

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

Tuesday  
9<sup>th</sup> of July 2019

### **Note for the Record**

#### *Agenda<sup>1</sup>*

- 1. General update*
- 2. Addressing knowledge gaps in countries for sustaining or increasing coverage in transition context – a new Alliance work programme*
- 3. Scaling up CS capacity to support work on transition from a UHC perspective*
- 4. A collaborative agenda to operationalize the UHC2030 principles on sustainability and transition.*

#### **Summary of agreed actions.**

- Item two: Addressing knowledge gaps in a transition context: WG members are invited to share ideas on selection of countries and ongoing work that could be synergistic.*
- Item three: Secretariat to liaise with CSEM representatives on the WG, regarding taking work forward, including development of a paper on CS role and strategy on transition through a UHC lens, feeding into CSEM social accountability strategy plans.*
- Item four: a collaborative agenda: Secretariat to take forward development of a process for a short overview document outlining a collaborative agenda on transition reform and investment.*

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<sup>1</sup> Attachments:

- Report from the third face to face meeting at the end of January in Bangkok
- Report: Perspectives from Health Programs on sustainability and transition from external funding
- One pager: AHPSR: Sustaining Coverage in the Face of Declining External Assistance- Learning from Countries

## **1. General update**

The working group met in Bangkok at the end of January and discussed ways to operationalize the UHC2030 sustainability and transition statement released last year. The meeting report documents actions suggested by WG members, organized by transition principle. The meeting was held back to back with the annual WB multi donor trust fund meeting (MDTF) attended by a number of South East Asian countries. The MDTF includes close collaboration between the major multilateral donors (WB, GAVI, GF and GFF) and has strong focus on health financing transitions as well as capacity strengthening, knowledge generation and integration. The MDTF is also one of the key mechanisms being proposed under the new Global Action plan health financing accelerator where transition is also covered.

Since the launch of the UHC2030 sustainability and transition principles last year the principles have been promoted and fed into a number of events. They have thus fed into the UHC2030 movements' key asks leading up to the UHC high-level meeting in September. They were also referenced in the background documents to the G20 meeting hosted by Government of Japan.

Attached is the final report from the meeting with health programs in December. While the transition WG has representatives from major stakeholders involved in transition including health programs and their donors, it was felt that a stronger perspective was needed from the SD side and the diverse range of health programs who are working on transition issues daily. A meeting was therefore convened in December with representatives of eight health programs in addition to PHC and HF, related partnerships, GHI donors and CS. Participants underlined, several critical areas in relation to transition. Many health programs raised the same or similar HS barriers underlining the need to coordinate better on selected cross cutting HS issues. Interestingly programs less or not reliant on DAH, shared many of the same concerns highlighting that work on transition is closely associated with general HSS work. Issues raised can be classified into two major categories firstly a "cross programmatic efficiency/HSS agenda" and secondly issues related to how planning on transition happens in countries "a coordination agenda" The meeting concluded that should work together to define a transition investment/reform agenda that would allow everyone to jointly work on addressing selected cross cutting elements that are hampering the scale up of priority interventions and outcomes in countries.

## **2. Addressing knowledge gaps in countries for sustaining or increasing coverage in transition context – an Alliance work programme.**

Zubin Shroff from the Alliance for Health System Policy and System Research gave a short introduction to a new knowledge program the Alliance is planning to launch in early 2020 – *"Sustaining coverage in the face of declining external assistance – learning from countries"* A two pager overview was sent around in advance of the meeting. The programme aims to improve the understanding of the impact of donor transition, on sustainability of priority intervention coverage and outcomes in countries and how selected political financial and health system factors can contribute to this impact. The aim is to

develop lessons for country policy makers and inform the operationalization of the UHC2030 sustainability and transition principles and management of transition processes.

