



MAPPING OF UHC2030 STWG APPROACHES TO TRANSITION FROM EXTERNAL FINANCING

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Purpose, Methods, Limitations

- To provide background information on STWG members' ongoing work related to country transition and develop an initial classification of members' work
- To feed review findings into STWG priority areas/work planning
- Rapid review of documents supplied plus 16 interviews
- Not a comprehensive review of all work nor of all relevant partners (STWG members only)
- Snapshots may have missed things, be partial. Not all are signed off

Definitions of Transition and Sustainability

- Diversity of definitions and understanding of transition in use among WG members
- GF, GAVI, USAID/PEPFAR have explicit and formal definitions of transition. Others WG members' definitions are less formal
- Definitions of sustainability are varied and can be multi-dimensional (financial, programmatic, institutional, systems) but most tend to agree on goal of maintaining or increasing coverage and health outcomes/impact
- Changing vernacular. Terms used interchangeably in the literature

Policies of Global Health Initiatives

- GF and GAVI have standardised, formal policies in place with clear objectives and implicit theories of change. Country guidance is in place. Policies change and update quite regularly
- Objective criteria are used to start the process of transition
- Policies have transparent step-wise processes/roadmaps that take countries from assessment to eventual transition from funding
- Common approaches (GAVI/GF)
 - *thinking & embedding sustainability planning early on in program design*
 - *growing domestic financing share*
 - *regular monitoring*
 - *long timelines (in phases, 10+years)*
 - *recognition of alignment with health plans and need to fund health sector overall*

Policies of Bilaterals and EU

- Bilateral policies on transition and sustainability are not typically formalised and do not necessarily follow a set process
- Formal trigger criteria are less evident. Decisions to transition are driven by several factors, not just a country's ability to fund its own development
- Decisions can be abrupt and unilateral, limiting policy engagement and transition and sustainability planning & processes
- Can also be predictable and phase out over several years
- If bilateral funding ends, the donor often uses other modalities for engagement e.g. pooled TA funds, global or centrally managed funds. Few cases of exiting completely.

Policies and approaches of WB, WHO

- WB decisions for country transition from IDA is based on per capita income levels and other country specific factors, including creditworthiness
- WB recognising the need to systematically smoothing the process of IDA transition through transitional financing mechanisms. Exploring how to reduce costs of future borrowing (TA/MDTF, buy downs, co-financing).
- Overarching approach of these organisations is the sector-wide perspective.
 - *Transition planning is country-led and holistic across the sector – a focus on the ‘bigger transition picture’ which is more than one donor or agency or program*
 - *Sustainability means increased & effective coverage of priority interventions to progress towards UHC, rather than sustainability of individual programs*
 - *Health financing transition focuses on the whole sector, improving health system efficiency in ways that ensures service coverage and reduces the reliance on OOP sources of payment*

Policies & approaches: JHU, BMGF, R4D, CGD, LSHTM, UNAIDS/ERG, and GHA (civil society)

- No explicit definitions or policies but a policy priority for all
- Focus of work: research, analysis, evaluation, advocacy, tools, to inform policies & generate thinking/debate on transition issues
- Notable focus on transition and sustainability of HIV programs
- BMGF (Gates Foundation) focus on developing systematic transitional financing mechanisms to support countries transitioning from IDA, AFDB, GAVI, Global Fund, GFF funding
- GHA (Global Health Advocates) focus on strengthening understanding and political engagement around transition issues and implications/budget impacts with global, regional and country entities, and CSOs

Broad categories of activities



Types of work underway - examples

■ Program level transition frameworks, tools and guidance

- *USAID/PEFPAR Sustainability Index and Dashboard (SID);*
- *WB Checklist transition planning for national HIV responses;*
- *GF Transition preparedness assessment tool + social contracting module;*
- *UNAIDS/ERG guidance for AIDS sustainable financing;*

■ HSS assessments and support

- *choice of health interventions/technology assessment;*
- *PFM alignment with financing systems;*
- *provider incentives and payment mechanisms;*
- *fiscal space analysis, health financing system assessments.*

■ Conceptual thinking and learning for policy development

- *Evaluations/reviews focusing (usually) on one funding source e.g. USAID FP transition; GAVI early experiences; GF TERG country transition reviews*
- *Joint learning network on UHC*

