

Accelerator Discussion Paper 1: Sustainable Financing

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Contributions from: Global Financing Facility (GFF) and WHO

Disclaimer: These documents are working papers and subject to change. They do not necessarily reflect the views of the 12 Global Action Plan signatory agencies. Key elements of the accelerator discussion papers will be used as inputs to the Global Action Plan.

INTRODUCTION

One of the most effective ways to reach the SDG3 targets is to **rapidly improve the generation, allocation, and use of public and pooled funds for health**. Continuing with business, as usual, will not achieve universal health coverage (UHC) or the broader set of SDG3 targets. There is a recognition among the participating agencies, of the need to support countries to increase public spending in health¹ to move towards UHC, and the importance of a sustained positive trend for the growth in external development assistance for health.²

Although each agency has different mandates and roles, there is a broad recognition that more can be done to present a more systematic and unified approach in the way participating agencies organise and operate, yielding more efficient support to countries in achieving the SDG 3 targets. This accelerator builds on the wealth of knowledge and expertise from existing collaborative efforts and international partnerships, such as via bilateral partnership agreements, G4,³ P4H,⁴ the Joint Learning Network (JLN), and UHC2030.

Sustainable financing alone will not deliver UHC. Collaboration across SDG Health Accelerators is critical as adequate public financing is needed for Primary Health Care including human resources as well as health products. There are many more countries in crisis representing a growing challenge to UHC. More effective financing and service delivery approaches are needed in fragile and vulnerable states and to transition from health care emergencies to building the foundations for sustainable domestic health systems.

The participating agencies are committed to:

- Enhance support for countries to mobilize adequate and sustainable revenues for achieving the health-related SDGs. Sustaining and continuing to improve on critical health priorities is especially important in the context of transition from DAH, where there are risks to programmatic and financial sustainability of health gains.
- Ensure no-one is left behind, through support for countries to implement pro-poor and pro-health fiscal policies, to give more priority to health, improve the efficiency and equity of health spending, incentivise high-quality health service provision, and ensure that

¹ UHC2030 Key Asks for High Level Meeting on UHC at the UNGA 2019

² High-Performance Health Financing for UHC: Driving Sustainable, Inclusive Growth in the 21st Century. Background paper for G20 Ministers of Finance meeting in Japan in June 2019.

³ G4 – Global funding agencies – Gavi, GFF, Global Fund and World Bank Group.

⁴ P4H – Providing for Health, a Global Network for Health Financing

critical public goods such as epidemic and pandemic preparedness are adequately funded.

- Work better to align development assistance for health (DAH) with national priorities, use it to leverage more funds for health, and support maximising the impact of existing domestic resources. Reduce inefficiencies in the distribution and use of DAH at the country level, particularly when agencies dedicate resources towards shared goals such as in programs supporting health systems strengthening. Decrease the share of development assistance currently flowing outside of national systems, as a measure to enhance the sustainability of essential services currently dependent on external financing.
- Learn from and share past and existing efforts to support a country-driven health financing agenda that is consistent with the evidence on what works and does not work when seeking progress towards UHC.

WHY IS AN ACCELERATOR ON SUSTAINABLE FINANCING NEEDED?

Whilst every country across the development continuum has a different health financing landscape, several similar challenges persist in LICs and lower-middle-income countries (LMICs) and it is clear donors are missing critical opportunities to increase the overall impact of DAH investments by focusing jointly on key priority objectives, using different combinations of funding instruments or supporting domestic efforts to raise more public funds for health by ensuring alignment and partnership with national health leadership. These challenges include, but are not limited to:

Low domestic government spending on health and high reliance on OOPS

Despite 80% of the global population now living in middle-income countries, the ability of countries to capture, and mobilize domestic fiscal revenues for health have not grown in line with countries' rapid economic growth. In many LICs and LMICs, governments continue to give a relatively low, and in some instances decreasing, priority to health in budget allocations. High reliance on out-of-pocket spending for health causes impoverishment and inequitable access to healthcare. Around 100 million people worldwide are forced into extreme poverty each year due to out-of-pocket medical expenses and many others do not get the care they need.

A fragmented approach in how development partners invest and align with national health priorities

Overall DAH to countries has stagnated, it was \$14.4B⁵ in 2016 and it now represents less than 0.2% of global health spending. Despite being a fraction of global health spending, DAH accounts for about 30% of spending in low-income countries⁶. DAH has an important catalytic role to play to support and incentivise countries, especially low and lower-middle income countries, to help provide high quality, sustainable packages of care for all. At times DAH remains fragmented and not optimally coordinated at the country level and a proliferation of multiple donor programs imposes high transaction costs on countries. In LICs that actually have increased their dependence on DAH, economic growth and increased general public spending have not been accompanied by an increased share of public spending on health.⁵ This suggests external flows have had a substitution effect for domestic resources, and that a better understanding of why this occurs to different degrees in different

⁵ WHO health expenditure database, based on National Health Accounts reporting. Does not include DAH for social determinants in other sectors, global and regional projects and global health administrative costs.

