UHC IN THE SDGS: FROM SILOS TO SUSTAINABILITY

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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
• 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
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 proposal can easily be mis-used
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.
An efficiency agenda is central to the ability of governments to sustain progress on their coverage goals (not their programs).

Adapted from P. Travis
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.
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
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!
MY NEW SDG HEALTH TARGET: END THE INVERSE RELATION BETWEEN PER CAPITA GDP AND COMPLEXITY OF FINANCE FLOWS