



Fourth AfHEA International Scientific Conference
(Rabat: 26-29 September 2016)

UHC IN THE SDGS: FROM SILOS TO SUSTAINABILITY

Joe Kutzin

Coordinator, Health Financing
World Health Organization

LEARNING FROM THE MDG ERA (PUT THE “S” IN SDG!)

- Great progress made on critical health issues
- But also unintended consequences
 - 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; with only limited investment in harmonization and alignment across programs
- The UHC target can provide “umbrella” to enable move away from silos and fragmentation
 - Requires much more active collaboration with programs within the health sector, and focus on prioritization within unified national health strategies



GROWING ATTENTION TO SUSTAINABILITY AND TRANSITION

- Recognition of limits of donor funding, especially given global financial / economic situation
 - Refining how aid is targeted, e.g. Development Continuum, Equitable Access Initiative
 - Addis Ababa Action Agenda: strengthen domestic tax systems, crack down on tax avoidance, illicit flows



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RESPONSE HAS LARGELY FOCUSED ON REVENUES

- How much can we raise from “innovative financing”, lobbying the MOF, and donor funding to meet our “magic number” targets?
- Health programs and their partners each addressing these issues and approaching your MOFs
 - ...for sustainability of their program (HIV/AIDS, NCDs, NTDs, nutrition, RMNCAH, TB, malaria,...)



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SOME CONCERNS

- We can't (or shouldn't) be arguing that every important disease deserves its own tax and revenue stream
- Sustainability is not only a revenue question; we have to think about managing expenditures better to get better results from our spending
 - “Can't just spend your way to UHC”
- **Need comprehensive rather than piecemeal engagement between health and finance**



WHAT YOU/WE CAN DO AS HEALTH ECONOMISTS

- Get the questions right
- Use the appropriate unit of analysis
- Without these two fundamentals, all the techniques we have at our disposal can easily be mis-used



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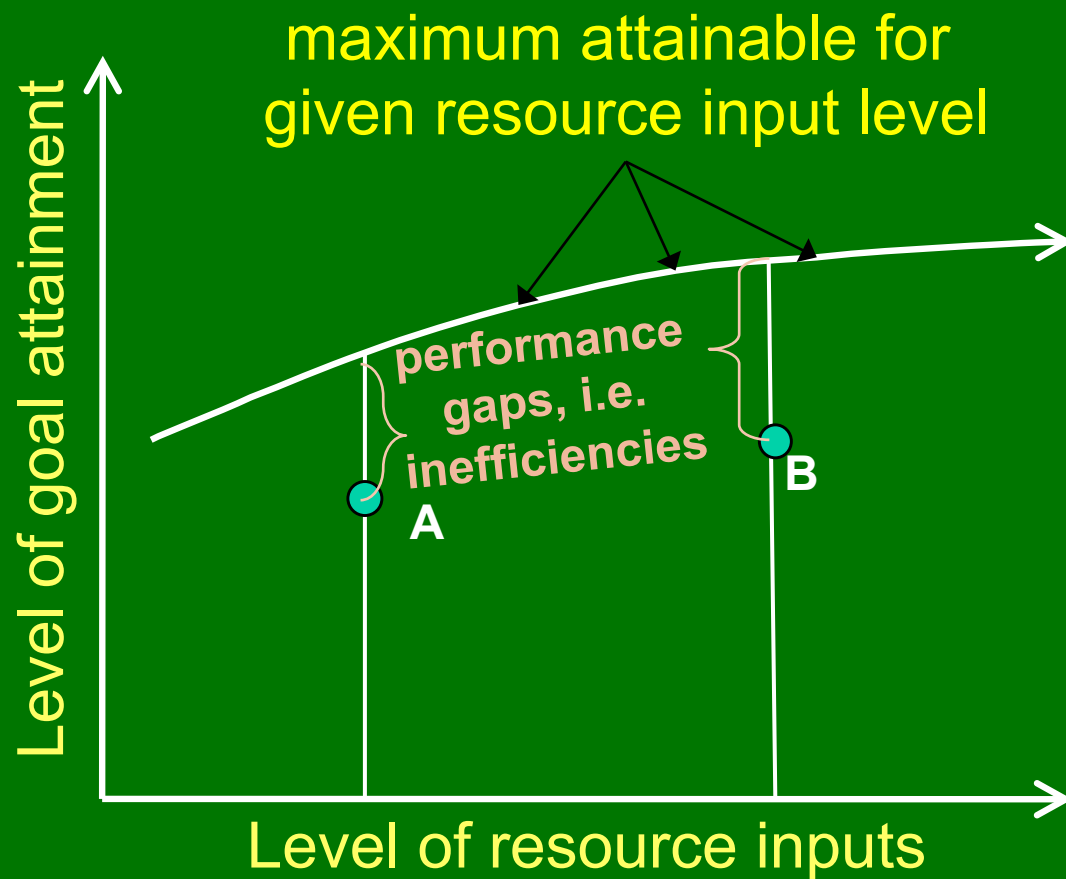
GET THE SUSTAINABILITY QUESTION RIGHT

