Mutual Benefit in Global Health: Promise and Peril

An educational framework for understanding who benefits, and who decides, in global health cooperation.

What Does "Mutual Benefit" Mean?

Canada has described international assistance as something that should create benefits for both Canadians and partner countries. In global health, the important question is what kind of benefit—and who gets to determine the priorities?

Global cooperation can benefit everyone

Stronger health systems make communities healthier and improve global preparedness.

But "mutual benefit" can mean something very different

If funding is expected to produce a direct economic or political return for the donor, the nature of the partnership changes fundamentally.

Two Versions of Mutual Benefit

Transactional Mutual Benefit

- Aid advances donor-country economic, security or political interests
- Funding may come with requirements that return benefits to the donor
- Donor priorities can begin shaping where and how resources are spent

Long-Term Mutual Benefit

- Partner countries lead decisions about their health priorities
- Investment builds strong public health systems and local capacity
- Better health systems save lives locally while making everyone safer from health emergencies

More on this Distinction in Global Health

- **Health resources are already profoundly unequal between countries**
- **Global health funding is limited—and declining**
- **Requiring a Canadian economic return can redirect scarce resources away from the health needs they are intended to address**
- **Multiple donors pursuing their own domestic agendas can make country-led health planning harder**

Tied Aid: When the Return Is Built In

1

Aid Is Allocated

Donor country commits funding for health programs in a partner country

2

Conditions Attached

Tied aid restricts where goods or services can be purchased—often back to donor-country businesses

3

Costs Rise, Ownership Falls

Costs increase and local procurement and ownership are limited

4

Priorities Shift

Donor economic interests—not partner health needs—begin shaping how money is spent

Canada previously moved away from tied-aid approaches because of concerns about aid effectiveness. If "mutual benefit" requires aid dollars to generate economic returns for Canada, **whose priorities ultimately determine how the money is spent?**

What Long-Term Mutual Benefit Looks Like

Under-Resourced Systems Amplify Outbreaks

Outbreaks become more deadly where health systems lack the staff, supplies, and infrastructure to respond.

Trust Is Built Before Emergencies

Trust built through reliable everyday health care matters enormously when a crisis strikes.

Strong Systems Contain Outbreaks Earlier

Community health systems can identify, contain, and respond to outbreaks before they escalate.

Prevention Costs Far Less

Investing before a crisis costs far less—in lives and resources—than emergency response afterward.

What Country-Led Partnership Looks Like

From Donor-Driven to Partner-Led

Genuine partnership means more than providing funding. It means ceding control over priorities, procurement, and planning to the countries and communities most affected.

Each of these principles shifts power toward local institutions—building systems that outlast any single funding cycle.

Sustainability is not a final destination. It is built incrementally through consistent investment, trust, and the deliberate transfer of authority.

The Question to Ask

> **Who benefits—and who decides?**

Mutual benefit does not have to mean equal or immediate returns to every country involved. In global health, ask:

1. **Who identified the priority?**
2. **Who controls the funding?**
3. **Do funding conditions strengthen or constrain local decision-making?**
4. **Does the investment build lasting public capacity?**
5. **Is benefit to the donor a *result* of stronger global health, or a *condition* for providing support?**

Long-term mutual benefit comes from reducing health inequities and building strong, country-led health systems—not from requiring health aid to generate a return for the donor.