MEETING REPORT

WHO Symposium on Health Financing for UHC

Public Financing for UHC: Towards Implementation

31 October - 02 November 2017, Montreux, Switzerland

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BACKGROUND AND OBJECTIVES

Given that compulsory, pre-paid and pooled public resources are central to making progress towards universal health coverage (UHC), the way these funds are mobilized, allocated and spent is at the core of the health financing agenda. Following December 2014 and April 2016 meetings, WHO, partner organizations, and country counterparts have been working to implement the jointly agreed upon Collaborative Agenda on Fiscal Space, Public Financial Management and Health Financing. This work aims to facilitate productive engagement between health and finance authorities, by strengthening capacities on best practices and effective strategies to design and implement coherent and effective heath financing policies, within the frame of comprehensive reform plans, to move towards UHC.

As the third in the series of global meetings, discussions and presentations centred on the practical issues countries face in implementing policies and reforms to institutionalize and sustain progress towards UHC through the reliance on pre-paid and pooled public resources. Representatives of national health and finance ministries and other relevant government bodies, partner agencies, foundations, initiatives, and civil society organizations were brought together to delve into specific technical issues, build consensus, motivate collaboration, and push the knowledge agenda forward with respect to how to mobilize and make better use of public funds in country health systems.

The aims of the meeting were:

1. To engage and build on the evidence base on how countries can implement strategies to mobilize and use public funds to finance progress towards UHC.
2. To continue to push the knowledge agenda forward through collaborative discussions that identify priority areas for the ongoing collaborative work.

There was also a Pre-meeting on health budget structure held on October 30th, which brought together a subset of participants to gather and share country experiences with transitioning between input- and output-based budgeting in the health sector. A summary of this meeting and the way forward are presented in the annex of this report.

KEY MESSAGES

- Need to continue to make the case for the centrality of public financing for LMICs to make progress towards UHC.
- Despite its importance, there is evidence of decreasing domestic public funds to finance health in LMICs over the past 15 years.
- PFM is confirmed as a critical area of engagement for health stakeholders: the way budgets are designed, allocated and used in health is at the core of the UHC agenda.
- PFM is a key enabling factor for health financing reform implementation through strengthening and leading to more credible and realistic health budgets.

- Even if PFM is predominantly under the responsibility of finance authorities, sectors like health have a critical role to play to make sure PFM reforms also serve sector results, and as a result PFM reform needs to be tailored to each context and sector needs.
- Engagement with the political process and understanding the politics of UHC reform is an important component to enable implementation of health financing reforms.
- Transitioning from external assistance to domestic public financing is not only a financial issue; the primary issue is to sustain coverage of previously donor-funded health services.
- Earmarked sources of revenue should be assessed in relation to all potential revenue sources for the health sector and a country's broader health financing policies.
- Important to distinguish objectives of earmarking: while earmarked mechanisms may have an undeniable health impact, their effects on revenue are mixed in country experiences.
- The structure of the overall and health sector budget is a central enabler for health financing policy implementation and health stakeholders need to engage more on the topic.
- More work is needed to build the evidence base and support countries on health-sector specific challenges, particularly as they relate to budgetary program definition and aligning actual spending with the structure of the budget.
- Budgeting approaches need to be aligned with financing and provider payment mechanisms. In particular, it is important to link payment to services to enable more effective dialog with finance authorities on what public money is actually buying.
- There is scope for the health sector to be more active in relation to devolution processes; however, it will take well-coordinated and ongoing action across levels of government to ensure effective implementation of health financing reforms.

A summary of topics covered during the three-day meeting are presented below, including key messages.

WAY FORWARD

- As the third in a series of meetings on public financing for UHC, this meeting served to reinvigorate a spirit of collaboration on this topic and was also able to dig into key technical topics in need of further elaboration and support.
- Specific areas in need of direct attention and work include: health sector budget structure, political economy of health financing reform, the intersection between health financing reform and devolution processes, alignment between strategic purchasing and public financial management, enhancing sustainable approaches to donor support and related transition processes, and country experiences with implementing earmarking policies for the health sector.
- The meeting also highlighted the need to engage on these topics in a slightly differentiated manner by encouraging more specific, focused sets of activities, allowing country "deep dives," in-depth dialogue across countries and regions, and webinars.
- Implementing this agenda will continue to require strong collaboration and coordination of the partners at all levels, particularly in countries; WHO is committed to scaling-up engagement to leverage impact on country reforms.