Work will be carried out through 1) Development of a conceptual model 2) Analysing 5-6 country experiences 3) A synthesis with cross cutting analysis. The selection of countries will seek to capture the diversity of transition contexts, a comprehensive perspective of priorities, and will include countries that have competed or are at an advanced stage of transition. The work is expected to start in early 2020 and last between 18-24 months. Work will be carried out by in country partners using a common protocol ensuring broadly comparable data. Findings and key messages will be summarized in a series of papers, in a high impact journal and other knowledge products including refined principles informed by the findings. **Inception work is starting, and ideas are invited on selection of countries and ongoing work that could be synergistic.**

#### *Discussion*

Gavin Yamey highlighted research carried out at Duke University funded by the Gates Foundation that can be complementary to the proposed work. The framework is somewhat different and has focus on four major dimensions of transition, namely the “4Ds” on changing Disease patterns, including the rising burden of NCDs, Demography including e.g. aging, transitioning out of Development assistance and systems of Domestic financing for health.

The research has focus on six countries – Nigeria, Ghana, Kenya, India,(UP) Sri Lanka and Myanmar. Transition is thus not seen as something isolated to DAH but examined within a broader socio economic context using UHC as a lens, considering different HS and equity levers for delivering a package of services for UHC. The approach emphasizes working with national institutions/universities and partners, meeting countries where they are at.

The initiative of the HS alliance is welcome and gives the opportunity to bring together a wider network of academic partners working on addressing knowledge gaps in countries transitioning from external funds. The work from Duke sounds very relevant and complementary. The planned Alliance work also has focus on how transition is managed, drawing on lessons learnt from countries that have advanced in the transition process and informing ways to sustain and expand coverage of priority interventions.

The Alliance initiative is a welcome contribution to more wholistic work on transition. Experience shows that transition planning often takes place predominantly at national level, and in designing case studies perhaps a focus on how transition can be better managed at subnational levels may be helpful as this aspect is currently underdeveloped in transition planning. Secondly transition from aid can have quite a long timeframe e.g. 5-10 years – so using the approach of learning from countries at advanced stages of transition should factor in changed policies and context when formulating lessons. Countries entering transition now may also in some cases have weaker institutions than those at advanced stages in a corresponding time of transition. Lastly the scope of this work is potentially quite large, and it is important that the resources allocated reflect this.

In the analysis it is important to strike the right balance between challenges associated with transition and mechanisms used in countries to adapt. Policies of different actors have changed as transition has moved on, and perhaps the work should also help analyze and draw lessons on how all actors including organizations are adapting.

The initiative is welcome. A lot of transition research now has a wider focus than disease perspective only. We should be careful to scope this work well, a lot of work is already ongoing, e.g. at Duke, CGD and through the MDTF. There are tools and approaches developed that can be synergistic and helpful.

It is important to choose countries with different contexts and perspectives. The health financing context meaning levels of OOP and catastrophic payments as well as the HF policies of the country as well as governance and mechanisms for social accountability. As countries transition CS also goes through a transition.

The initiative is welcome. The research should not be too 'high level', only academic or global but should have relevance for planners and budget / policy makers at national and sub national levels in real time moving forward strengthening and working with national institutes as much as possible.

It is useful to learn lessons from countries who have been through the process, but equally important to have prospective 'learn by doing' / implementation research philosophy as countries transition. Countries transitioning from GAVI and GF in the next few years may be of interest, e.g. PNG that has requested additional support in transition. The experience is the second wave of countries transitioning from GAVI are very different from the first cohort.

Missing elements of knowledge/research include for example,

- Ways to sustain strong civil society engagement for accountability and implementation
- Ways to stimulate an independent and objective civil society's 'watchdog role' when advocating for increases and efficient use of domestic resources.
- Effective fund disbursement and accountability mechanisms that reach field level especially community-based organizations
- Impact of all 3 dimensions / axes of UHC when looking at transition as a framework.

Action point: **WG members are invited to share ideas on selection of countries and ongoing work that could be synergistic.**

### **3. Scaling up CS capacity to support work on transition from a UHC perspective**

CS have participated actively in the work of the UHC2030 WG on Sustainability and Transition since the beginning. CS work is often directly affected by transition and many CS groups are actively involved in transition discussions.

