



UHC2030 WORKING GROUP ON SUSTAINABILITY, TRANSITION FROM AID AND HEALTH SYSTEM STRENGTHENING

International Health Partnership for UHC2030

Objectives:

1. Contribute to **improved coordination of HSS efforts for UHC** at global level.
2. Strengthen **multi-stakeholder policy dialogue** and coordination of HSS efforts in countries.
3. Contribute to **accountability for progress towards HSS and UHC** that contributes to a more integrate approach to accountability for SDG3
4. Build **political momentum around a shared global vision of HSS for UHC** and advocate for sufficient, appropriate and well-coordinated resource allocation to HSS

UHC2030 Working Group on Sustainability, Transition from aid and health system strengthening

Membership of the working group


- IHP for UHC2030 hosting organizations:
 - WB
 - WHO
- Countries: South Africa, Indonesia, Estonia, Kenya, others tbc
- Bilateral: EC, Japan, Germany, USAID, Australia, DFID, others
- GAVI, GF,
- BMGF
- Civil society
- Academia /think tanks (John Hopkins, LSHTM, R4D, Centre for Global Development others,)

Aim:

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



The aims of the first face to face meeting on 30-31st of March were:

1. Present and discuss some of the major ongoing work related to transition planning
 2. Map out priority areas, key outputs and products for inclusion into a work plan for the working group on transition
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Background mapping of work on transition

Key messages

- Diversity of definitions and understanding of “**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
 - effectiveness of transition policies over time across programs focusing on the whole health sector.
- **Limited advocacy** on UHC at country level and political engagement on implications of sector wide transition

Background mapping of work on transition

Key messages

- Transition provides **opportunities** and an entry point to identify what health system strengthening is needed
- Evolving consensus to work towards a focus on “**sustained coverage of priority interventions in the sector**” rather than focus on “programme sustainability”.
- Recognition of the importance of **strengthening institutions and capacity** and that this takes time, but not always clear how this translates at country level by the various partners.

Feedback from countries

Key messages

Transition and sustainability is a matter of **national ownership** and therefore the Governments need to be in the driving seats.

Need for accountable **leadership** to coordinate all these efforts, design an **orderly transition** process with emphasis on **strengthening the capacity of institutions** and optimally linking **with the wider system**.

Engagement of multiple stakeholders: different line ministries and sectors, civil society, providers both public and private and citizens.

Feedback from countries

Key messages

There are multiple transitions from external finance ongoing with multiple transition assessments and there is need for a **more orderly process**.

Countries are interested in how to use the **resources in a more efficient manner** that would benefit the population as a whole.

Not only an issue of financial resources but a also of **technical assistance**, opportunities for cross country learning on UHC, and advocacy opportunities for UHC.

Feedback from countries

Key messages

Countries recognize that in some instances external funding may help convince government on certain **priorities** e.g. of work for marginalized groups.

Capacity of the recipient country is most important and sustainability should be regarded as the **ability to achieve the agreed health system objectives**

Currently no regulatory frameworks to cater for **financing non state actors** within the public health system.

For long term sustainability **capacity at the district level** can be critical, ensuring minimum standards, program and managerial capacity.