Feedback from a meeting with disease/health programs on sustainability and transition

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Program perspectives on sustainability and transition

Background

- The WG has focused on placing sustainability and transition in a context of countries moving towards UHC.
- Bridging the discussion between the different players (including working on overall system broadly vs those working on particular health or disease outcomes)
- The WG has been broad (reps from different constituencies including programs)but has used HF as a main entry point
- At a point in the discussion where it would be good to hear more from disease/health programs.
- A meeting Dec 10th with WHO programs on TB, HIV, Malaria, NCDs, RMNCH, NTDs, Polio, EPI, - HF, JWT, (SD) – UNAIDS, RBM, STB – GHI. Geneva based.
- Report with more detail – vetted by participants- but some feedback on the overall.

Program perspectives on sustainability and transition

Background to the work so far-

- Placing sustainability and transition within the context of UHC.
- Framing: Getting the sustainability question right.
- The centrality of the consensus on aiming to *sustain the effective coverage of quality priority interventions and outcomes - toward UHC*.

General:

- Complex discussion but interesting to look across
- Two agendas – the “efficiency” agenda on HS barriers to improving outcomes vs the “harmonization” agenda more related to DAH instruments and EDC

Program perspectives – some of the "scares"

TB	• **TB drug procurement – maintaining quality and continuity, avoid drug resistance vs incentives to procure locally**
Malaria	• Weak supply systems, risk of resistance to pesticides and resurgence to pre 2000 levels • Political expediency – vs addressing longer term issues
HIV	• Resurgence in concentrated epidemics – where key populations served by NGOs play a central role. Weak capacity for social contracting.
NTDs	• Group of 21 diseases. Low political priority but DAH funding critical e.g. drug donations, how to increase political will
Polio	• Surveillance system heavily reliant on DAH funding and at risk • The need to integrate more outreach services
VPI/EPI	• Great progress in acceleration of new vaccines, but new vaccines are more expensive, price difference GAVI and non GAVI counties. Is scaling up sustainable without working together on efficiency issues?

Program perspectives on sustainability and transition

	Some of the "scares" mentioned con't
NCD	• Huge disease burden but apathy – reliant on domestic systems • Need to work both on individual (HT, cholesterol reducing) and population based services (tobacco alcohol, dietary determinants) • Strengthen PHC – for better NCD control /chronic care etc • Limited data availability – strengthen HMIS • Economies of scale vs quality – e.g. on cancer care
General	• Programs need to be there, not only about interventions, but understanding what are the cross cutting elements for work on UHC. • Eradication/eliminatin where this is feasible – vs UHC – can contradict. • Different country contexts fragility vs. more stable contexts • HS issues similar for NCD vs donor reliant programs

Program perspectives on sustainability and transition

Some issues cutting across – not a whole HS framework but some priority cross cutting issues mentioned by programs.	
Procurement and supply systems	TB, malaria, VPI,
Need for multi sector ways of working	NCDs: Tobacco, alcohol, dietary polices TB/HIV: e.g. prisons Malaria: vector control
Strengthening service delivery models PHC, other levels,	All
Data and HMIS systems	All
Hard to reach populations. Strengthen capacity for social contracting of NGOs	HIV, TB, malaria, polio,
Better ways of working at subnational levels.	Malaria, NCD,TB
PFM	Make systems conducive for integrated SD

Program perspectives on sustainability and transition

Some donor related issues	
Fragmented DP approaches to transition	Need to work across the board of GF, GAVI and WB for a synchronized approach
Assumption at the start transition was an easy process	Understanding the local context to engage on UHC A new skill set Adjusting the appetite for risk - New ways of demonstrating results New timelines and eligibility criteria