operate in this space. Dr Nevilene Slingers is a prominent HIV clinical specialist who wears many hats.

[00:03:51] In addition to being part of the South African Medical Research Council (or the SAMRC for short), she is the executive programme manager for Social Impact bonds in the Office of AIDS and TB. Dr Slingers was working as a medical doctor in the early 2000s when HIV was at crisis point in South Africa.

[00:04:15] We asked her how donor priorities have shifted and what advice she has for women working in the health and development space. Here's what she had to say:

[00:04:24] **Dr Nevilene Slingers:** At the MRC, we are setting up a platform to facilitate and guide collaboration between the private sector, government and other sectors, so that together they can work out the best place for their investment and expertise.

[00:04:39] And that the programs developed are informed by evidence and the knowledge gained is appropriately translated and scaled up. There is no doubt that donor priorities and donor contributions for health programs have changed over recent years. There is certainly less money available and a greater focus on [00:05:00] implementing what the donor thinks is best.

[00:05:02] This is due to complex reasons, including less funding being available due to tough economic times, but also probably a lack of impact of funds invested. The challenge is that we have many health challenges that are wicked problems and hence need a different approach. It is here that the opportunities for the private sector exist.

[00:05:24] The opportunity is to use their expertise and funds to drive the necessary innovation for the development and implementation of efficient cost-effective programs that address the multitude of underlying drivers of these wicked problems. This requires new forms of engagement and collaboration with many stakeholders and will take time because change is a difficult process and needs to be managed specifically.

[00:05:53] However, this is desperately needed for the ultimate long-term success and survival. For women working in [00:06:00] health, innovation and development space, I salute you and celebrate the resilience that you have to show to continue to drive the necessary change for the improvement of the lives of people.

[00:06:13] **Iris Nxumalo-De Smidt:** Mariale Urrea is a social finance manager based in Colombia. We asked her what her experience has been working with donors, international aid agencies and both the Colombian public and private sectors to finance health and other developmental priorities. In addition, we asked her what 3 recommendations she has for women working in the Global South to drive investment in priority areas. Let's hear what she had to say.

[00:06:43] **Mariale Urrea:** In 2017, Columbia became the first middle-income country to launch an impact bond involving the government as a funder. This first project aimed to employ, uh, vulnerable populations informal jobs, and support them in retaining [00:07:00] those jobs for at least three months. Since then many other outcome-based partnerships have been developed very quickly in the country compared to other similar contexts.

[00:07:11] One of the key factors that facilitated these achievements was the close collaboration between actors from different sectors. On one hand, uh, donors and multi-lateral agencies provided technical and financial resources during the initial phases, and also participated as funders alongside the government in different projects.

[00:07:33] The government also showed strong leadership as it led all the required changes to enable the use of this new type of mechanism to fund and contract services. And finally, uh, private sector organizations were also essential to making it happen as they participated early on with the aim of finding innovative tools to address social challenges.

[00:07:58] Driving social investment to [00:08:00] tackle different social issues can be challenging in many ways, especially in countries with very few precedents in this space. My first recommendation is to build a clear vision of why social investment could be used to address specific social challenges. It is essential to understand the key obstacles in each area, understand how social investment can be used as a tool to improve the living conditions of the population.

[00:08:25] Understanding these two key points can help you build and achieve your vision. The second recommendation is to find specific strategies to facilitate the adoption of social

investment in different priority areas. Social investment can still be considered an innovation in many contexts and as such, it may require time and effort to be fully adopted. Consolidating a close group of champions with a shared goal to innovate.

[00:08:53] Or investing in creating evidence can be strategies to facilitate this journey. Finally, [00:09:00] the last recommendation would be to be open to testing, learning, and adapting. Social investment can be a massive opportunity to test new approaches, to improve the population's social class. And gaining insights to improve social services.

[00:09:16] **Iris Nxumalo-De Smidt:** Wow, it's so great to hear from both these women who are making tremendous strides in the field of innovative finance for health. Without further ado, I'd like to introduce today's interview guests who will be joining Gillian and me in an insightful conversation. Dr. Andrea Feigl-Ding is the Founder and CEO of the Health Finance Institute; Dr. Mara Airoidi is the academic director of the Government Outcomes Lab (GO Lab) at the Blavatnik School of Government of the University of Oxford. Welcome, everyone! First of all, for better context for our listeners, give us a quick overview of the work you do and where you operate. Mara, let's start with you.

