Statement on Transition: what next?

UHC2030 Working Group on Sustainability and Transition

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The Statement's 10 Principles

1. Develop policies on transition within the context of universal health coverage that includes leaving no one behind.
2. Promote national ownership and good governance for people-centered approaches and social accountability for effective transition policies.
3. Understand sustainability as a health system's ability to sustain or increase effective coverage of priority interventions and associated outcomes towards UHC.
4. Adopt the perspective of the health system in transition processes, including the other sectors that influence health, and move away from a singular focus on specific individual health programmes.
5. Strengthen national institutions to ensure successful transitions.
6. Make the case for adequate domestic resources for the health sector as a whole.
7. Focus on transition as an opportunity for countries to improve the way they use resources.
8. Ensure that health systems strengthening and disease-specific programs work closely to identify barriers and actions needed in order to progress towards UHC.
9. If you are a development agency support well-coordinated national transition plans that adopt a UHC perspective
10. If you are a development agency operating at global and country levels, ensure consistency and synergies for coherent support to countries.

How to operationalize these nice words

Getting agreement on the statement as a set of underlying principles was the “easy part”

If we take these words seriously, it means changing how work gets done at country level

- By governments and key health system actors in the public and private sectors
- By development partners
- By civil society
- Academics/experts

UHC figures prominently in the principles

Leaving no one behind (equity, universality)

Embedding programs and the services they support within the overall system

Transition as political opportunity to address silo-driven inefficiencies and strengthen health system institutions

All imply some changes for governments and development partners

What a "UHC lens" can bring to sustainability?

Unit of analysis is the system, not the program or single disease

- Budget dialog makes sense at **sectoral level**, not disease-by-disease
- Assess progress at **level of population**, not for "scheme members" or program beneficiaries
- **Efficiency** is key to progress: needs a whole system, whole population unit of analysis (cross-programmatic agenda)

From silos to sustainability: transition through a UHC lens

World Health Organization

1. Focus on **sustaining increased effective coverage** of priority health interventions
2. Action is required both in terms of amount of funds (**revenues**) and how those funds are used (**expenditures**)
3. **System-wide** unit of analysis

From silos to sustainability: transition through a UHC lens

The transition to higher-income status is a positive step forward for countries, but this transition brings with it the prospect of declining external assistance, both in general and in particular for health. Most health donor agencies rely at least in part on an income threshold to establish eligibility for support. Such a donor transition implies that government is increasingly responsible for the financing of a health programme and its supported interventions.[1]

However, focusing attention only on replacing external assistance with domestic revenues for the programmes concerned is problematic in two ways: firstly, this approach limits the sustainability question to revenues, and secondly, it limits the scope for action to the specific health programme that was receiving external support. The commitment countries have made to universal health coverage (UHC) is an opportunity to reframe the transition agenda towards sustaining coverage results rather than externally funded programmes per se. This perspective has implications for the overall approach to transition taken at both national and global levels.

UHC embeds the goals of equity in service use, quality, and financial protection at the level of the entire health system and population.[2] The way external resources are often channelled, as a legacy of the Millennium Development Goals era, creates or reinforces vertical structures focused on specific diseases or interventions. In many countries, these subsystems operate independently of the rest of the health system, with separate plans, budgets, funding, procurement, supply chains, and information systems.[3] When viewed through a UHC lens (ie, across the health system, within which programmes are embedded), it is apparent that these separate subsystems duplicate responsibilities, compromising efficiency in resource use and sometimes effective case management—eg, when service use data on a pregnant woman who has HIV is managed separately by the HIV programme and the maternal health programme.[4]

Consolidating underlying subsystems can help sustain progress. External assistance should support such real system-building actions. Purely financial solutions to the challenges posed by donor transition, such as blended financing arrangements, should not mask the need to address these efficiency challenges that are at the core of putting national health systems on more sustainable trajectories. There is no need to wait for transition; the time to initiate such change is now.