PARTICIPATION

122 representatives from both health and finance authorities attended the meeting and provided critical input into issues facing their countries. The countries represented in the meeting included the following: Argentina, Armenia, Cambodia, Cameroon, Estonia, Gabon, Ghana, India, Indonesia, Kenya, Kyrgyzstan, Lao People's Democratic Republic, Morocco, Mozambique, Pakistan, Peru, South Africa, Thailand, and United Republic of Tanzania.

In addition to representation from WHO headquarters, regions and country offices, a number of partner agencies, foundations, and initiatives also participated in the meeting. These included the Abt Associates, Inc., African Development Bank, Bill and Melinda Gates Foundation, Center for Global Development, Collaborative Africa Budget Reform Initiative (CABRI), Department for International Development (DFID), GIZ, Global Financing Facility, Harvard T.H Chan School of Public Health, International Budget Partnership, International Monetary Fund, London School of Hygiene and Tropical Medicine, OECD, Overseas Development Institute, PAI, Palladium, Results for Development, Save the Children, The Global Fund, ThinkWell, U.S. Treasury, UNAIDS, UNICEF, USAID, and World Bank.

The full list of participants in the meeting can be found in Annex 2.

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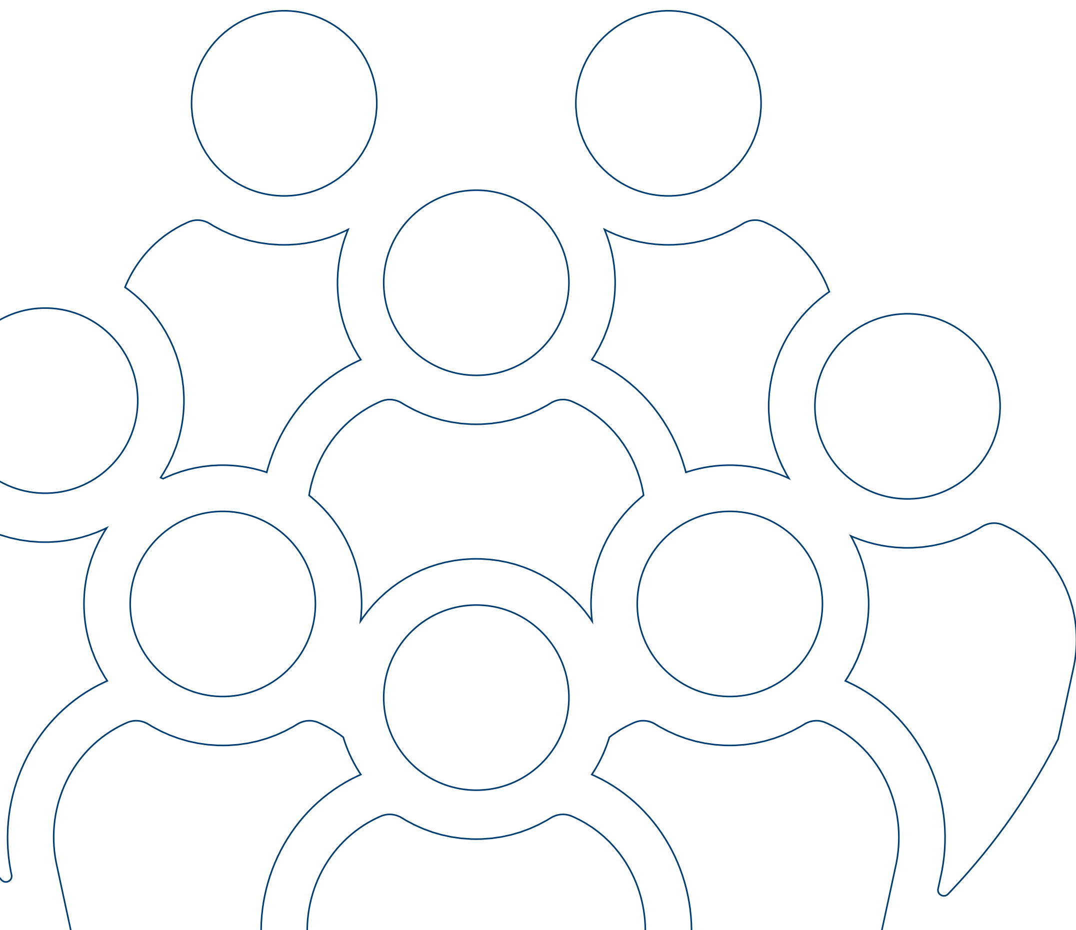
MORE INFORMATION