Common elements in approach to transition

- Consensus on elements important for successful transition
- Transition trigger generally related to per capita income (with or without other factors), but not all at the same point – avoids a funding ‘cliff edge’
- Some joint working e.g. GAVI, GF, WHO et al

BUT

- Multiple tools and planning processes required of countries (e.g. PEPFAR, Gavi, GF, ..), often uncoordinated
- Various missions and advocacy efforts to MOF by partners and GHPs, competing for attention and resources for specific issues – “not helpful”
- Things change – changing country income classification, changing donor policies, changing funding allocations, that can shorten transition and planned phase out

Increasingly common approach to sustainability

- Evolving approach looking at **health sector** financing rather than program level funding sources in assessing financial sustainability
 - *e.g. Joint health financing system assessment, multi-partner exercise to look at policy options for developing health sector financing to enable progress towards UHC*
- Countries need to consider whether/how to sustain interventions as they plan for UHC
 - *e.g. WHO and others support country analysis of what to continue, where to integrate or adapt systems to increase efficiency*
 - *GF, PEPFAR, UNAIDS and others work jointly on HIV program sustainability*
- Entry point to identify what health system strengthening (HSS) is needed

BUT

- All recognise building sustainable capacity takes time, yet not always taken seriously early on “lip service”
- Limited evidence on how to improve efficiency and integrate successfully
- In practice, is there more emphasis on program sustainability?

Kenya

- UHC vision and roadmap. External resources for health as % of total expenditure on health (2014) - 27.5%, mostly off budget. 70% of AIDS programme funding is external
- Currently, weak donor coordination on transition and sustainability. Separate donor initiatives on readiness assessments and sustainability planning (UNAIDS; GF; PEPFAR SID; WB on integration of vertical financing)
- Transition timelines of donors not made very clear
- Some programmatic transition is already being piloted (PEFPAR 'pivot' pilot which is transitioning some health facilities) but issues in future programming for health, from a country ownership perspective, have not been given much focus

“as a country we are not placing high on the agenda, health financing conversations around transition in light of rebasing of the Kenyan economy”

Gaps

Learning for policy development

- Paucity of evaluations of bilateral transition and no focus on impact of multiple exits or transitions in one country
- Limited evidence of the effectiveness of transition policies and processes, including over time (institutionalised?)

Advocacy

- Work on domestic advocacy for UHC and services for all including key populations (in the context of transition and sustainability) appears limited
- Political/government engagement on sector-wide transition implications and impacts appears to be underdeveloped in some countries

Gaps and opportunities

Health system efficiency and effectiveness

- Transition from external financing provides opportunities for system review and reforms, HSS
- Opp: Explore collaborations with other relevant networks (such as iDSI on health technology assessments and priority setting exercises for the health sector)
- Opp: Are there global and regional actions to improve the efficiency of health systems and services e.g. procurement initiatives to make access to medicines more affordable and efficient?

Tools

- Multiple tools in existence. Scope to harmonise where possible e.g. joint financing assessments and transition preparedness?
- Need to consider ‘what next?’ after the tools are applied and how to maximise agency expertise and coordinate technical support and capacity building

Potential roles for this working group?

- **Promote & follow up holistic, coordinated approach at country level, e.g.**
 - *Agree joint assessments/process where possible for transition planning, fiscal space analysis, health financing system and institutional assessments, rather than multiple exercises.*
 - *Promote country led process engaging relevant stakeholders, including MOF, civil society and political level.*
 - *Once assessments are completed, follow up how partners are coordinating support to the transition plan /system strengthening plan. Help to ensure countries can access HSS support that makes the most of each agency and institution's expertise and technical assistance.*
 - *Monitor progress on harmonised support for HSS and whether there are fewer competing advocacy and fund raising efforts.*
- **Review whether more knowledge generation is needed** (joint learning and evaluation), on
 - *joint approaches to assessments, transition planning and related system strengthening and integration*
 - *country transition rather than single donor, e.g. learn from MICs how they managed*
 - *principles and practices to build political engagement and avert competition*
- **Review and harmonise tools in use, build agreement to make assessments joint when relevant**
- **Agree on terminology** (at least within the group)