- Not this:
 - How can we make the TB (or HIV, or immunization, or MCH, or...) program sustainable?
- Instead this:
 - How can we **sustain increased effective coverage of priority interventions?**
 - Almost certainly, we can't do it with 5 procurement systems, 3 information systems, fragmented governance, etc. etc.



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An efficiency agenda is central to the ability of governments to sustain progress on their coverage goals (not their programs)



THE VERTICAL PROGRAM (SILO) PROBLEM...

- ...emerged when public health programs were seen as sufficiently “different” to require entirely separate arrangements for all health system functions:
 - Consequences of communicable diseases certainly require heavy subsidy or should be fully free
 - But there is no *a priori* reason for separate pooling and purchasing arrangements
 - Same with service delivery
 - And certainly not separate information, procurement, supply chain, governance, HRH, etc.



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WHAT A “UHC LENS” BRINGS TO THIS ISSUES

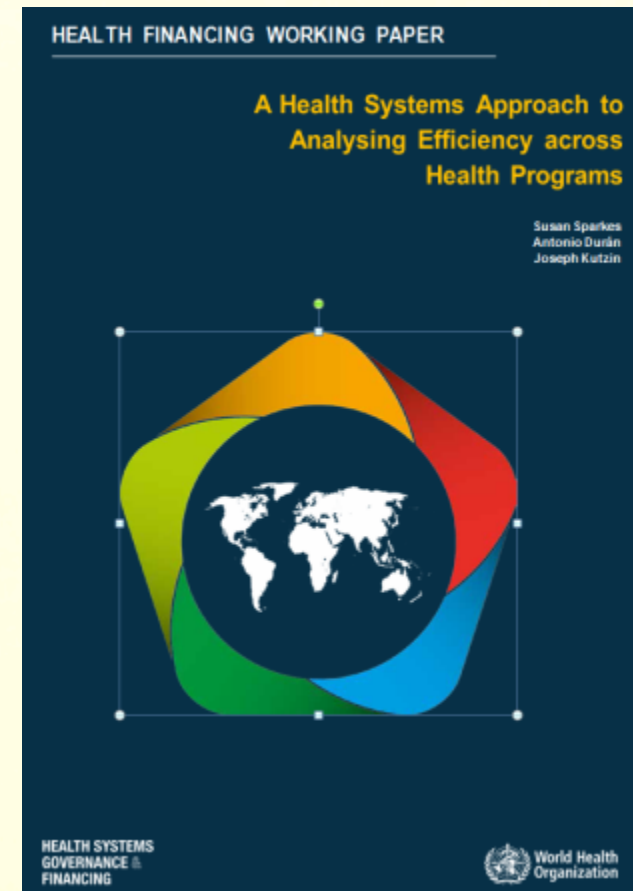
- **Unit of analysis** is the system, not the program or single disease
 - Budget dialog makes sense at sectoral level, not disease-by-disease
 - Assess progress at level of population, not for “scheme members” or program beneficiaries
 - Just as an insurance scheme can make its members better off at the expense of the rest of the population, so to with a health program
 - Similarly with efficiency, need a whole system, whole population unit of analysis