[00:10:04] **Dr. Mara Airoidi:** Thank you Iris. As you said, I'm the academic director of a research centre, the government outcomes lab, which is based at University of Oxford at the Blavatnik School of Government. Being based at the school of government, we take a particular perspective on innovative finance and outcome-based contracting in particular, in the sense that we look at how government can use these instruments to achieve policy, uh, aim and policy goals.

[00:10:34] We are a centre of, uh, we often say engaged research. So we are, uh, really looking at how research can shape decisions and policies. And what we focus on is how you can establish successful cross-sector partnerships between governments, civil society, the private sector, and international players as well to tackle social and environmental [00:11:00] challenges.

[00:11:00] We have global interests, so we cover projects in the high-income countries, medium-income countries, low-income countries, as well as any policy domain. So not just healthcare, but our key focus in terms of research and engagement is, how can you put outcome at the centre of designing cross-sector partnerships?

[00:11:22] **Iris Nxumalo-De Smidt:** Thank you very much, Mara. And over to you, Andrea.

[00:11:28] **Dr. Andrea Feigl-Ding:** Thank you so much Iris for having me, um, during this podcast today. So, uh, about B and the help finance Institute. We founded that to help finance institutes in early 2019 after incubating it for about half a year, um, at the Harvard school of public health and harmony. Kennedy's Harvard Kennedy school, and we are a US-based non-profit organization.

[00:11:52] However, with a very global focus. We focus on creating blended finance solutions for under-financed diseases. [00:12:00] In under-served settings. Our particular focus is on chronic diseases also called non-communicable diseases. And these are diseases like heart disease, lung disease, diabetes, chronic obstructive pulmonary disease and mental health conditions.

[00:12:17] And the reason we are focusing on them is because they are very underfinanced. So when you look at both national health financing, as well as development assistance for health, they receive only a small sliver, like a single digit of the percentage of funding in underserved settings yet make up more than half of the disease burden.

[00:12:41] That is what constitutes, uh, the disease burden constitutes, um, uh, early life lost as well as years lived with disability. Um, our, our Institute, um, takes a two-pronged approach. We are looking both at the economics of, uh, better financing, uh, prevention and early access for treatment of chronic conditions, as well as looking at

[00:13:09] Uh, structuring blended finance vehicles. So as to crowd in additional financing for these, uh, diseases, so we help structure outcomes-based financing or other innovative finance vehicles to ensure that there exists greater access, uh, for persons living with these conditions and underserved settings.

[00:13:31] Lastly, we are also engaged in advocacy. So we write think pieces. We organize events. And we, uh, contribute to podcasts such as this one.

[00:13:41] **Iris Nxumalo-De Smidt:** Amazing. Thank you so much, Andrea and Mara, and welcome to the show once again. Gillian, earlier in the show you mentioned the goodbye Malaria case study. What are some other successful case studies?

[00:13:55] **Gillian Moodley:** Thank you, Iris. So, um, we looked at a number [00:14:00] of innovative finance, um, mechanisms in what is considered a toolbox, um, and in the South African and Southern African setting, we found, for example, the Discovery Initiative, which helped fund students education so that they could practice medicine and other healthcare practices in rural areas.

[00:14:21] There was also a big hospital built in Pretoria that focuses on ESG outcomes. So for example, they aim to reduce carbon emissions, reduce their water consumption, reduce landfilled waste, and improve the patient experience, which ultimately improves patient outcomes at the end. Lastly, there is something called an impact bond, which will be implemented in South Africa later on.

[00:14:48] Um, but just as an example, it scored quite highly according to four criterion we used in our report, this is called relevance and coherence effectiveness and [00:15:00]

efficiency impact and sustainability. So in the Bertha Centre report, we ranked high in all of these case studies, according to the four criteria and [00:15:09] listeners of the podcast, will be able to access the report soon.

[00:15:15] **Iris Nxumalo-De Smidt:** Thank you very much, Gillian. I'm glad you mentioned impact bonds Gillian because this leads quite nicely to a question I have for Mara. Mara, what are the latest trends for impact bonds in the global South according to the indigo database?