⁶ Xu K, Soucat A & Kutzin J et al. Public Spending on Health: A Closer Look at Global Trends. Geneva: World Health Organization; 2018

countries may shed light on alternative aid channelling mechanisms that may be less susceptible to substitution.

Inefficient and inequitable health spending

Increased funding for health could be achieved by using current spending better. Evidence suggests that at least one-fifth of health spending is inefficient.⁷ As human resources is the largest component of health spending, the appropriate use of skilled health personnel is one of the most critical factors in driving efficiency. Corruption in health systems also represents a significant drain on the potential benefits from domestic health resources and DAH, and though its magnitude is inherently difficult to measure, one estimate placed it at just over 6% of total global health expenditure, or US\$ 455 billion, per year in 2015.⁸ Sustainable financing for SDG3 requires not only raising more revenues but also spending them more efficiently and equitably. There is a substantial opportunity to leverage greater allocative efficiencies through strategic purchasing reforms, including more effective use of data, and more robust and transparent governance and accountability mechanisms e.g. institutionalisation of health technology assessment processes, to support more equitable, cost-effective and impactful health service delivery. Focusing public health spending on priority interventions contributes to efforts to sustain progress towards UHC. Finally, because of PFM weaknesses, often countries will not be able to spend even funds that have been allocated, and because of the same, Ministers of Finance are concerned about “leaking buckets” and “bleeding” of public funds that take place in health systems – these lost funds cannot deliver more health.⁹

A lack of investment in global public goods

Donors and governments of LICs and MICs need more incentives to invest in “common goods” such as epidemic and pandemic preparedness, disease surveillance, research and development, and population-based health education. The sustainable financing accelerator will support advancing the dialogues on joint financing for public goods like financial resource tracking of health expenditures and pandemic and emergency prevention, preparedness and response.

WHAT PRINCIPLES GOVERN THE APPROACH OF SUSTAINABLE FINANCING ACCELERATOR FOR SDG3?

Building on previously stated principles of effective development cooperation and in compliance with existing declarations on aid effectiveness¹⁰, a number of principles inform the accelerators approach to support rapidly increase the available funds for health and the efficiency and equity of their use:

Support a country led, demand driven and evidence-informed agenda on sustainable financing for health

Countries are firmly in the driving seat when setting the agenda on sustainable financing for health, while it also remains their responsibility, as well as that of those supporting them, to ensure that well-known lessons from international experience with health financing reforms

⁷ Health systems financing: the path to universal coverage; World Health Organisation; 2010

⁸ Gee J, Button B. The financial cost of healthcare fraud 2015: what data from around the world shows. London: PKF Littlejohn LLP; 2015 <https://www.port.ac.uk/media/contacts-and-departments/icjs/ccfs/The-Financial-Cost-of-Healthcare-Fraud-Report-2015.pdf>

⁹ Select Ministers of Finance remarks at the ministerial meeting “Financing Universal Health Coverage: Aligning Around a Country-Led Approach” during World Bank Group and IMF Spring Meetings in April 2019, in Washington, DC.

¹⁰ Paris Declaration on Aid Effectiveness (2005), Accra Agenda for Action (2008), The Busan Partnership for Effective Development Cooperation (2012)

are reflected in their strategies. Countries need to articulate a demand for donor support for health financing objectives. Clear and focused national priorities and plans for health financing should allow development partners to align, coordinate and respond. Discussions between external partners must be at the country level and should facilitate engagement with civil society, along with relevant stakeholders from the private sector. In all countries, participating agencies will work towards providing more coordinated support for countries to achieve SDG3 targets consistent with the Paris-Accra-Busan aid effectiveness Principles.

Foster an open and inclusive dialogue at the country, regional and international level

Transparent and open dialogues on sustainable financing for health should be encouraged at all levels, working closely with, and fostering alignment between development partners (including multi-lateral technical and funding agencies, bilateral agencies, private foundations, regional development banks), national and sub-national governments, the private sector, NGOs and civil society.

Leverage existing partnerships

There are a multitude of development partners working across countries, including existing health financing coordination platforms. The sustainable financing accelerator will build on existing networks for collaboration and coordination at country, regional and global levels.

