



# Building institutions for an effective transition towards UHC

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# TRANSITION FROM AID

- Many (most?) countries can expect a decline in aid
- Others experience other types of transition: health financing, epidemiological, demographic, economic, etc
- Not a money issue ?
- ALL countries need to strengthen public finance
- Strengthening institutions is key

**NOT A MONEY ISSUE?**

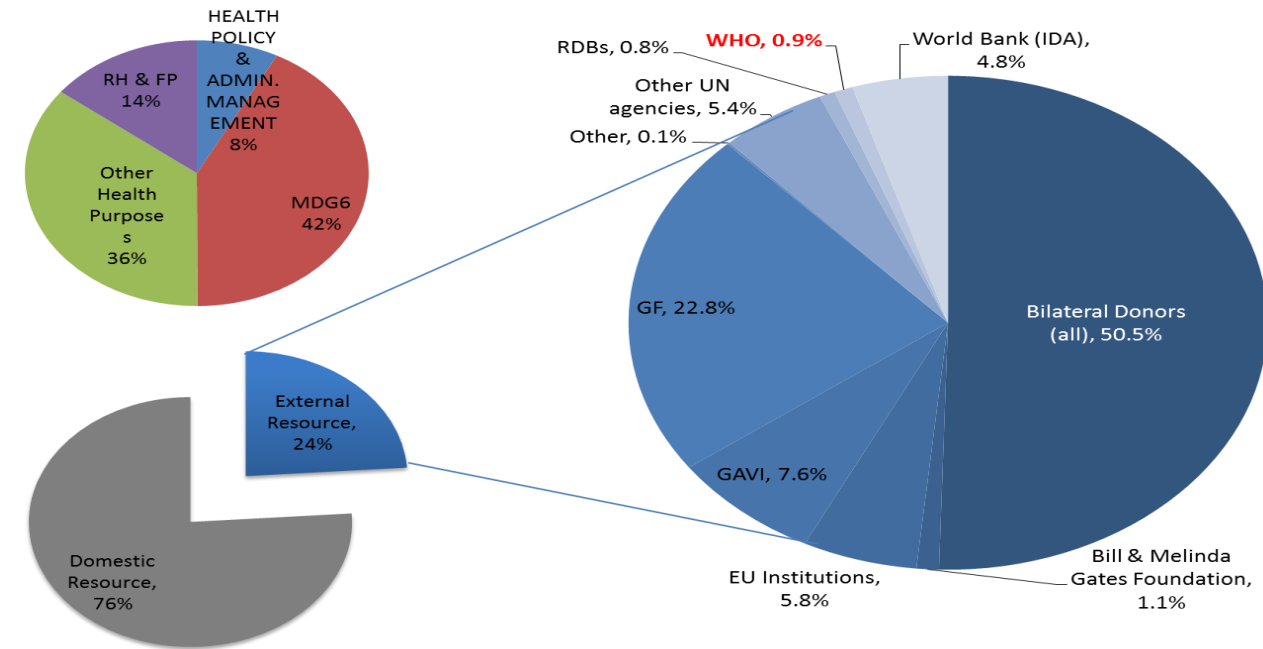
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”a transition in which the per capita amount of external financing declines while indicators of (1) overall population health and (2) overall access to health services do not decline.”