[00:15:33] **Dr. Mara Airoidi:** Thank you, Iris. Indigo [00:15:34] stands for the International Network on Data for Impact in Government Outcomes. And as you said, is that a collaborative that hosts a number of data sets. The largest of these data set is the data sets on the impact bond. And today worldwide, there are 227 of these impact bonds. In terms of the global South [00:16:00] is an emerging practice.

[00:16:01] So of the 227 global impact bonds, only 17 currently are in the global south and, uh, six of them are in health at the moment. And then there are the highest other numbers are employment skills or education, but we are starting to populate a pipeline data set for impact bonds that are in the design stage. Not all of them will be launched of course, but we were collecting this pipeline recently and we have about 19 Impact bonds including the one Gillian mentioned just now that they are a plan and they are trying to be launched in the global south.

[00:16:42] Most of those are in education and health. We also have, uh, an interest in developing outcome funds and outcomes funds are just a portfolio approach instead of launching one impact bond at a time, the idea is, can we launch a number of [00:17:00] impact bonds at the same time, so we can explore some economies of scale?

[00:17:04] We can design part of the impact bonds that are common across many projects so that we can learn from the experience and we can replicate things in closed session. So there are 17 that have been launched to date. We recently launched a report called 'understanding outcome funds' that is available online [00:17:26] if somebody Googles for it. But there are as many, I think, 18 in the design phase. So there is a rising interest in the use of an outcome fund as a way to scale up this innovative approach. And, uh, on our side, we are, uh, seeing emerging in the new impact bonds, in a new policy domain, which is tackling the climate crisis.

[00:17:51] So very normative. There are outcome-based contracts in the environment, but for energy efficiency, but now the appetite [00:18:00] to combine social and environmental outcome and build resilience is something that is upcoming. And hopefully, we will cover some of those new projects at our conference in September, which is the place to know what is the latest trend in, uh, in September, which is the habitat conference.

[00:18:18] So I hope many of you will attend.

[00:18:21] **Iris Nxumalo-De Smidt:** Yes. Thank you, Mara. We hope we will be there whether virtually or in person. My next question is to both of you, Mara and Andrea, and I'm curious, um, why should governments be interested in Impact Bonds or outcome-based contracts for health and other development priorities? Perhaps we'll start with you, Andrea.

[00:18:41] **Dr. Andrea Feigl-Ding:** Sure. Um, and I think it's a, it's a really a great question especially since Mara mentioned, um, we're just beginning, it's just the beginning of, um, impact bond and outcomes-based contracting in, in, uh, in the global south and, um, governments should be [00:19:00] interested in outcomes-based contracts because they can ensure that projects have a strong focus on M and E on monitoring and evaluation.

[00:19:09] There's also a component, a cost management component that might be of interest to governments. So they would only be liable for payments if a certain outcome is achieved. Um, it can also help spread. Um, these types of contracts can help spread costs over time. So if there's milestone-based payments for achieving outcomes and cost savings or efficiencies can be identified as the project progresses as well.

[00:19:37] Um, I do want to caveat my answer though that, um, there are also certain components that governments, um, have to take into consideration when engaging in these types of contracts such as that planning is absolutely key and the feasibility must best be studied and understood beforehand. [00:20:00] Um, and that data are absolutely critical in the chronic disease space.

[00:20:05] We often have very poor data infrastructure and therefore the outcome measurement component, um, needs to be sometimes built as these, uh, uh, structures are built as well. On the other hand, however, it can help, um, catalyze engaging in these impact, uh, bond type of structures can help catalyze buildings is better M&E monitoring and evaluation and, um, the, data infrastructure.

[00:20:37] The other part of it is, is that it fosters public-private or multi-partner collaboration, which we view as a very good thing at the health finance Institute. But sometimes it takes a bit of getting used to that there's multiple parties involved in paying for social outcomes, such as health outcomes.

[00:20:58] **Iris Nxumalo-De Smidt:** Thank [00:21:00] you so much, Andrea, over to you, Mara.

[00:21:03] **Dr. Mara Aioldi:** Uh, I echo what Andrea has said. I agree with the importance of bringing a focus on outcome. And, uh, I just like to reflect a little bit on the big picture. So at the moment, and coming from a school of government, the big picture from the perspective of government. Government is usually the outcome payer in this, uh, project.