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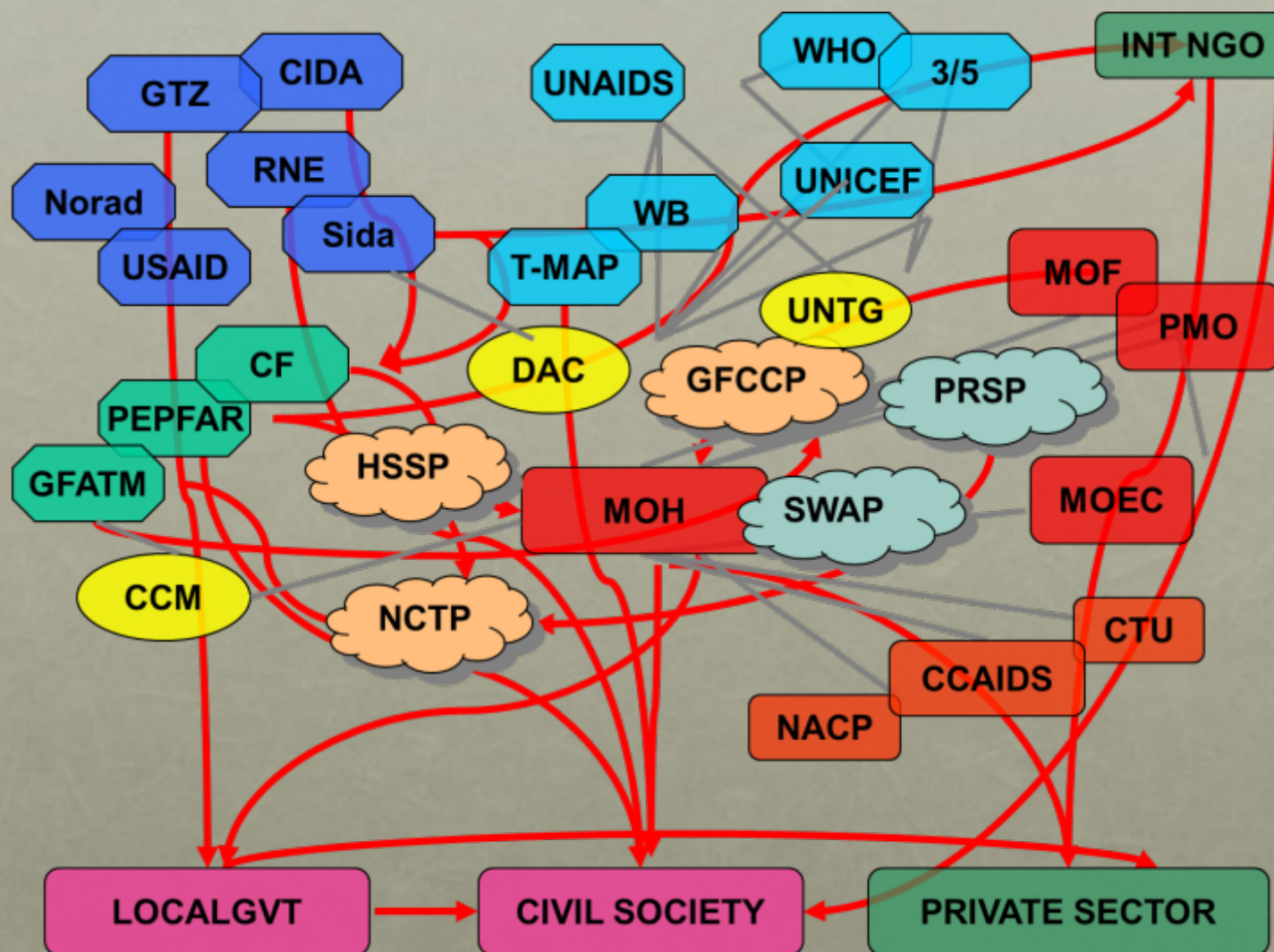
WE CAN HELP, BUT ...

- We have many tools and approaches to help, but ultimately, an intelligent user is better than any tool.
- Remember, there is no escape from thinking!



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MY NEW SDG HEALTH TARGET: END THE INVERSE RELATION BETWEEN PER CAPITA GDP AND COMPLEXITY OF FINANCE FLOWS



Source: WHO: Mbewe