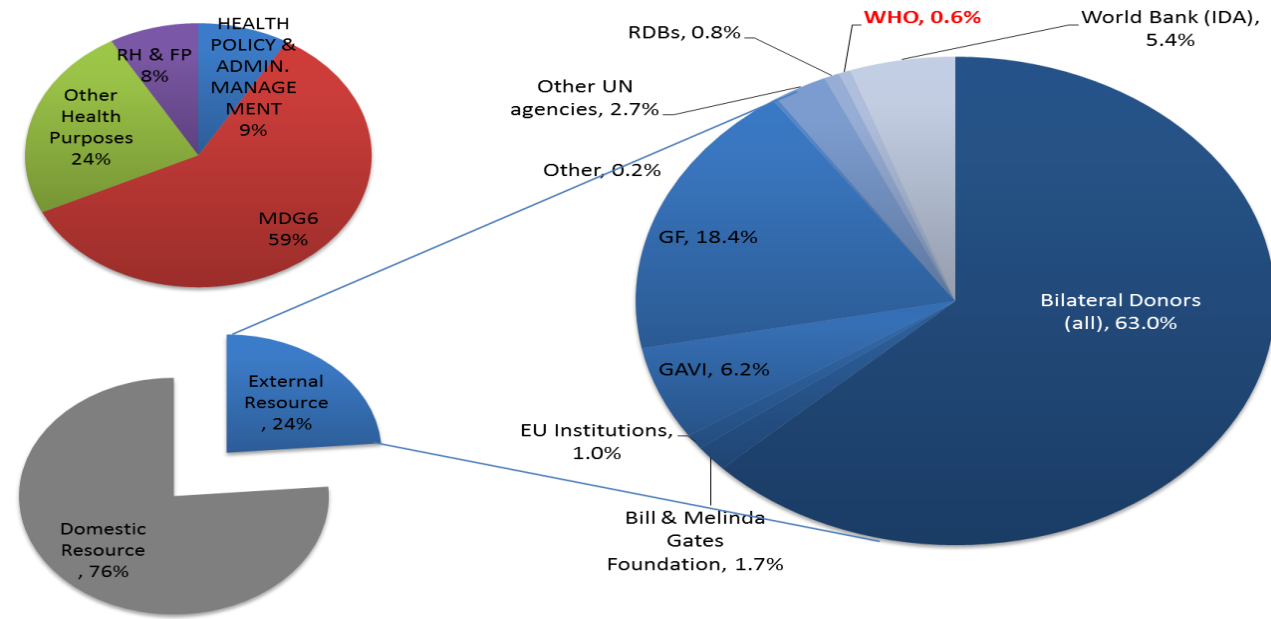
Bill Savedoff

# IS TRANSITION REALLY ABOUT MORE MONEY

## Domestic and External Resources for Health in