[00:21:26] Um, or at least to an extent in the global south often where the international agencies. But there is a completely different mindset when we are trying to pay for outcomes instead of paying for activities. And this is a trend that we are, uh, uh, observing worldwide the attention to the sustainable development goals.

[00:21:52] The impact measuring impact, being accountable for impact. And the, there is this close attention to see [00:22:00] if at every dollar that is being spent is producing the desired outcome. So those instruments are a response and a tool that really helps us to understand, are the money going towards the outcomes that we intend? because it's monitored along the way.

[00:22:21] As Andrea said, there is a challenge. We need to build competencies and capabilities to monitor and learn from this project. But those competencies are relevant beyond the particular impact bond. We could expect our government officials to take care of the limited resources that are available and how could they take care of it if they don't know.

[00:22:44] What is the results from those investments? So I think the interest is really in creating a value for money, creating a case for improvement and learning. But when it comes to health in particular, like one of the challenge of these metrics is, uh, of [00:23:00] these instruments is defining the metrics. So. Having an outcome focus means that we need to be able to measure these outcomes in a way that is credible.

[00:23:10] And that is also feasible in a limited time. And with limited the resources to spend on measurement and health in particular has such a long history of measuring health outcomes with the quality-adjusted life years, with the burden of disease. And there is so much research and evidence on which we can build.

[00:23:32] These, um, these metrics and then come up with a credible baseline. So I think the instrument is interesting in itself for value for money, but in healthcare, we, we start ahead of the game in a way, when it comes to the challenge of defining the metrics, because we have metrics that have been in place for a long time, and we have a lot of research to fall back on to build the cases and visibility studies.

[00:23:59] **Iris Nxumalo-De Smidt:** That's [00:24:00] wonderful to hear Mara. Gillian, I think you have something that you want to share as well.

[00:24:05] **Gillian Moodley:** Thanks Iris. Yes, certainly from the Birtha Centre perspective in the impact bonds we've been involved in. I think what we've noticed is that stakeholder engagement and obtaining buy-in from the relevant officials and government takes a lot of time and effort.



[00:24:23] So I think we've also got to be cognizant of that. Um, Uh, I'm sure in other global south countries as well, this will be a huge effort from the team in order for the government to create an enabling environment for these.

[00:24:37] **Iris Nxumalo-De Smidt:** Thanks, Gillian. It's one of the things I was thinking about as well, that in a lot of these partnerships with a range of stakeholders, building trust, the kind of investment that you need to do beforehand to create a conducive environment for collaboration, for shared trust around these metrics that you are using to define the outcomes is, is such a process.

[00:24:59] And thank you for [00:25:00] highlighting that to highlight the complexity of the partnership building that is required to really enable, um, outcomes-based contracts and impact bonds to work in different contexts, Mara, over to you.

[00:25:14] **Dr. Mara Airoidi:** Yeah. I want to highlight that there are so many cases that we've started at the go lab where a lack of engagement of some key stakeholders, especially from the government.

[00:25:26] They come to the table a bit too late. Uh, has caused the project, not quite not to work. So the planning that was mentioned by Andrea and Gillian. The stakeholder engagement is a theme that comes through in all the case studies we've seen. So I just want to equal and stress what they've been saying. That over and over example of a project that failed to launch, just because the government or other key stakeholders that have been brought to the table a bit too late.

[00:25:56] **Iris Nxumalo-De Smidt:** Thank you so much, Mara, that seems like such an important point. And it [00:26:00] reminded me of the phrase 'moving at the speed of trust' when it comes to partnership building. Uh, thank you so much for sharing that. My next question is to the both of you, Andrea and Mara, and perhaps let's start with you, Andrea, what are the other potential areas where impact bonds and outcome-based contracts can be used for improving health conditions in the global south?

[00:26:23] **Dr. Andrea Feigl-Ding:** I think that's, that's such an important question and from a big picture perspective, um, we engaged in the study with several collaborators, um, at the Washington University, as well as, uh, Harvard school of public health, where we looked at a project that's called the disease control priorities project that has looked at what are the key health, health, interventions, and health areas on a path to universal health coverage and where along this path.

