Building institutions for an effective transition towards UHC

Dr Agnès Soucat
Health Systems Governance & Financing
WHO

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TRANSITION FROM AID

- Many (most?) countries can expect a decline in aid
- Others experience other types of transition: health financing, epidemiological, demographic, economic, etc
- Not a money issue?
- ALL countries need to strengthen public finance
- Strengthening institutions is key
NOT A MONEY ISSUE?
"a transition in which the per capita amount of external financing declines while indicators of (1) overall population health and (2) overall access to health services do not decline."

Bill Savedoff
IS TRANSITION REALLY ABOUT MORE MONEY

Domestic and External Resources for Health in Fragile States (2011-13)

Sources:
1. OECD DAC2011-2013 (28 Fragile States, 10 billion constant 2013 USD/7.57 per capita, 26 non-fragile LICs (20 billion constant 2013 USD/10.45 per capita): other includes donors who gave less than 100 M$; disbursement-base data to a country from a donor and not include multi-country donations; World Bank “HARMONIZED LIST OF FRAGILE SITUATIONS FY15” was used for the fragile status.
2. WHO Global Health Expenditure Database (24 Fragile States, 24 non-fragile LICs): external resource represents health expenditure from external source as percentage of total health expenditure; domestic resource includes both private and public health expenditures.

Domestic and External Resources for Health in non-fragile LICs (2011-13)
Public expenditure on health per capita in transitioning countries is above the lower-middle income average

Source: WHO Global Health Expenditure Database
Also as a share of GDP....

Source: WHO Global Health Expenditure Database
Still progress can be made to prioritize health in some transitioning countries

Source: WHO Global Health Expenditure Database
Red signifies Global Fund or Gavi transition country
A PUBLIC FINANCIAL MANAGEMENT AGENDA
Focus on revenues AND expenditures

- Health programs and their partners each addressing these issues and approaching Finance Ministries
  - …for sustainability of their program (HIV/AIDS, NCDs, NTDs, nutrition, RMNCAH, TB, malaria,…)

- Sustainability is not only a revenue question; we also have to think about managing expenditures to get better results from our spending
  - “Can’t just spend your way to UHC”

- Enabling efficiency
  - Streamline system architecture across programs while ensuring good results
  - Invest in underlying systems
WHAT TRANSITION IS REALLY ABOUT ...

- Enabling effective domestic revenue collection and allocation for the sector
- Managing expenditures better to get better results
- Building or strengthening organizations and processes that support and enable system efficiency and performance
- Streamlining processes across programs to end fragmentation, while ensuring good results
MDGs stimulated fragmentation: separate plans, budget, funding, procurement, monitoring, etc.

SDG targets may lead to continued emphasis on vertical approaches: more separate plans, monitoring mechanisms, funding streams and implementation efforts

How to avoid the same vertical trap? Health Systems for UHC

The UHC target can provide “umbrella” to enable move away from silos and fragmentation
Investing in Health Systems to reach the SDGs

SDGs (Impact)
- SDG 1: No poverty
- SDG 4: Quality Education
- SDG 5: Gender Equality
- SDG 16: Inclusive societies

UHC (Outcome)
- Achieve Universal Health Coverage
- All people and communities receive the quality health services they need, without financial hardship

Health System Strengthening

SGD 3: Equitable health outcomes and wellbeing; Global public health security and resilient societies

SGD 8: Inclusive economic growth and decent jobs
Fit for context – Fit for purpose

Health Systems

- Building Health System Foundations
- Strengthening Health System Institutions
- Supporting Health System Transformation
Focus on increasing overall tax revenues at the core of transition agenda

Source: World Bank World Development Indicators
Red signifies Global Fund or Gavi transition country
Institution building (1): it is about citizens

- Domestic funding is about citizens voice

- Collective financing is driven by choices of taxpayers in terms of revenue generation, and budget allocations

- Efficiency is driven by accountability
Institution building (2): it is about the law

- Strengthening critical regulation and legal frameworks
  - Procurement
  - Public Financial Management
  - Human Rights and Entitlements
  - Accreditation/Regulation of medical products
Building governance capacity of Ministries of Health --- often weakened by parallel governance structures
- Not only policy capacity but also implementation capacity
- Norms, standards and regulation
- HTA and strategic purchasing
- Monitoring and evaluation
- Using evidence for policy; implementation research

Comprehensive, evidence-based health sector strategies, formulated through a participatory approach
- Vertical programs integration
- Subsector (HRH, pharmaceuticals etc) integration
Institution – examples of interventions

**Financing - Examples**
- Health financing diagnostic analysis
- Strengthening resource tracking methods and capacities
- Diagnosing potential areas for technical efficiency gains
- Advice on design & implementation planning for national health financing strategy
- Institutional support to national/region public health/economic training entities
- Health financing training

**Governance - Examples**
- Institutional & legal assessment
- Develop organizational capacity for reforms including legal framework
- Policy dialogue on accountability / “citizen’s voice” at national, sub-national or local level (e.g. NHAs)
- Design needed institutional reforms
- Support setting institutional arrangements to better inform policy
- Annual transparent reviews

**Workforce - Examples**
- Health Labour Market analysis
- Support the development of health workforce strategies aligned with NHPSPs
- Support the inter-ministerial dialogue on health workforce
- Support the development of curricula, pre-service and in-service education programmes
- Strengthen institutional capacity for HRH stewardship
- Regulatory frameworks

**Information - Examples**
- Policy dialogue to ensure availability and accessibility of comprehensive disaggregated high-quality data
- Support interoperability and integration of HIS systems to reduce fragmentation and ensure communication, exchange and use of health data (e.g. Nat Obs)
- Strengthen analytical capacity and engage national statistical offices to support MoH in monitoring SDGs

**Pharma./med. products - Examples**
- Policy dialogue on Good Governance of pharmaceutical systems including regulation, procurement and supply
- Policy dialogue on access to essential medicines and health products, including review of policy options for supply systems & local production
- Education and training of health care professionals in order to support the implementation of national medicines policies and strategies

**Service Delivery - Examples**
- Policy dialogue on national quality and safety policy and strategy
- Design and evaluate options to re-orient the model of care and for successful care coordination
- Support to hospital and public health institute strengthening programmes
- Support for key health systems functions in AMR national action plans (e.g. antibiotic stewardship, infection prevention, research and development)
Transition is about Institutions

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