non-fragile LICs (2011-13)



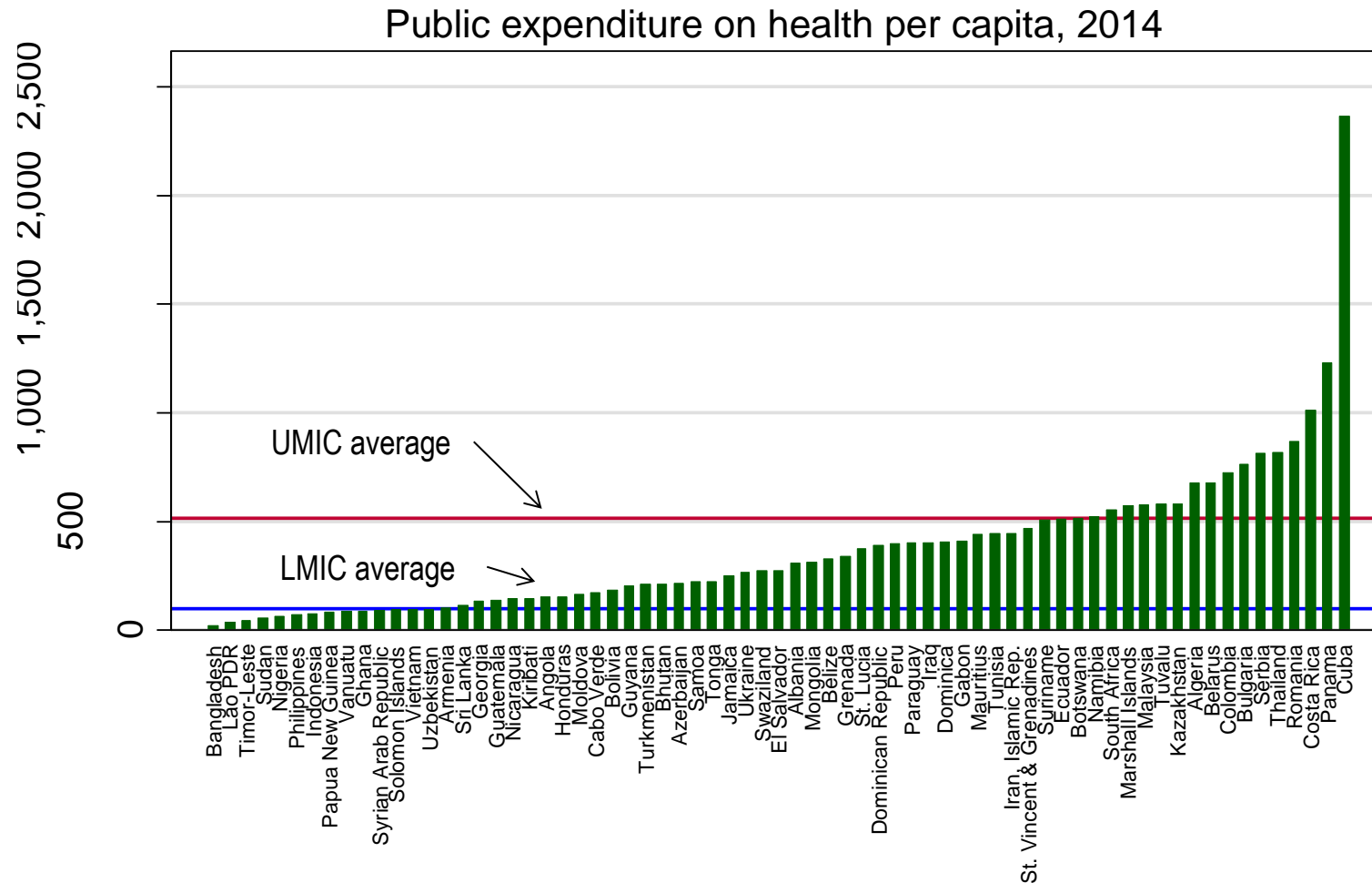
## Domestic and External Resources for Health in Fragile States (2011-13)



