

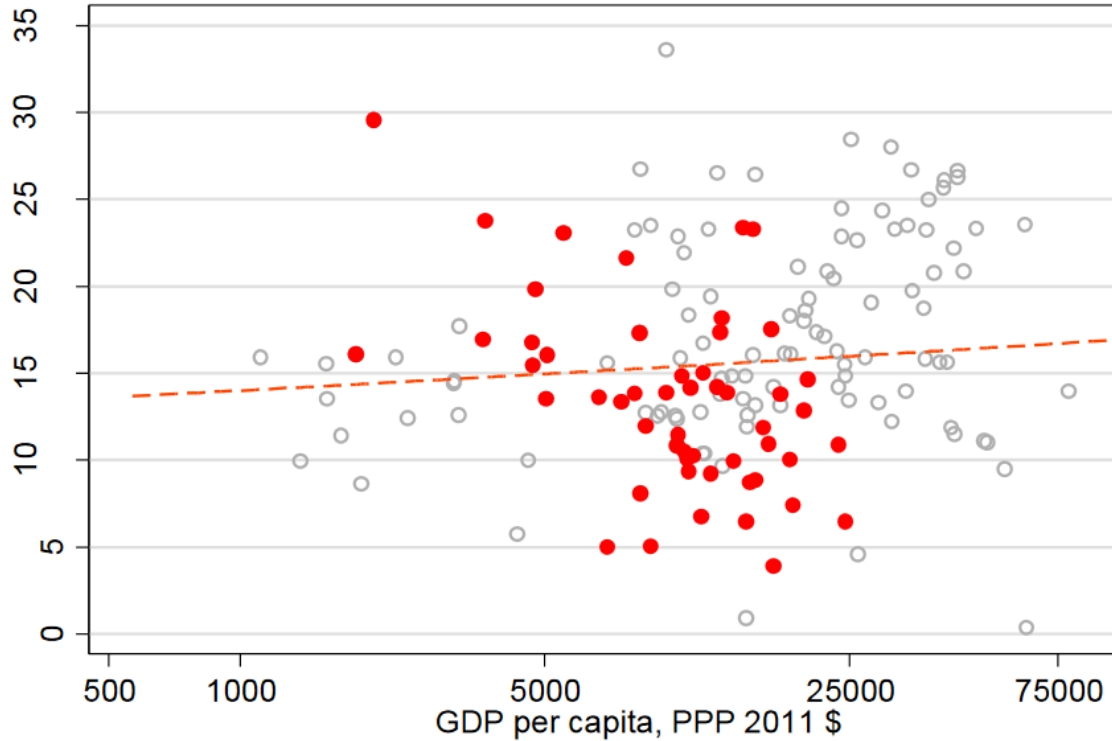
Concepts and Unit of Analysis

Placing transition in context

- Transition from donor funding needs to be understood within broader financing, macro-fiscal, institutional and political context of a country
- Availability of funding is not the binding constraint in most countries

Though countries can do a better job – of raising tax and allocating to health

Tax revenue as % of GDP, 2014



Source: World Bank World Development Indicators
Red signifies Global Fund or Gavi transition country

Public expenditure on health as % of total government expenditure versus GDP per capita, 2014



Source: WHO Global Health Expenditure Database
Red signifies Global Fund or Gavi transition country

Placing transition in context

- Transition from donor funding needs to be understood within broader financing, macro-fiscal, institutional and political context of a country
- Availability of funding is not the binding constraint in most countries
- Need to address how funds are allocated and used
- Sustainability requires a dual focus:
 - Diversify funding and mobilize domestic funding (equitably)
 - Use available funds efficiently (manage expenditures better)
- These are things that ALL countries should be doing
- Transition brings a political opportunity to renew effort, provide focus

Another way of saying this:
Sustainability is a constraint, not a goal

(from Joe):

We are trying to maximize health, responsiveness, financial protection,
NOT fiscal sustainability

Better to frame sustainability as a constraint:

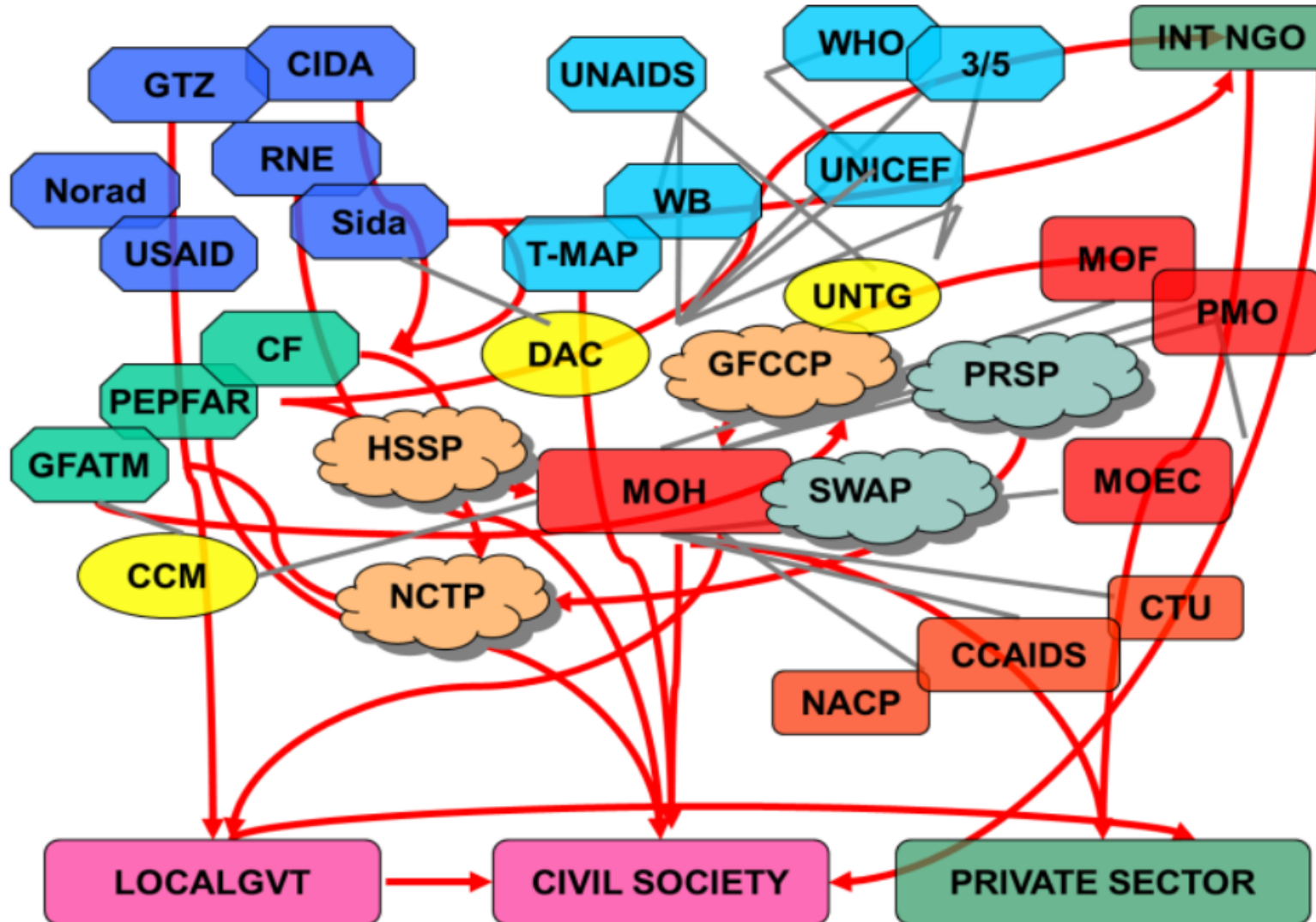
Max health system goals, subject to constraint of living within our
budget

Shifts focus from sustainability to **efficiency** – a more useful basis for
action

Overcoming legacy of donor support

- Donor funding for MDGs often led to vertical programmes, with resulting inefficiencies (parallel structures and systems, by donor or program)
- Risk that these structures and fragmentation will remain as donor support declines
- How do we avoid this trap?

Can we move away from this:



Source: WHO: Mbewe

Getting the sustainability question right

- NOT: “How can we make the HIV (or TB or immunization or family planning) programme sustainable”
- BUT THIS: “How can we sustain effective coverage of priority interventions”
- We can't do this with multiple, parallel systems of procurement, information, governance, distorted HR system, etc.

UHC brings opportunities to reshape the financing and service delivery systems

- All priorities and interventions fall within the health system
- Transition should be focused on sustaining (and increasing) effective coverage
- This involves examining how priority programmes/interventions can be integrated into the benefit package and covered under UHC arrangements
- The unit of analysis should be the system, not the program or disease

Transition brings a political opportunity as well

- Mobilizing public resources (equitably) is driven by **taxpayer choice and citizen voice**
- Efficiency improvements are driven by rules and regulations, procurement systems, rights and entitlements, that should be governed by **systems of accountability**
- Strengthening the governance functions of government (sometimes weakened by donor programs) should be central to transition plans and support

What is the role of this group?

- Political: use this multi-country, multi-partner platform to keep pushing **to ask the right question, use the right unit of analysis (the system)**
- **Frame and advance a technical agenda** to support countries and reinforce the message

Scope of work for the group as per TORs

- **Build consensus around core issues and objectives in response to the transition from aid**, exploring revenue and health system efficiency considerations, as well as approaches to strengthening accountability for results.
- **Develop guidance and principles for good practise** pertaining to countries transitioning from ODA support, with regard to financial, programmatic and capacity issues, including but not limited to e.g. how to develop country-specific transition plans to balance the transition schedules of multiple funding partners.
- **Explore the types of reforms and investments needed to support an effective transition process**, particularly in relation to building strong and unified underlying support systems, such as for procurement, supply chain, information, as well as capacity for evidence informed priority setting processes.
- **Define an annual work plan** for the group, outlining key outputs and products and help convene parties to review progress.

Potential areas of work

- Map country experiences of transition
- Identify major pressure points – and organise work streams around these
- Build consensus on core issues – framing the sustainability question; more appropriate design of external finance; build national capacity for effective engagement with MoF (including collective, not disease, approach); develop glossary of key terms

Lesson learning and guidance

- Guidance on successful transition: how to ensure focus is on system as a whole and sustaining coverage of priority interventions within UHC framing
- Regulatory frameworks for social contracting
- Principles for harmonized assessment at country level (with country as the unit of analysis)
- Share experiences of integrating donor-funded programs into benefit packages (TB, FP)
- Identify new areas for learning, eg. integration and efficiency
- Support peer learning on transition

Political influencing and advocacy

- Improve joint action among partners at country level
- Bring the “program” and “system” communities together
- Share experience in generating political priority for health in complex transitions
- Strengthen advocacy for HSS

How we will work in future

- This is exceptional 2nd annual meeting – to establish workplan
- Next meeting will be in 12 months:
 - To review progress with planned activities
 - Share outcomes
 - Share members' related work
 - Plan following year's activities