[00:26:55] Uh, the question will be asked was where along this path, have we seen [00:27:00] examples of innovative finance and where along this path does it make sense? And what we found is that when it comes to financing commodities, so like vaccines and supplies and medicines and devices, that there is an opportunity for the implementation of innovative

finance vehicles. When it comes to broader policies, uh, uh, population-based policies and outcome funding.

[00:27:31] There are only some examples of that kind of innovative finance of innovative finance structures to support those projects in high-income countries. So we haven't seen any evidence on that in a more, um, in lower-income setting. And the other area is, um, health facility investments. And sometimes there's an equity component, equity investment component that is involved.

[00:27:56] So we also have seen, so that's, uh, health facility [00:28:00] investments can also be structured or supported by outcomes-based financing or some of these innovative finance approaches. Um, more specifically speaking, if you look at, um, um, you know, the specific project context, uh, some examples of impact bonds that are being used right now are, uh, to support menstrual health and hygiene.

[00:28:26] There's an impact bond to that end in Ethiopia, uh, for clean water and sanitation. Uh, there is a project in Cambodia with a roll sanitation development impact bond. Um, health worker training and that lends itself quite well because, you know, you can have quite specific before and after evaluation of, of training and application of that training, uh, as well as maternal and newborn health bonds, such as the Oop impact bond.

[00:28:58] There was a, [00:29:00] um, effort to launch an impact bond on diabetes and heart disease in Kenya, as well as the cancer impact bond in the developing countries setting that, has to our knowledge, um, failed because, um, just, I guess a lack of understanding of what it means if there's a private sector investor and the government basically paid back the private sector, debt investment.

[00:29:26] So I'm, I'm simplifying, uh, what happened a little bit. But, um, what we see is that a lot of these, these efforts stop in their tracks. I'd be actually very curious to see if, you know, you know, if Mara. I don't know if I can mention Mara in my, in my answer here, but I'd be actually quite curious to see if these are challenges that, that we can overcome because we're recent.

[00:29:53] We see these great potential, these impact-based, uh, impact bonds, uh, instruments. [00:30:00] However, um, it takes a lot of trust and time and upfront investment and patience to make them work,

[00:30:09] **Iris Nxumalo-De Smidt:** Mara over to you.

[00:30:12] **Dr. Mara Airoidi:** Thank you, Iris. I actually agree with what Andrea has said in terms of, uh, in the global south, we observed the use of impact bonds and innovative financing, mostly for, uh, intervention, curative intervention, vaccination, rather than preventative intervention compared to what we observe.

[00:30:32] In the global north. So in the global north, there are a lot of bonds using used for prevention of cancer or diabetes and behavioural change. Having said that we have, uh, just reviewed, um, they're in their hands in per bond, which is in implementation right now in Kenya and is looking at changing the behavior, the health-seeking behavior of young girls for [00:31:00] reproductive and sexual health.

[00:31:02] So there is an attempt now, uh, to look at some intervention that are more preventative and, uh, related to behaviour change even in the global south, but still a small number compared to the global north. I think in terms of, uh, Potential area on the use of implant bonds going back to your question, Iris. Um, The biggest game is the long term strategy that some countries are playing.

[00:31:31] So I do observe raising interest in the use of outcome funds. So launching a multitude of impact bonds in a particular area, as a means to reform the public sector as a mean to create competencies in an ecosystem. To open new clinics, to hire new, uh, personnel to support the delivery of health outcomes.

[00:31:59] [00:32:00] So there are, you can look at it project by project, but you can also look at the long-term strategy. And one of the challenges for these long-term strategies is the duration of these contracts. So even there in their hand project that we just reviewed one of the. Uh, lessons learned was that the project was a bit too short.

[00:32:18] So it is an 18-month project and if you really want to change behavior, uh, you need to have a longer time horizon. And when it comes to reforming an entire sector, uh, projects that that are two, three years are a bit short. And so they need to be embedded on a big reform strategy at the level of the country, which reminds us of the importance of engaging [00:32:40] with country government from the outset.

[00:32:43] **Iris Nxumalo-De Smidt:** At the end of Andrea's response, she mentioned some of the challenges in the implementation of impact bonds, Mara. And she was wondering if you had experienced similar challenges or had strategies and tactics to overcome some of the challenges that we observe [00:33:00] with outcome space contracting or impact bonds.