Sources:

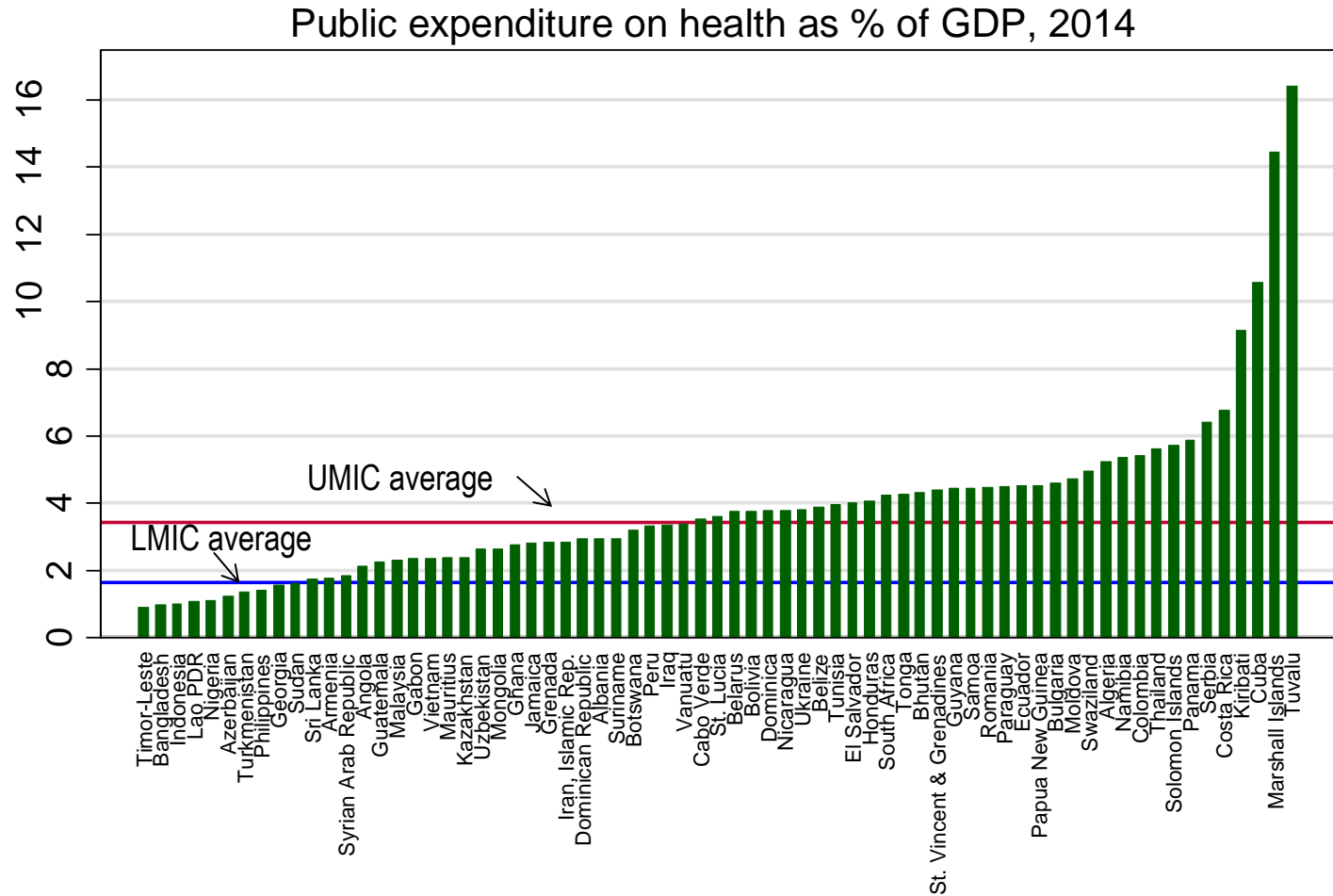
1. OECD DAC2011-2013 (28 Fragile States, 10 billion constant 2013 USD/7.57 per capita, 26 non-fragile LICs (20 billion constant 2013 USD/10.45 per capita) : other includes donors who gave less than 100 M\$; disbursement-base data to a country from a donor and not include multi-country donations; World Bank "HARMONIZED LIST OF FRAGILE SITUATIONS FY15" was used for the fragile status.
2. WHO Global Health Expenditure Database (24 Fragile States, 24 non-fragile LICs): external resource represents health expenditure from external source as percentage of total health expenditure; domestic resource includes both private and public health expenditures

