

Outcomes Document: Interregional workshop in preparation for transitioning towards domestic financing in TB, HIV and Malaria response

Tbilisi, Georgia, 17–19 October 2018



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Abstract

An interregional workshop to support countries to prepare for transition from external financing (particularly for the tuberculosis, HIV and malaria responses) was organized jointly by the WHO Regional Office for Europe, WHO headquarters, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States Agency for International Development. This document lists the actionable recommendations for countries and partners that resulted from the workshop via the exchange of good practices, common challenges and lessons learned.

KEYWORDS

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Preamble

Owing to economic growth and a shift towards higher average income levels and/or lower disease burdens, some low- and middle-income countries are gradually transitioning from external financing towards domestically funded health systems. The changing patterns of diseases, of the wider economy and of social, environmental and demographic conditions, all affect the capacity of health systems and Member States to effectively respond to HIV, tuberculosis (TB) and malaria. With reduced external funding, challenges have emerged for some middle-income countries in assuming full fiscal and programmatic responsibility. The transition to domestic funding does not represent a simple replacement of donor funds by government funds, but is rather a complex process that requires countries to address various programmatic, financial and health systems related challenges. It may also provide countries with the opportunity to reassess and reorient the configuration of governance, financing and service delivery to ensure the scale-up and sustainability of effective coverage for priority interventions.

An interregional workshop to support countries to prepare for transition from external financing (particularly for the TB, HIV and malaria responses) was organized jointly by the WHO Regional Office for Europe, WHO headquarters, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States Agency for International Development. Via the exchange of good practices, common challenges and lessons learned the following list of actionable recommendations for countries and partners resulted from the workshop.

Principles for sustainability in the transition towards domestic funding

Through discussions with representatives of governments, civil society, technical partners and external financiers at the inter-regional workshop, a number of high-level principles were developed to help guide countries in their efforts to strengthen the sustainability of health systems and national HIV, TB and malaria responses, and prepare for transition from external financing.

- Leverage technical assistance and ensure it is adapted to support regional and country-specific needs, using intercountry and regional systemic initiatives and platforms to facilitate the identification of synergies through peer knowledge, experience sharing and capacity-building.
- Strong coordination and synergies between national and international stakeholders, the private sector, community organizations and civil society at country level are vital in efforts to prepare for transition from external financing, both during and after transition.
- Civil society, a vital service provider for key, vulnerable and hard to reach populations, also plays a fundamental role in advocacy efforts for both resource mobilization and accountability. Consequently, its role should be empowered and encouraged during and after transition.
- Ensure that transition processes are effectively monitored, with the engagement of communities, civil society and people affected by the diseases. For the transition to be sustainable and resilient to crises and changes, roles and responsibilities of stakeholders must be clearly defined in monitoring frameworks.

- Understand sustainability as a health system's ability to sustain or increase effective coverage of priority interventions and associated outcomes towards universal health coverage.
- Country leadership and political will are crucial to guide the transition towards domestic financing, ensure national ownership and respect national priorities, better support human rights, end stigma and discrimination, and ensure the availability of predictable resources for the whole spectrum of prevention, treatment and care services required to sustain and scale service coverage.
- Develop and implement, within the context of universal health coverage, sustainable, effective and efficient approaches to transition from external financing that include leaving no one behind.
- Transition may be an opportunity for strategic assessment of challenges and gaps in countries' health systems that could be barriers to sustainable scale-up of effective coverage for priority interventions. Service delivery systems; governance; financing; workforce capacity; access to quality-assured affordable health products, technology and vaccines; and information and research systems are elements of the health system that often require strengthening and budget support during and after transition.
- Plan early for the transition process, including assessments of transition readiness and proper country-owned planning. Development of Global Fund funding requests may be a strategic opportunity to conduct or leverage analysis of transition readiness, foster country-owned planning and utilize technical support to foster greater sustainability of health systems and the national disease responses.

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TOWARDS INTEGRATED, PEOPLE-CENTRED AND EFFICIENT HEALTH SERVICES FOR IMPACTFUL AND SUSTAINABLE RESPONSES TO TB, HIV AND MALARIA

Reforming service delivery towards sustainable and people-centred, models of care can help strengthen efficiency and contribute to successful transitions.

