

Sustainability, transition from external finance and health system strengthening

Next steps on a draft UHC2030 statement

The presentation- overview

- I. Background to the WG process so far
- II. Introduce the draft statement on sustainability and transition from external finance
- III. Outline of options for SC guidance

I Background to the WG process so far

Rationale for the Sustainability and Transition working group

- To explore roles, responsibilities and opportunities for collaboration among countries, development partners and expert networks to enhance efforts to sustain increased effective coverage of priority interventions with financial protection, in countries transitioning from aid
- The UHC2030 working group works towards building a consensus on the sustainability objective in relation to transition from external finance – to mean sustained coverage of priority services and interventions for UHC with financial protection and develop a collaborative agenda taken forward by different partners in support of this.

Rationale for the Sustainability and Transition working group

- 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 universal health coverage (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.

WG established in December 2016

Membership of the working group

- UHC2030 hosting organizations:
 - World Bank
 - WHO
- Countries: South Africa, Indonesia, Estonia, Kenya, Ghana, Armenia Cambodia, Lao
- Bilateral/donors: EC, Japan, Germany, France, USAID, Australia, DFID,
- GAVI, Global Fund, GFF
- OECD
- Bill and Melinda Gates Foundation
- Civil Society Engagement Mechanism
- Academia /think tanks(LSHTM, R4D, Centre for Global Development)

Aim

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

Strong WG input from countries – 15 countries have contributed directly and indirectly

Direct contribution through membership and participation in face to face meetings

Indonesia, South Africa, Estonia, Kenya, Cambodia, Lao, Armenia and Ghana

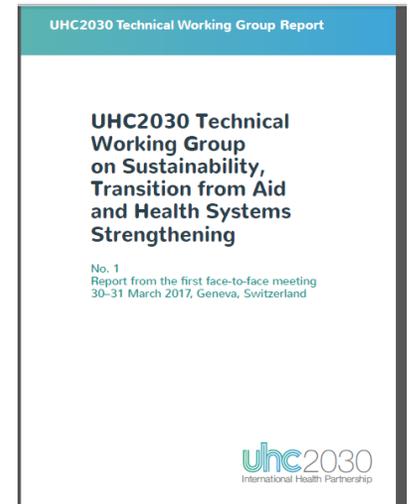
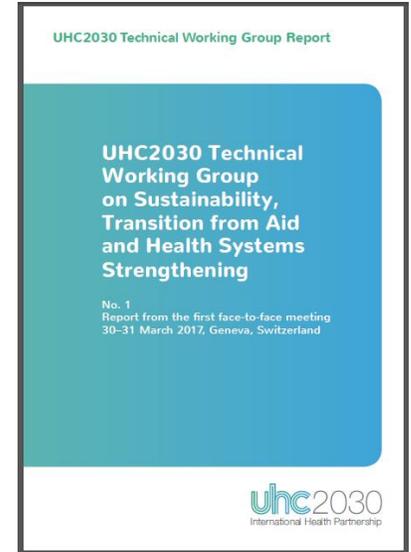
Indirect contribution through input to a country consultation paper

Nepal, Kyrgyzstan, Sri Lanka, Panama, Myanmar, Zambia, Papua New Guinea

The process so far

Two face to face meetings in 2017 (March and November/see reports) and 4 online meetings

- Meeting in March
 - Mapping of WG member policies and definitions of key terms
 - Presentations from countries –
 - Discussions on key concepts and unit of analysis
 - Sketching out work areas for the WG
- Meeting in November
 - Country consultation paper
 - Data set on current and planned transitions collected from WG
 - Presentation of regional work from WPRO
 - CS paper on transitions
 - Work plan for 2018 -



Mapping of WG policies and definitions in Q1 2017

Diversity of definitions and understanding of the “**transition concept**” among working group members

“**Sustainability**” definitions are also varied but most tend to have a focus on increased coverage and health outcomes/impact

Limited work on effects of **multiple exits or transitions** in one country

Limited evidence of the **effectiveness of transition policies over time** across programs focusing on the whole health sector

Mapping of WG policies and definitions in Q1 2017

Transition provides opportunities and entry points to identify what health system strengthening is needed (what to continue, where to integrate and adapt systems to increase efficiency)

Limited advocacy on UHC at country level and political engagement on implications of sector wide transition is underdeveloped

Recognition of the **importance of strengthening institutions and capacity** and that this takes time, but that it is not always clear how this translates at country level by the various partners.

II. The draft statement on sustainability and transition from external finance

The purpose of the statement is to contribute to a **consensus among countries and development partners** on the **core issues and objectives** in response to transition from external finance.

While it is recognized that appropriate responses to transition must be specifically adapted to each country's context, a set of **common principles** to guide the actions of national governments, development agencies, and other health stakeholders such as the private sector and civil society groups

The statement reflects key concepts the WG has been converging towards during its first year of operation.

II. The draft statement on sustainability and transition from external finance

Contains a short introduction based on data gathered by the WG members on the numbers of current and projected transitions from external finance in the context of selected fiscal space and aid dependency indicators.

Transitions from external financing **are affecting a very large number of countries** LMIC in particular. Within income groups there is **large inter country difference and DAH p.c.** **Predictability and levels of DAH are also an issue**

There is an important window of opportunity to help position transition processes in a way that optimally brings all actors together to support countries in sustaining and scaling up coverage of priority interventions and services with financial protection towards UHC

The statement offers 10 common statements/principles towards this.

Statement – 10 common points/principles

- 1. Policy development on transition from external finance should be positioned within the context of a country's move towards Universal Health Coverage.**
- 2. Transition and sustainability is first and foremost a matter of national ownership, which requires governance structures and strategies to guarantee people centered approaches and effective social accountability mechanisms.**
- 3. Sustainability in relation to transition should be understood as a health system's ability to sustain effective coverage of priority interventions and services.**
- 4. To sustain these improvements in coverage, the unit of analysis is the health system, including the other sectors that influence health, and not specific individual health programs.**

Statement – 10 common points/principles

5. Development partners have a critical role to play in supporting and enhancing unified national transition planning.
6. From a financing perspective, joint efforts should be directed to making the case for additional overall domestic resources for health, rather than focusing on the immediate financial needs of any one program.
7. Transition provides an opportunity for countries to enhance their ability to use resources – both domestic and external – in a more efficient and accountable manner to achieve the desired health system performance goals.

Statement – 10 common points/principles

8. From the perspective of the service delivery systems, fostering a closer working relationship between the decision makers working in the fields of health system strengthening and those working in disease programs will allow a clearer identification and prioritization of health system barriers
9. Strengthening national institutions is at the core of successful transitions.
10. Better synergies are also needed within development agencies between those operating at the global level and those working at country level.

III. Options for SC guidance

Does the SC agree further consultations should be sought for agreeing the statement/principles **within the next 3-4 months by electronic consultation.**

- To ensure buy in from constituencies

A second activity to be finalize by the end of they year will focus on.

- there are three areas in which work is being proposed that derive from the guiding principles: (i) knowledge gaps; (ii) HSS investment and capacity building; (iii) operational implications.

How can we move this agenda be forward?

THANK YOU