Background documents, presentations and access to the web stream video of Day 1 can be found at: http://www.who.int/health_financing/events/uhc-towards-implementation/en/

MEETING SUMMARY BY SUB-TOPICS



TRANSITIONING FROM DONOR TO PUBLIC FINANCING FOR HEALTH

KEY MESSAGES

- There is a need to redefine the concept of transition so that it moves beyond focusing on replacing money and rather examines all the health system functions that have evolved in relation to donor financing dynamics.
- The central issue that countries face in terms of transition planning relates to sustaining coverage of previously donor-supported services. This framing provides the necessary shift in perspective from that of a single program to the entire health system.
- Transition can be an entry point for improving overall health system efficiency by reducing undue duplicative, overlapping and misaligned functions (e.g. supply chains, payment mechanisms, information systems).
- There are some specific pressure points confronting countries with respect to the transition away from donor financing, including procurement, contracting services for non-state providers, integration of functions, and public financial management.

Discussions during the session related to current and potential declines in donor financing in many countries, including Lao PDR and Kenya where external assistance remains a relatively high percentage of total health expenditure. Presentations highlighted that while fiscal space is an issue in both countries, issues related to programmatic and coverage sustainability were referenced as paramount in terms of transition. Despite facing many challenges, Lao PDR has taken a proactive approach by working to integrate donor-supported priority disease programs into the overall health management information system. In Kenya, the potential for improving the sustainability of donor investments has been made difficult due to information asymmetries between donors and countries, which constrain communications between health and finance authorities, as well as between financing and service delivery policies.

There was consensus that specific health programs should be considered in light of the entire health system in which they operate. By doing so, participants agreed that opportunities for coordination and leverage can be identified as a way to improve efficiency and integration of previously donor-supported activities. This approach was discussed as a way to help shift the focus away from an undue focus on revenue-related issues and more towards the actual sustainability of coverage of priority interventions. Participants reflected on ways to connect and align service delivery realities with the rest of the health system, including financial and institutional arrangements.

Specific attention was paid to the particular issues that countries may face when transitioning away from external assistance and towards domestic, public financing due to the way in which many donor-funded programs have been implemented. The issue of contracting with non-state actors was referenced as a particular challenge given political, public financial management and legal hurdles in many countries. Separate information,

procurement and supply chain systems by donor were also highlighted as often unsustainable. Aligning incentives between donor-supported initiatives and public systems was referenced as a critical step to reduce fragmentation and improve sustainability, for example in relation to how health workers are remunerated. In general, there was consensus around creating greater coordination and transparency amongst donors in countries to help support interventions that can be sustained with domestic, public resources.

WAY FORWARD

- Agreement that efforts need to focus on how to effectively support countries to ensure sustainability of coverage of previously donor-supported interventions, including:
  - Engage in country-level dialogue and analysis to ensure transition agenda is well-coordinated, transparent, and looks beyond just revenues to also directly consider efficiency and expenditure issues.
  - Use transition as an opportunity to identify critical areas of duplication or misalignment in relation to how donor-supported programs are organized within the context of the overall health system as an input into a reform agenda.
- Analysis and related dialogue should place donor transition within the context of the overall health financing transition and health system reform dialogue.

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