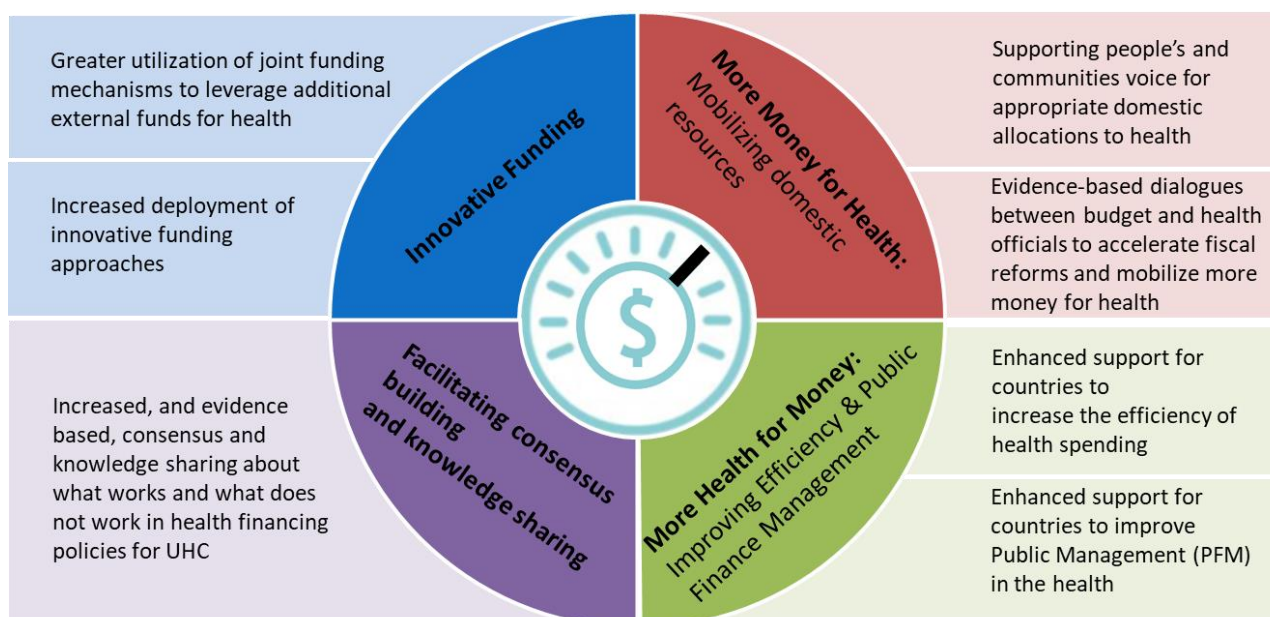
WHAT AND HOW THE PARTICIPATING AGENCIES WILL SUPPORT TO ACCELERATE SUSTAINABLE FINANCING FOR SDG3?

The accelerator is structured around four key themes:

- More money for health
- More health for the money
- Facilitating consensus building and knowledge sharing
- Joint programming and Innovative funding

Under these four themes, the accelerator comprises seven primary activities, called **accelerator drivers**, and a set of **supporting in-country activities** to make the drivers work. The drivers are the set of collective actions that can rapidly increase the amount, sustainability and efficiency of funds for health. Collective actions will produce global public goods, mobilize voices for advocacy and build partnerships at the global and country level.

Figure 1: An overview of the four key themes and accelerator drivers



MORE MONEY FOR HEALTH – MOBILIZING DOMESTIC RESOURCES

Spotlight on: Supporting people and communities voice and participation in shaping and monitoring health budgets, for greater accountability and transparency



- In collaboration with UHC2030 build capacity for people, communities, civil society, media and parliamentarians on health budget as part of strategic planning and budgeting;
- Promotes coherence and constructive multi-partner collaboration.
- Training toolkit as a public good for partners to use and adapt as necessary

Driver 1. Supporting people's and communities voice for appropriate domestic allocations to health

Scaling up joint support to platforms of people and communities in advocating for efficient health spending, and for investment in health and the social sectors more generally. Expression of people's views is central to enabling the formation of country budgets. In recognition of the critical role of civil society organisations and grassroots advocacy, there is also the need to work more closely with organizations across and beyond the health sector, to advocate across the broader policy spectrum with influence on health systems. There are three components:

- Scaled up joint support to countries' national dialogue platforms for greater accountability and transparency of budget discussions, such as People's Health Forums, National

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Health Assemblies, Estates General of health, budget watchdogs, etc, including supporting the development of monitoring tools and scorecards.

- Support country dialogue on scaling up or introducing of taxes on products and processes harmful to health (especially cigarettes, alcohol, sugar) and on broader domestic revenue mobilisation efforts such as global action against tax avoidance.
- Support policy dialogue with ministries of finance, for greater consideration of health risks, and potential economic returns in the development of macroeconomic policy – e.g. in Article IV consultations between countries and the IMF. This advocacy will take place at national and global levels: for example, international forums, such as at the UN, the WHA, and the World Bank annual meetings offer the opportunity for dialogue with key country decision makers as a group and individually.