The economic growth that triggers donor transition also provides an opportunity for a health financing transition—ie, reforms which, if effective, result in an increase in health spending per person and a decrease in the share of that spending that is paid out of pocket.[5] Realising this in practice requires targeted policy measures. As with efficiency considerations, financing actions should be addressed at the system rather than the programme level. Specifically, government-wide efforts to strengthen taxation capacity and increase priority for the health sector in public budgets are key.[6–8] Within the health sector, actions are needed to reduce fragmentation in the way that funds are pooled, and to then allocate these funds strategically to improve health and drive efficiency gains. For example, the inclusion of currently programme-supported individual health services (eg, immunisation and HIV and tuberculosis treatment) within integrated benefit packages, payment systems, and service delivery arrangements can be considered as part of building a more sustainable system. Finally, citizens and taxpayers (ie, those driving domestic funding) need to move this effort through collective action, as part of national health assemblies and parliamentary debates.[5,10]

Looking at transition through a UHC lens implies three shifts: building consensus that what is to be sustained is increased effective coverage of priority health interventions; that sustainability requires acting on both revenue and expenditure issues; and that such actions must be done system-wide rather than programme by programme. A UHC lens means looking at these challenges from the perspectives of the health and finance ministers rather than simply those of each programme manager. A minister's perspective puts financing issues within the frame of funding for the entire sector, leading to an emphasis on strengthening overall taxation capacity and improving equity and efficiency, which are core principles for any health financing system, regardless of transition. It also means going beyond financing to carefully address inefficiencies through reforms and investments that might require donor support, to streamline the underlying administrative machinery of the entire health system. Focusing on UHC goals to drive consensus and the system-wide unit of analysis to frame actions better enables policy responses to build stronger health systems that address programmatic priorities, regardless of the source of funding.

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Re-framing the sustainability question

NO! “how can we make the HIV program sustainable?”

YES! “how can we sustain increased effective coverage with interventions to prevent and treat/manage HIV?”

More generally, we are interested to sustain increased levels of goal attainment, not to just cut costs

- We want to improve system performance to the extent possible subject to the constraint of maintaining financial balance
- The “UHC unit of analysis” is the basis for the cross-programmatic efficiency approach

Perspective of the Minister (of Health and of Finance), not the program manager

I/we need to raise/allocate the resources to address health challenges

I/we need to make best use of those resources

I am responsible for the health/public sector

- Cannot approach these issues program by program
- I have to make better use of all of my resources

And for development partners

No more “fiscal space for HIV” and “fiscal space for immunization” and…

- Need revenue and expenditure scenarios for sector as a whole
- Joint rather than piecemeal donor engagement with national finance authorities
- How does/should reality of fungibility affect how aid is channeled and nature of agreements negotiated with governments?

Partner is not (only) the program manager – need to connect disease-specific dialog with overall sector dialog

The transition challenge is more than financial

How to make “leaving no one behind” a reality as donor leverage declines and governments less willing than to reach out (e.g. “key populations” in some countries)

Civil society – how to support within the context of “national ownership”

Much more political than financial issues arising from transition

Emerging priorities

Important to differentiate:

- political and technical agendas
- global/donor and country level agendas

How do we operationalize these ideas?

- What can be usefully consolidated without a loss of accountability?
- What are priority areas to come together?

Transition as an opportunity (principle 7)

As countries face declining aid, more pressure to address long-standing efficiency problems

- Parallel subsystems, silos, that constrain effective system-wide governance

Can we identify specific priorities for a "transitional reform and investment agenda"?

- e.g. strengthening and unifying subsystems for information, procurement, supply chain, PFM…

What we want from you today, based on your experience

Get specific in terms of needed actions (government, DP, CSOs, others) to address critical challenges to:

- reform health system policies, institutions and actions from the "UHC unit of analysis" perspective
- support and strengthen the relevant knowledge and advocacy agendas
- modify behavior or approaches of DPs (and not just funding agencies)…is it needed?