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

Tuesday, 17th of January 2017

Note for the Record

Introduction

This was the first convening of a new UHC2030 working group on sustainability, transition from aid and health system strengthening.

The *International Health Partnership for UHC2030 (UHC2030)* was established in 2016. The new partnership builds on the International Health Partnership (IHP+) structures that included 66 countries, development partners and civil society and focused on furthering effective development cooperation. Following the approval of the SDGs, the IHP+ Steering Committee met to discuss the idea to update the scope of the IHP+ towards a broader focus on coordination of health system strengthening efforts for UHC. Following approval by all IHP+ signatories a transformation process was launched in mid-2016 and a first UHC2030 forum was convened in December 2016. Further details can be found at: <https://www.internationalhealthpartnership.net/en/>

The IHP+ had a tradition of working with members through the establishment of ad hoc working groups convened around relevant topics. This in some cases resulted in production of concrete products including for example the JANS (joint assessment of national strategies) a tool that continues to be widely used.

Sustainability health system strengthening and transition from external financing was identified as a topic where the new partnership might add value by facilitating linkage and synergy of ongoing work streams. A UHC 2030 working group was subsequently agreed to be set up and included in the work plan approved by the UHC2030 transitional SC in the December 2016.

Summary of agreed actions

The following were the main conclusions from the discussion:

- *Draft TORs for the group were discussed. The scope of the TORs was approved with the detailed work plan to be developed in a two day meeting in Geneva at the end of March*
- *The modality of joint chairing by country and development partner representative was agreed.*
- *Development of a background paper to inform the first face to face meeting focusing on broad mapping of major ongoing work related to transition from external financing.*
- *Next online meeting to be held second half of February*
- *TORs for co-chairing to be developed and options for contracting a technical resource person to support the group.*

Discussion

Draft TORs for the group were discussed. The scope of the TORs was felt to be appropriate with the detailed work plan agreed to be developed in a two day meeting in Geneva last week of March. There are useful lessons from other forums like the UNAIDS WB co led Economic Reference Group and reviewing this experience may be valuable in setting up the group.

In their feedback country representatives welcomed the initiative. Transition from external financing and sustainable health system financing are high on the agenda in many countries. The importance of political economy and fiscal context was underlined and the importance of engaging effectively with civil society and non-public actors. There are opportunities to share lessons between countries on how best to manage the interphase between reduced external financing and moving towards UHC in a sustainable way.

The working group will be funded by the IHP for UHC2030 and a budget agreed by its SC. This will include meeting related costs as well as some resources for technical work. It is suggested that the working group be established for 4 years initially. The group will convene through a mix of online meetings and face to face meetings that would take place 1-2 (max) per year. The group may engage experts for technical backstopping.

While the group is already large feedback is still awaited from some countries as well as a few partners including some US partners. Several members expressed interest to see more countries included in the group to reflect the diversity of transition contexts and geographical balance. Several suggestions were made including Estonia, Thailand, Lao Namibia, Botswana, Pakistan, Afghanistan, Central Asia and Middle East was among those mentioned. The need to strike a balance between reaching out to new members and maintaining effectiveness was also acknowledged. Ways of dealing with this may include establishing sub groups, and/or defining different levels of group membership with different levels of engagement.

Participants raised the importance of civil society participation in the group. One area of engagement could be civil society role in budget advocacy. The importance of focusing this at sector level advocacy and not on specific partner funded programs or disease specific area was underlined. Bruno Rivalan with Global Health Advocates is the SC representative in the group and as a UHC 2030 SC member could have a role in gathering appropriate input for CS.

A huge amount of work is already ongoing in this area and to facilitate discussions at the first meeting it was agreed to commission a background paper focusing on a broad mapping of major work and approaches supported by partners related to transition from external financing.

AOB and Next steps

Next online meeting to be convened second half of February:

- Scope and purpose for first face to face meeting last week of March
- Update on preparations of a background paper
- Selection and TORs for co-chairs.

Annex 1:

Participants	
Ajay Tandon	Lead Economist World Bank,
Somil Nagpal	Senior Health Specialist World Bank
Joe Kutzin WHO	Health Financing Coordinator WHO
Susan Sparkes	Technical Officer Health Financing WHO
Matthias Reinicke	Directorate General International Cooperation and Development European Commission
Kevin McCarthy	Directorate General International Cooperation and Development European Commission
Katja Roll	Team Leader Global Health Funds GIZ
Katie Qutub	Health System Officer USAID
Michael Borowitz	Chief Economist The Global Fund
Julia Watson	Senior Economics Adviser DFID
Regina Ombam	Deputy Director HIV investments Kenya National AIDS Council
Aquina Thulare	National Health Insurance Fund South Africa
Midori de Habich;	Health Systems Expert, former Minister of Health, Peru
Zubin Shroff	Alliance for Health Policy and Systems Research
Sara Bennett	Professor of International Health Johns Hopkins University
Tim Poletti	Health Adviser AUSAID
Cheryl Cashin	Senior Program Director Results for Development
Nertila Tavanxhi	Technical Adviser UNAIDS
William Savedoff	Senior Fellow Centre for Global Development
Catriona Waddington	Senior Health Economist, UK
Maria Skarphedinsdottir	IHP for UHC2030 core team
Finn Schleimann	IHP for UHC2030 core team
Apologies	
Thomas Hurley	Deputy Director Global Development, Office of the President Multilateral Partnerships BMGF
Satoko HORII,	Senior Researcher Department of Health Promotion National Institute of Public Health, Japan
Hidechika Akashi,	Director, Department of Global Network and Partnership Bureau of International Health Cooperation National Center for Global Health and Medicine (NCGM), Japan
Kamiar Khajavi	Senior Adviser Global Health USAID
Dr Pap Amadou Diack	DG de la santé copié Senegal
Santiago Cornejo	Senior Specialist, Immunization Financing at GAVI
Anshu Banerjee	Director Global Coordination WHO
Bruno Rivalan Policy	Advocacy Manager Global Health Advocates France
Maryam Bigdeli	Health System Adviser WHO