- Vertical disease-specific programmes should be progressively integrated into wider health system strategies to ensure increased consistency and coordination, and to adopt the perspective of the health system in the transition process.
- Critical areas of duplication, overlap and misalignment of key functions across health programmes and the overall health system should be identified and proactively addressed as part of the transition process (e.g. laboratories, information systems, research systems, procurement and supply management, human resources development). The legal framework should be revised and modified to support operationalization of the changes in service delivery and capitalize on efficiency gains and context-specific demand and supply dynamics. These areas may include moving from hospital-based to outpatient and people-centred models of care, which involves task shifting and institutionalizing engagement of community and peer workers.
- Tasks to be performed by civil society, community and peer workers, and private health providers should be defined and institutionalized. They should be embedded in referral and surveillance systems and properly costed, with the necessary capacities sustainably strengthened and expected results clearly defined.
- Sustain the capacity of human resources during and after the transition, establishing up front agreement with governments integrating services and capacity-building within national systems and aligning salaries with government scales.

HEALTH FINANCING: INCENTIVIZING PEOPLE-CENTEREDNESS, ENCOURAGING EFFICIENCY AND ALLOCATING SUSTAINABLE DOMESTIC RESOURCES

The ability of governments to increase the domestic allocation of budget to health, without jeopardizing financial sustainability, should be assessed considering context-specific health priorities but also adopting a comprehensive health system perspective.

- Increased domestic financing of health and national HIV, TB and malaria responses and increasing efficiency in the use of existing resources is essential to successful transitions.
- Disease-specific programmes should be progressively integrated into system-wide, outcome-oriented health financing strategies, allowing for universal pooling and strategic purchasing for efficiency gains.
- Budgeting for the health workforce should be holistic and should consider the different phases during and after the transition, and be aligned to government salary scales where possible.
- Payment mechanisms should be reformed and streamlined between different providers to reward continuity of care, coordination and integrated service delivery, and to be outcome oriented.

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STRATEGIES FOR SCALING UP AND SUSTAINING EFFECTIVE AND EVIDENCE-BASED SERVICES FOR KEY AND VULNERABLE POPULATIONS

To ensure that key and vulnerable populations have full access to health services during and after the transition from external financing, a conducive and enabling political environment and the institutionalization of public financing for the provision of services by civil society and community are crucial.

- A proactive role for community and civil society organizations (CSOs) in the response to the epidemics during and after transition is critical to ensuring an effective response.
- Legal barriers that hinder full and indiscriminating access to relevant health services by key and vulnerable populations (including challenges hampering scale-up) should be identified and addressed.
- Communities and CSOs should be systematically engaged in the design, delivery and oversight of services, with clear frameworks for management, accountability and monitoring and evaluation.
- It is essential to secure sufficient and predictable funding for services for key and vulnerable populations, including for services provided by CSOs.
- Efforts to continue strengthening capacities, both within government and CSOs, to implement strong social contracting mechanisms, should be considered.
- Services provided by CSOs should be clearly defined and recognized, and the related selection and contracting processes should be handled with full transparency.
- Disaggregated data should be collected and made available through national health management information systems and monitoring mechanisms, to ensure availability of strategic information on key and vulnerable populations.
- Research-based evidence on the added economic value of reforms to address human rights violations, stigma and discrimination should be gathered and disseminated.

ENSURING ACCESS TO QUALITY HEALTH PRODUCTS AND MEDICINES FOR TB, HIV AND MALARIA

To maintain and improve access to high-quality medicines and health products at competitive prices, it is essential to strengthen the management of procurement and supply chain systems.

- To enhance opportunities for accessing international pooled procurement, national procurement mechanisms and barriers should be assessed.
- Quantification, forecasting and costing skills should be built and strengthened to ensure quality procurement and supply management during and after transition from external financing.
- Market authorization regulations should be revised to allow progressive strengthening of availability and accessibility of health products and medicines; registration processes and fees should be streamlined by introducing fast-track registration processes and adopting WHO collaborative registration procedures to reduce the costs related to registration of medicines.
- As early as possible, the registration of medicines previously procured using external financing should be taken into consideration, focusing on removing the barriers to domestic procurement with national financing and systems.
- Procedures to revise the national essential list of medicines should be streamlined to allow alignment with international guidelines.
- Use of reference pricing for the procurement of medicines and other health products should be considered.
- Public warehousing, transportation, stock maintenance and distribution/redistribution capabilities of vertical programmes should be integrated and streamlined.



The WHO Regional Office for Europe

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