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

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

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

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• 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:
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 2\textsuperscript{nd} 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