**Hunter – Investor States video abstract transcript**

For several years I have been studying key changes and issues in global development and global health, looking for example at the role of development aid in processes of what we might call privatisation and financialisation in the healthcare sector.

In *Investor States: Global Health at The End of Aid*, I begin drawing attention to a trend that has really so far escaped the attention of a lot of researchers and policy commentators in this area. Specifically, how high- and middle-income states are engaging *as*, *with* and *for* investors in private healthcare projects in other countries; operating as I put it in the book, as investor states.

The book begins by setting out the context for this – what I refer to as the end of aid. This is not ‘the end of aid’ as a completed phenomenon, but an ongoing and geographically specific one, something encompassing multiple processes. On the one hand, you have the end of aid for states who are graduating from aid-recipient status and looking at new ways to finance their own development and to engage in the financing of development in other states. It is also the end of aid for states that have historically been aid-senders and that are now placing greater emphasis on pursuing returnable investments and pursuing self-interests in activities.

So in the book I point to the convergence of these twin processes, and how a series of states, from Europe and Asia, have embarked upon programmes of transnational healthcare investment. I chart their use of state agencies to do this: state-owned investment companies, national development banks and sovereign wealth funds. I chart the growing frequency and size of investments; the multiple and shifting rationales for investments. I point to the implications this has for global health, in terms of introducing and embedding financial actors and motivations into the governance of global health, as well as locking in particular, usually pretty exclusionary, models for healthcare provision and financing.

The book provides the basis for deeper understanding of these latest trends and issues in global health, particularly this financialised, ‘beyond aid’ regime of governance which is emerging. In that sense it is a key primer for teaching and research on global health governance. But also it will function as a key tool for advocacy around equitable visions for healthcare and universal health coverage. So I would really encourage people who are interested in these ideas and topics to take a look at the book. But also if you are interested in global and contemporary issues and transformations in global health, take a look at other contributions to the Unsettling Healthcare focus track within the Global Development Studies series of Elements books.