

## **Online meeting of the UHC2030 working group on sustainability, transition from aid, and health system strengthening**

Thursday,  
1<sup>st</sup> of June 2017

### **Note for the Record**

Following the two day meeting of the working group at the end of March a meeting report was shared and prior to this online discussion a short note outlining next steps. (See annex)

Feedback on the meeting report was generally good as it was felt to capture well the various ideas working group members shared, but it was noted that prioritization of the work plan was important. At the end of the March meeting there was agreement on a two pronged approach for next steps; firstly to conduct a country mapping in a selection of countries (following on from the mapping done) and identify /verify priorities where the group could add value and secondly and in parallel build on the discussions in the meeting to define concrete work areas and outline this in an issue paper.

The suggested two pronged approach (country mapping and issue paper) was generally felt to be sound, while noting the need to keep a good balance with regard to the following:

- Ensuring the process for country mapping and issue paper is designed in a way to allow the country mapping findings to feed into the issue paper.
- A balance between practical specificity to transition vs. broad health system focus
- Maintaining a balance between practical work and more theoretical work.

A note was made on the need to broaden the country membership in the group. This currently includes South Africa, Kenya, Indonesia and Estonia. Suggested additional countries have included for example Georgia, Dominican Republic, Morocco, Namibia, Sri Lanka and Vietnam. Consideration should be given to including some of these countries in the country mapping as well as inviting them to join the working group and participate in the next meeting.

There was agreement to form on a voluntary basis two sub groups (3-5 partners) around the country mapping and issue paper respectively. For the country mapping Midori Habich and Ogo Chukwujekwu (AFRO) volunteered and WB, WHO and UNAIDS volunteered for the sub group on the issue paper.

There will be a second face to face meeting of the working group on November the 3<sup>rd</sup>. This will be held back to back with the WHO Montreux meetings that are expected to be attended by several working group members. ([http://www.who.int/health\\_financing/topics/sustainable-financing-for-uhc/en/](http://www.who.int/health_financing/topics/sustainable-financing-for-uhc/en/)) Findings from country mapping together with issue paper will be available by that time.

## Summary of agreed actions

The following were the main conclusions from the discussion: The two next steps will include

- *Country mapping exercise gathering information on transition process and issues from a selection of countries (6-10) A small subgroup will finalize TORs and oversee the exercise.*
- *An issue paper including two main parts; vision part that could outline what transition from external finance ideally should look like, and a second part identifying critical pressure points many countries are experiencing in relation to transition and possible ways of mitigating this. To be overseen by a small subgroup.*
- *Next face to face meeting will be held November 3<sup>rd</sup> in Montreux Switzerland.*

## Annex

### **SHORT note for the Sustainability and Transition group – for input for discussion on next steps**

The UHC2030 Sustainability and Transition working group met 30<sup>th</sup>-31<sup>st</sup> of March. There is need to define next steps that can help channel the interest reflected in the group discussion to added value at country level building on the agreed scope for the group and feedback on suggested activities from the members. At the end of the meeting agreed next steps included some type of country mapping building on the background mapping already done, possibly complemented by an issue paper together with specific work on particular issues.

Transition includes “key pressure points” that often are classical health system issues that should be looked at from the lens of sustainability at the system level.

A possible way forward for the group could be the following:

1. Country mapping exercise gathering information on transition process and issues from a selection of countries.
2. An issue paper including two main parts; vision part that could outline what transition from external finance ideally should look like, and a second part identifying critical pressure points many countries are experiencing in relation to transition and possible ways of mitigating this.
3. Based on the first two, development of guidance and principles for coordinated TA joint country work, case studies for specific issues identified.

**Country mapping** Selection of countries for inclusion in mapping should be based on selection criteria (to be discussed and developed) and should consider a comprehensive sector view with different partners, not only GHI, but also other multilaterals and bilateral as the case may be. Country experiences should include countries with past (Estonia, Serbia e.g.), current and upcoming transition plans and hence include both lessons as where feasible analysing enabling and constraining factors. Opportunities to build on ongoing work e.g. the multi-donor trust fund supported by the WB (and others) may inform this part also, but the fund is focused on 10 countries in E Asia and Pacific and does currently not have any focus on Africa or South Asia. Possible timeline for country mapping: July to September.

**The issue paper** should be informed by the country mapping. In developing the (1) Vision part consideration should be given to distinguishing between what partners can influence and where country action is needed. Broad categories of (2) “pressure points” may be identified like procurement, human resource, information systems, financing etc. Specificity is then needed in

identifying issues where the work at global level may add value, as the agenda is potentially large. Below are some examples of possible pressure point areas based on discussions in March.

Examples of potential pressure points		category	Type of issue
Pressure point	Considerable variability on concepts, objectives and approaches to transition from external finance.	Governance /Coordination Overall framework	
Pressure point	Need for lessons, guidance and incentives on how to link country transition plans with HSS for UHC	Governance/Coordination	
Pressure point	Need for better coordination of transition work at the sector level, different frameworks, multiple assessments and fragmentation	Governance /Coordination	
Pressure point	Need for political influencing and incentivizing a vision for a way of working on transition that links to core service coverage for UHC both in countries and internationally	Governance/coordination	
Pressure point	Need for bringing HS and program communities input and objectives together in a more harmonized way	Governance/Coordination	
Pressure point	Mismatch of country needs and transition/ graduation policies	Governance/Coordination	
Pressure point	Need for more advocacy for system strengthening in addition to disease specific advocacy.	Governance/Coordination	

Pressure point	Lack of good examples, lessons and dissemination on how to strengthen social contracting	Health financing/provider contacting	
Pressure point	Need for more guidance on incentives/disincentives for integration of previously donor supported programs to basic benefit packages (e.g. immunization or TB)	Health Financing/BBP	
Pressure point	Need for examples of linking transition work to moving to UHC including strengthening strategic purchasing/prioritization processes and systems for evidence informed policy.	Health Financing/Governance	
Pressure point	Need to strengthen country capacity of pharmaceutical systems and regulations	Pharmaceutical	
Pressure point	Need to strengthen country HMIS and use of data for decision making.	Information and accountability	
<b>Important but less clearly defined pressure point areas at this point – for the purposes of work area planning</b>			
Pressure point	Need to strengthen models of integrated people centred service delivery		
Pressure point	Need to strengthen integrated systems of HRH		

Possible process for development of the issue paper could be a forming a small group (3-5) within the WG – to take the lead on different parts of the paper. There may be options to group areas

together (see colour coding) – to avoid too many small inputs. Potential timeline for issue paper: August – September.

**Next F2F meeting is suggested to take place 3<sup>rd</sup> of November (back to back with Montreux).**

Between now and then country mapping and issue paper could be worked upon. Based on the meeting report, country mapping and the issue paper specific niche areas where the group adds value should be identified, by looking at added value for countries and areas where collaborative action at global level may be beneficial and work is not ongoing already.

Follow on work should include case studies can help build the knowledge base and potential development of guidance, principles of good practise and coordinated work in a selection of countries.

## Annex 2

Participants	
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