# Public expenditure on health per capita in transitioning countries is above the lower-middle income average



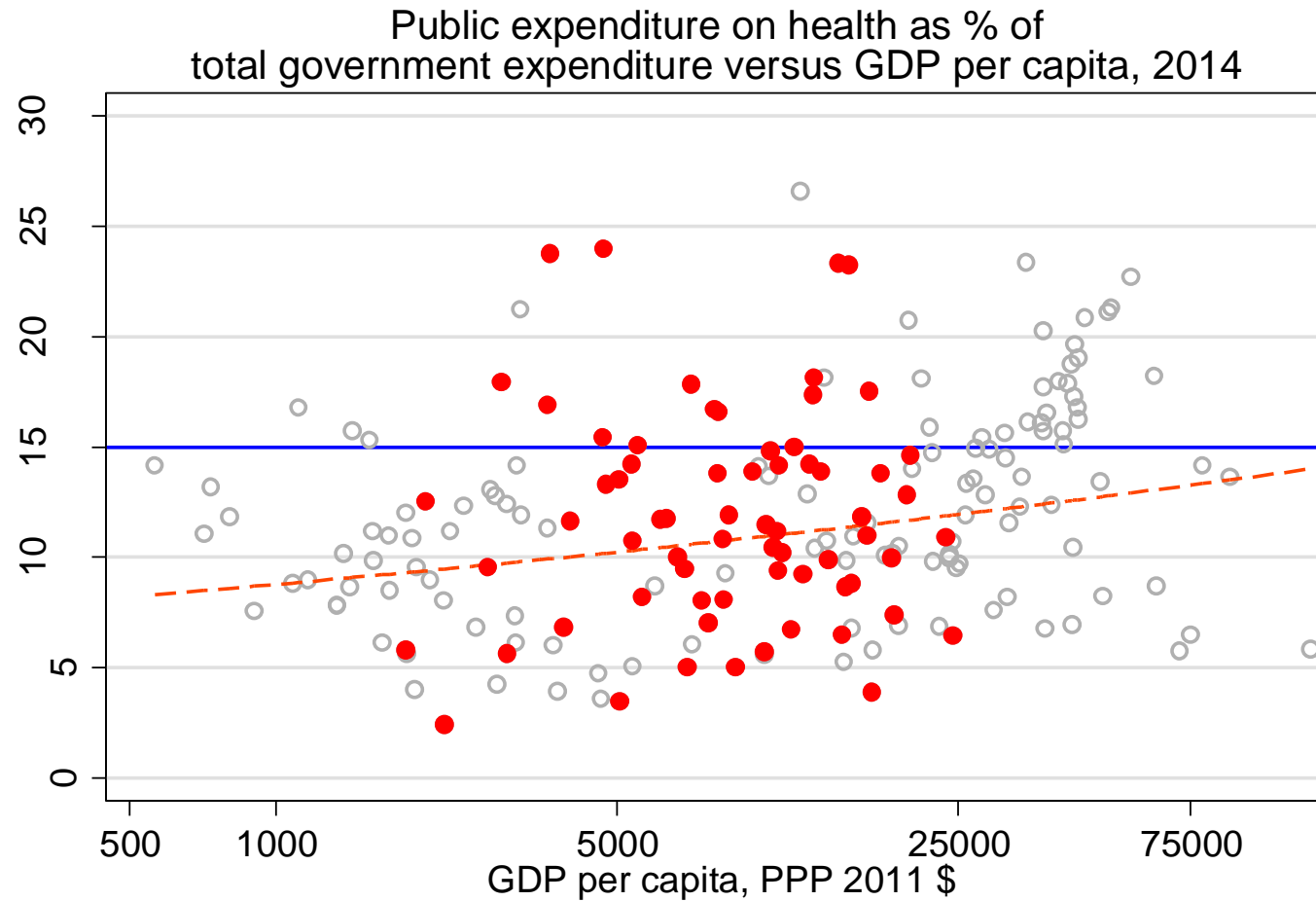
Source: WHO Global Health Expenditure Database

# Also as a share of GDP...



Source: WHO Global Health Expenditure Database

# Still progress can be made to prioritize health in some transitioning countries



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



# A PUBLIC FINANCIAL MANAGEMENT AGENDA

# Focus on revenues AND expenditures

- Health programs and their partners each addressing these issues and approaching Finance Ministries
  - ...for sustainability of their program (HIV/AIDS, NCDs, NTDs, nutrition, RMNCAH, TB, malaria,...)
- Sustainability is not only a revenue question; we also have to think about managing expenditures to get better results from our spending
  - “Can’t just spend your way to UHC”
- Enabling efficiency
  - Streamline system architecture across programs while ensuring good results
  - Invest in underlying systems

# WHAT TRANSITION IS REALLY ABOUT ...

- Enabling effective domestic revenue collection and allocation for the sector
- Managing expenditures better to get better results
- Building or strengthening organizations and processes that support and enable system efficiency and performance
- Streamlining processes across programs to end fragmentation, while ensuring good results

# INSTITUTIONS

# TRANSITION FROM MDGs to SDGs

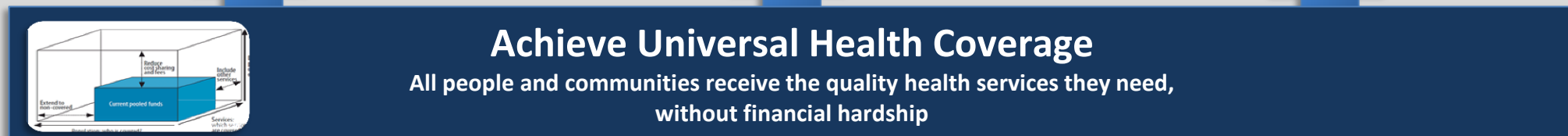
- MDGs stimulated fragmentation: separate plans, budget, funding, procurement, monitoring, etc.
- SDG targets may lead to continued emphasis on vertical approaches: more separate plans, monitoring mechanisms, funding streams and implementation efforts
- How to avoid the same vertical trap? Health Systems for UHC  
The UHC target can provide “umbrella” to enable move away from silos and fragmentation