During our last meeting the area of social accountability was frequently mentioned in relation to ways of operationalizing the UHC2030 transition statement. Suggestions included,

- The need to strengthen the UHC2030 Civil Society Engagement Mechanism, (CSEM) – e.g. through support to CSEM to formulate an overarching CS agenda to work on transition through a UHC lens, with different workstreams.
- Strengthening CS role in policy analysis as independent think tanks.
- Stronger CS work on budget advocacy for UHC
- Broadening engagement within the CS concept e.g. involvement of professional associations. Such associations have played a strong role in advocating and strengthening resources for UHC in some countries e.g. Japan. To date there seems to be minimal such role.
- Unpacking how CS can effectively play a watchdog for UHC – different aspects e.g. to what extent existing indicator frameworks, are conducive for CS to play this role.
- The area of social contracting has been frequently mentioned and ways/roadmaps to strengthen government capacity on this.

For many of these work is already ongoing but **bringing together an overview of the broader CS agenda on working on transition from a UHC perspective, facilitating relevant linkages and pointing out gaps could be helpful and something the WG could engage on.**

Suggested steps could thus **include working with CSEM to commission a paper on this, followed by a meeting with broader participation of CS actors on transition, linked up with some of the technical expertise from other WG members.**

#### Discussion

- CS engagement on transition should be responsible and broader than social contracting only. We should build and unpack what we need for strong CS engagement on transition within a social accountability umbrella, e.g. areas such as CS as a watchdog for UHC. In depth discussions on a framework will be helpful.
- Some CS groups are very interested in Transition. They could be involved in leading and coordinating the CS work on transition. Many CS groups have established capacity in working on particular disease priority and some are working on UHC. Transition can be an entry point to bring these capacities together under a UHC lens. CSEM has a very small secretariat with two people. Taking this forward may require additional capacities. We should work through the WG CS representatives to navigate a good way forward.
- The CSEM have discussed approaches to work on social accountability. Operationally there is need to make a distinction between the role of CS in a) direct implementation or technical support and b) accountability mechanisms to hold government and partners accountable for commitments, the nature of the former being more a contractor/contractee relationship while the latter requires independence of function and avoidance of conflict of interest
- Reviews of social accountability mechanisms show mixed results (e.g. recent DFID review and work at Duke) The CSEM is reviewing available evidence and discussing options for scaled up work. Social accountability is obviously broader than transition, but it would be useful to

connect over the next 4-6 months as CSEM develops ideas further to ensure that transition aspects are a central part of how such social accountability mechanisms could work with civil society playing its 'watchdog' role. This may not need to be high level, but would need to adapt and look at ways in which social accountability frameworks can be adapted to specific contexts (esp. where the most vulnerable reside - fragile settings, urban poor, those affected by stigma and discrimination etc.). CSEM is keen to ensure linkages as this moves forward.

**Action point: Secretariat to liaise with CSEM representatives on the WG, regarding taking forward work, including development of a paper outlining CS overall engagement strategy on transition and follow up work including feeding into CSEM social accountability strategy plans.**

#### **4. A collaborative agenda to operationalize the UHC2030 principles on sustainability and transition.**

As follow up to the UHC2030 statement on transition we should move to define a set of collaborative actions – a transitional investment and reform agenda that we commit to and that will help operationalize the sustainability and transition principles. Not all the principles lend themselves to direct action but in other cases actions are clear. We should target actions to different “constituencies”, government, global health institutions/partnerships, bilaterals and programs etc. Work would not all be done within the WG itself but using the various processes WG members are active in, e.g. the SDG AP, others.

We should also explore potential of linking work on how to operationalize the principles to work in the group of countries in the knowledge program/knowledge gaps the Alliance will focus on. This may help concentrate resources and link research finding to operational benefit for the countries.

Looking at operationalizing looking through the lens of different “constituencies” we should consider ways of bridging from the principles - that are excellent at the wider system perspective, to their application for disease specific targets (polio/malaria e.g.). What would the application of the principles look like, for those programs? Similarly we should look at other constituencies, CS, GHI, etc.

We should also define actions on coordination, building on the IHP+ thinking but adapted to the SDG era. We should help define coordination around key HS bottlenecks, help promote consensus on good practice, drawing on technical work already done by the various actors, and help formulate an accountability agenda for adhering to those.

**Secretariat to take forward development of a process for a short overview document outlining a collaborative agenda on transition reform and investment.**

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