[00:33:03] Can you share some of your experiences around how to navigate some of these challenges that emerge, particularly with multi-partner, um, engagements to support the implementation of impact bonds?

[00:33:17] **Dr. Mara Airoidi:** Ah, what a question. I think there is one general piece of advice that we all think. It is to focus on the problem rather than the instruments.

[00:33:31] So often we try to think how innovative finance can tackle these issues. Whereas I think having a sound understanding of what is the problem you're trying to solve, spending

the time to articulate your so-called theory of change. So what are the chain of behaviour and changes that you expect to observe when you roll out a program?

[00:33:56] And why you are thinking of this particular instrument. Uh, but putting [00:34:00] the problem at the centre, I think is fundamental to have the right stakeholder at the table that are engaged on something they care about. Often designing an outcome-based approach is exciting at the beginning. It's a visionary exercise.

[00:34:14] You're asking people to define what good should look like is exciting. And that excitement is really, really important to go through all the planning, the back and forth that is necessary. And then it's really important to keep an open mind. Sometimes an outcome-based approach is not the right one.

[00:34:34] Sometimes it's not a matter of innovative finance. Sometimes the timing is wrong. So it's really important to, uh, keep the options open and try to see why these approaches seems to be the right one to solve the problem and keep the eyes on the problem. And another piece of advice that I often give is to it's a revealing question is asking yourself, what is your exit strategy?

[00:34:59] [00:35:00] So let's suppose we are designing this program and we think an impact bond is the right type of approach and it overcomes some of the challenges. You need to ask yourself, what do you do at the end of it? Because are you planning to do another impact bond or are you doing it because you want to maybe, uh, do some R and D and you want to improve the design of a particular instrument that then later on you commission as a grant?

[00:35:28] So I think being crystal clear on what why you are doing what you are proposing to do is that the secret ingredient to bring the stakeholders to the table and keep the conversation open and focus on the problem. The duration of contracts is always an issue. Um, the returns and what is acceptable are issues, but they're all issues that we can overcome.

[00:35:51] If there is a shared understanding of why this is important and why this way of operating is better than business as usual. If it [00:36:00] is because it might not.

[00:36:01] **Iris Nxumalo-De Smidt:** Thank you for that response, Mara and the emphasis on clarity and the clarity of our intent, of our partnership is something that really stood out to me in your response, moving onto non-communicable diseases.

[00:36:15] Andrea, how can innovative and blended finance tools be used to strengthen health systems and assist in addressing non-communicable diseases, which largely seem to be forgotten?

[00:36:27] **Dr. Andrea Feigl-Ding:** Yeah, thank you so much for this question. It's, it's, it's really a question that is so central to the work we do and the work I care about a lot, because as you mentioned, there's such a dearth of investment in chronic diseases yet such a growing disease burden, um, in, um, uh, there's a lot of comorbidity between infectious and chronic diseases and just a lot of chronic disease burden globally that we really, really need to address.

[00:36:54] Um, there are by and large five archetypes of innovative funding that can [00:37:00] enhance traditional health care funding in, um, in developing countries of the global south. And that is blended finance. Um, we also see in mobile private insurance working for chronic conditions, um, Multi-source crowdfunding, um, specific novel financial services.

[00:37:20] Um, and then the, uh, uh, sort of government funding schemes that are supplemented by, uh, by philanthropy or divas by philanthropy. So innovative and blended finance can address, uh, several of the issues, uh, around entity financing, chronic disease financing that have, we think prevented, uh, traditional, uh, development assistance in the past.

[00:37:49] Um, so it can improve the sustainability and catalyze long-term funding by providing proof points of success that the S&B in the short and medium-term, we can [00:38:00] show palatable outcomes and, uh, and it, it's not a forever issue. Um, uh, innovative and blended finance can also allow for larger sums of capital to be invested in longer-term projects.

[00:38:13] Um, And thereby can increase the, the financial and the health sustainability in the long run as well.

[00:38:22] **Iris Nxumalo-De Smidt:** Thank you so much, Andrea. And as we wrap up our conversation today, what recommendations or advice do you, Andrea and Mara have for women working in the space of driving social investment for health and social priorities?

[00:38:37] Mara, let's start with you.