Annex 2:

Transition Working Group ToRs

Working group on sustainability, transition from aid, and health system strengthening

Background

While all low- and middle-income countries face a number of critical pressures on their health systems, there are some issues that are particularly salient for countries that are currently or will soon be “transitioning” to much lower levels of external financial support, and that require targeted consideration. While effective responses to transition must be specifically adapted to each country’s context, a common guiding principle is to maintain or even increase effective coverage for priority health services, including those currently supported with external funds. This does not mean simply channelling government revenues to pay for a previously donor-funded program. Rather, transition provides an opportunity for countries to assess how governance, financing and service delivery are configured to ensure the sustainability of effective coverage for priority interventions. Hence, health system strengthening (HSS) is at the core of the response to transition if progress towards UHC is to be sustained. By placing the focus in this way, it ensures that donors and policymakers alike are working together towards sustainable solutions to problems presented by transition. It also emphasizes the importance of sustainability in the transition process, which should also extend to those countries that are not imminently facing declines in donor assistance.

Beyond the implications of diminishing aid, the transition context is complex, as health systems must cope with technological advances, aging populations, increased costs, complex pluralistic health service delivery with a growing private health sector, rising population expectations for better quality health services, as well as a voice in decision-making, are among the many factors putting pressure on health systems. Non-communicable diseases often account for the largest part of the disease burden in these countries, while at the same time an unfinished agenda for communicable diseases remains. As everywhere, HSS interventions should be tailored to country context and country-specific needs should guide investments and reforms in HSS to support and sustain progress towards UHC. In addition, actions are likely needed beyond the health sector, engaging a diverse range of stakeholders to address health determinants. And motivating political support for change will include a critical place for citizen voice in health, with the need to put in place effective participation mechanisms for patients and communities.

Domestic resources often account for the large majority of health sector resources, but allocation of these resources often suffers from (or contributes to) inefficiencies and inequities. Good governance and strengthened capacity of institutions to support more efficient use of resources to sustain effective coverage of priority interventions are at the core of the agenda.

In such contexts, it is increasingly recognized that some forms of aid may simply displace domestic effort for things that countries should be capable of funding from domestic resources, such as procurement of medicines and paying staff salaries. Therefore, what aid supports and how the

funds are channelled needs to be re-considered in light of both what governments find more difficult to support in the short run (e.g. institutional development, capacity building, citizens' engagement platforms), as well as potentially distortionary incentive effects on domestic health spending, including but not limited to the design of conditionalities and co-financing requirements.

Work in this area is considered high priority for the new IHP for UHC 2030 partnership and a TWG is being set up with the below objective.

Objective

To explore roles, responsibilities and opportunities for collaboration among DPs, expert networks and countries to enhance efforts to sustain increased effective coverage of priority interventions with financial protection, in countries transitioning from aid.

Scope of work

- **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.

Outputs – *provisional suggestions for the consideration of the technical working group*

- **An annual work plan** for the group, building on existing, ongoing and identified new work with key outputs and products.
- **Concept paper on sustainability and transition**, framing the core objectives and unit of analysis for policy.
- **Concept paper** focusing on health financing issues in health systems in transition.
- **Concept paper** bringing together experiences from countries in strengthening institutions for evidence informed policy including modes to support this , lessons learnt and recommendations
- **Case studies** developed on different models for technical assistance to strengthen institutions capacity for stronger evidence informed policy making towards UHC.
- **Guidance note and tools** on principles of good engagement for DP approaches to countries transitioning from ODA
- **Identification of pilot countries** for coordinated action on support to transition countries.

Members

The group will be open to those countries, DPs and organizations interested to participate – and contribute to the collaborative agenda. Subgroups on taking forward different work streams should be considered.

Potential membership:

- UHC hosting organizations:
 - WB
 - WHO
- Countries: TBC: Senegal, Kenya, South Africa, Ghana, Moldova, Vietnam
- DPs: EC, Germany, USAID, Australia, DFID, Japan, others
- Health policy and System Research Alliance
- BMGF
- PEPFAR
- Gavi
- The Global Fund
- Civil society
- John Hopkins
- R4D
- Centre for Global Development

Working Group modalities of work

Chairing by DP(s) and a country; supported by UHC2030 Core Team.

- Face to face meetings
- Audio video conference
- Commissioning of literature review and case studies.