# Investing in Health Systems to reach the SDGs

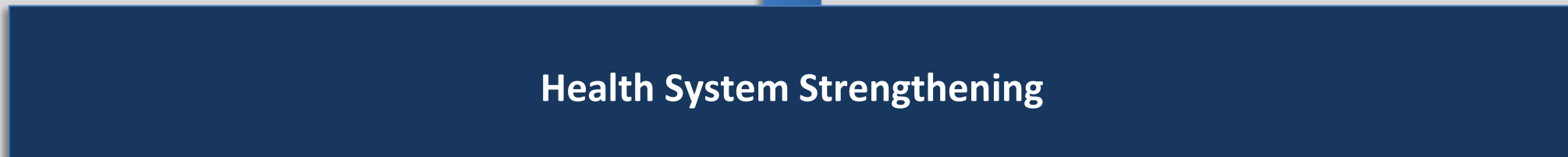
*SDGs  
(Impact)*



*UHC (Outcome)*



*Health System  
Strengthening/  
Performance  
(Input/Output)*

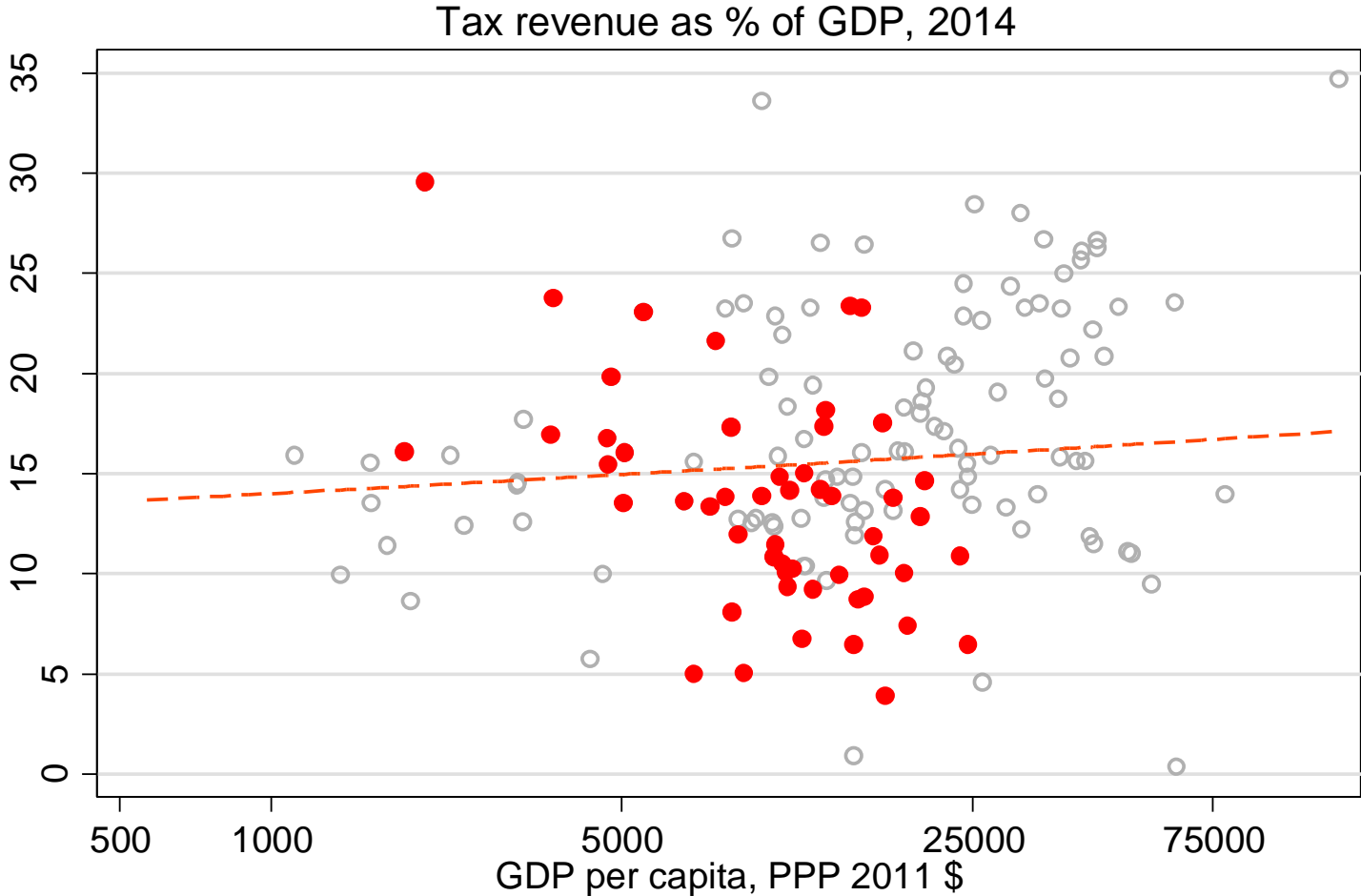


# Fit for context – Fit for purpose Health Systems

- Building Health System **F**oundations
- Strengthening Health System **I**nstitutions
- Supporting Health System **T**ransformation



# Focus on increasing overall tax revenues at the core of transition agenda



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



# Institution building (1): it is about citizens

- Domestic funding is about citizens voice
- Collective financing is driven by choices of taxpayers in terms of revenue generation, and budget allocations
- Efficiency is driven by accountability

# Institution building (2): it is about the law

- Strengthening critical regulation and legal frameworks
  - Procurement
  - Public Financial Management
  - Human Rights and Entitlements
  - Accreditation/Regulation of medical products

# Institution building (3): it is about agencies' capacity

- Building governance capacity of Ministries of Health --- often weakened by parallel governance structures
  - Not only policy capacity but also implementation capacity
  - Norms, standards and regulation
  - HTA and strategic purchasing
  - Monitoring and evaluation
  - Using evidence for policy; implementation research
- Comprehensive, evidence-based health sector strategies, formulated through a participatory approach
  - Vertical programs integration
  - Subsector (HRH, pharmaceuticals etc) integration

# Institution – examples of interventions

## Financing - Examples

- Health financing diagnostic analysis
- Strengthening resource tracking methods and capacities
- Diagnosing potential areas for technical efficiency gains
- Advice on design & impl<sup>o</sup> planning for nat health financing strategy
- Institutional support to nat./Region public health/econ. training entities
- Health financing training

## Governance - Examples

- Institutional & legal assessment