[00:38:39] **Dr. Mara Airoidi:** I think the number one advice I have is to persevere and to focus. It might be a bit stereotypical, but on building trust and building relationship, uh, the stereotype is that women are very good at bringing people around the table and build longterm collaboration. And I think this is very much needed in this space.[00:39:00] [00:39:00] And so this is an asset.

[00:39:03] **Iris Nxumalo-De Smidt:** Thanks Mara. And over to you, Andrea.

[00:39:07] **Dr. Andrea Feigl-Ding:** I would like to echo the notion of perseverance and add to it by saying we should also not be afraid to lean on each other, not just to lean in, but to

lean on each other because sometimes it can get lonely as a woman in leadership and finance.

[00:39:24] So these are two areas where there is a dearth of women leadership that we see. 95% of, I believe community health care workers. So women, but only. Like less than half of, uh, leadership in global health, uh, are represented by, but female leaders. So, um, we, you know, we have a double or triple burden of, uh, being the first, being few and also being a role model.

[00:39:52] And, um, and then also don't be afraid to also include men in your support because I found that some [00:40:00] of the strongest support in being a female leader and, and shows of confidence have actually come from men who said, no, you can do this as well. So I think it's not just, uh, a women issue. It's also an issue where we can, um, Uh, you know, uh, seek support across the gender spectrum.

[00:40:24] So we should not forget that either.

[00:40:25] **Iris Nxumalo-De Smidt:** Thank you to our amazing guests, Mara, Andrea, and Gillian for a fascinating conversation on innovative financing mechanisms for health and other social development priorities. I really appreciated your depth of insight, the experiences that you've shared and the knowledge that you have provided to support us on our journey and to pique our interest in the use of innovative financing mechanisms for health and for other social development outcomes.

[00:40:56] Thank you to you all. And I hope you enjoyed our conversation today. [00:41:00]

[00:41:01] **Dr. Andrea Feigl-Ding:** Thank you so much, Iris. Um, this was so wonderful and especially because it was my first podcast experience and you've made it a very enjoyable one and it was a one with a female-only panel, so to speak. So it was, um, especially delightful.

[00:41:17] **Dr. Mara Aioldi:** Thank you, Iris [00:41:18] indeed. And as Andrea said, as women, we lean on each other, it was, I learned a lot. Thank you for having me.

[00:41:25] **Gillian Moodley:** Thank you, Iris. Um, I think the Birtha centre especially looks forward to an ongoing relationship with both the Colab and the health finance Institute. So we'll definitely keep the conversation going from our side.

[00:41:38] Thank you.

[00:41:41] **Iris Nxumalo-De Smidt:** As we conclude today's episode, one of the things that really stood out for me is how innovative finance can be used for social priorities that don't have enough funding. I think about priorities such as gender-based violence that receive a

lot of media attention and political statements yes, the [00:42:00] money seems to lag behind.

[00:42:01] And I wonder how might innovative finance overcome some of these inequities in funding in social priorities, such as gender-based violence. Two add the points that also stood out to me in our conversation today were the different uses of innovative financing mechanisms in the global north and the global south.

[00:42:21] I was very fascinated to hear that innovative financing mechanisms in the global north are targeted toward more preventative approaches to health. Whereas in the global south, it is targeted towards more responsive approaches to chronic diseases, as well as, um, healthcare system reform. The last point that really stood out to me today is the reality that behaviour change takes time.

[00:42:47] And I think this, this long-term nature of behaviour change also speaks to the work of social change. And it's certainly something to think about as we advance systems change for social [00:43:00] justice. It's so exciting to think about what is possible in the health sector. When we think out of the box and make use of alternative [00:43:08] innovative ways of funding. I'm also leaving here today, feeling so inspired by all the women who are making huge strides in this field. If you're interested in finding out more information about the reports mentioned in this episode, please do take a look at the show notes or visit our website [www.gsbberthacentre.uct.ac.za](http://www.gsbberthacentre.uct.ac.za).

[00:43:35] Thank you for tuning in to season 2 of the Just for a Change Podcast, powered by the Bertha Centre for Social Innovation and Entrepreneurship. If you're curious about what innovation is happening in Africa and the Global South and who the movers and shakers behind these initiatives are, then make sure you subscribe to this podcast so that you don't miss any of our upcoming episodes!