- Develop organizational capacity for reforms including legal framework
- Policy dialogue on accountability / “citizen’s voice” at national, sub-national or local level (e.g. NHAs)
- Design needed institutional reforms
- Support setting institutional arrangements to better inform policy
- Annual transparent reviews

## Workforce - Examples

- Health Labour Market analysis
- Support the development of health workforce strategies aligned with NHPSPs
- Support the inter-ministerial dialogue on health workforce
- Support the development of curricula, pre-service and in-service education programmes
- Strength institutional capacity for HRH stewardship
- Regulatory frameworks

## Information - Examples

- Policy dialogue to ensure availability and accessibility of comprehensive disaggregated high-quality data
- Support interoperability and integration of HIS systems to reduce fragmentation and ensure communication, exchange and use of health data (e.g. Nat Obs)
- Strengthen analytical capacity and engage national stat. offices to support MoH in monitoring SDGs

## Pharma./med. products - Examples

- Policy dialogue on Good Governance of pharmaceutical systems including regulation, procurement and supply
- Policy dialogue on access to ess. medicines and health products, incl. review of policy options for supply systems & local production
- Education and training of health care professionals in order to support the implementation of national medicines policies and strategies

## Service Delivery - Examples

- Policy dialogue on national quality and safety policy and strategy
- Design and evaluate options to re-orient the model of care and for successful care coordination
- Support to hospital and public health institute strengthening programmes
- Support for key health systems functions in AMR national action plans (e.g. antibiotic stewardship, infection prevention, research and development)

# Transition is about Institutions

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- Not a money issue
- ALL countries need to strengthen public finance
- Strengthening institutions is key