Spotlight on: Convening Ministers of Finance



- WBG Annual Meetings convened a Ministerial Meeting on “Financing Universal Health Coverage: Aligning Around a Country-Led Approach”
- 10 Ministers of Finance, Planning, Health and Presidential advisors from countries; 4 GAP Accelerator Agency Principals; civil society and the BMGF discussed sustainable financing for health
- Mutual commitment is there, attention on “how” to realize more money for UHC, and more UHC for the money.

Driver 2. Evidence-based dialogues between budget and health officials to accelerate fiscal reforms and mobilise more money for health

There is an opportunity to complement the advocacy activity of driver 1 through the facilitation of greater technical dialogues between ministries of health and finance at the national level. Such dialogues would build on the Addis Ababa action agenda. The agencies should also facilitate more regular dialogues between countries, the IMF and macro-fiscal arms of development banks on broader fiscal reforms to mobilise more public revenues for health and to support greater priority to health.

To equip and empower Ministries of Health for such dialogue, the partners will support strengthening more rapidly domestic capacity for the formulation, implementation, and monitoring of health financing policies. The participating health agencies will strengthen their collaboration on ways to build the necessary capacities and institutions at country level including through clarifying roles and responsibilities, reducing overlapping activities and supporting an agreed assessment framework for national health financing policy and implementation. In turn, this will provide the basis for more granular policy engagement on the direction of reforms, key gaps, and needs for enhanced technical assistance.

Spotlight on: OECD Joint network of Senior Health and Budget Officials



- OECD in partnership with the WHO, Global Fund, World Bank and other international institutions
- Brings together senior budget officials across health and finance ministries to foster more effective communication and more aligned dialogue
- Recently held a meeting in Vilnius, Lithuania focusing on transition issues and sustainability in eastern Europe
- Regional networks have been established in Asia, Africa, Central Eastern and South-Eastern Europe, Latin America and the Caribbean

MORE HEALTH FOR MONEY – GREATER EFFICIENCY IN RESOURCE UTILISATION

Driver 3. Enhanced support for countries to increase the efficiency and effectiveness of health spending

Technical and policy support will help countries identify their major sources of inefficiency, prioritise which ones can be addressed by health financing policy levers, and then support the development and implementation of policies to improve efficiency and effectiveness, such as the design and implementation of strategic purchasing linked to benefits packages that contribute to allocative and technical efficiency; evidence-based and cost-effective interventions using technology assessment approach; and, strategic purchasing of the above with appropriate incentives. The focus will be on all areas of inefficiency: the questions of doing the right things, in the right places, and doing them right. The participating health agencies will also facilitate methods of monitoring and evaluation of progress where appropriate. To facilitate greater country ownership, technical support provided for efficiency reforms will be built into the institutional capacity building plan at the country level (Annex 1).

Driver 4. Enhanced support for countries to improve Public Financial Management (PFM) in the health sector

Strengthening PFM can facilitate higher and more predictable budget allocations, increase efficiency by better matching available resources with national priorities and needs, and reduce fragmentation in revenue streams and funding flows. It can facilitate timely and transparent budget execution and increase overall financial accountability by strengthening accounting and audit systems. PFM strengthening applies to processes across all levels of government and plays a critical role in human resources for health. The global health partners will support this with funding, and with technical support and capacity building, where appropriate. The partners will also leverage mechanisms to support greater operational efficiency such as the “Global Network on Anti-corruption, Transparency and Accountability (ACTA) in the health sector”, to facilitate timely and transparent budget execution, and increase overall financial accountability by strengthening accounting and audit systems.

Domestic budget advocacy is a critical enabler by providing greater accountability for health spending. This is an important driver for better spending on health.

Spotlight on: Strengthening collective efforts on Anticorruption, Transparency and Accountability (ACTA) for the benefit of health financing for UHC

- There has been an absence of a coordinated and coherent approach to ACTA amongst stakeholders working in global health
- To respond to this challenge, work is underway to initiate a “Global network on ACTA in the health sector”.
- On 26-28 February 2019, a consultation was convened by WHO, Global Fund and UNDP (with co-funding from UK Aid) with more than global 130 stakeholders.
- The emerging suggested core Network workstreams during the 2020-2023 period are:
- Rationalizing internal control and assurance models in health systems using fraud and corruption risk assessment methodologies;
- Monitoring and evaluation of ACTA measures for health;
- Capacity development on ACTA in the health sector for multiple stakeholders; and,
- Integration of ACTA into health systems strengthening normative guidance.
- Across the agencies, coordination and planning is now underway to launch the network in early 2020.

Driver 5. Increased, and evidence-based, consensus and knowledge sharing about what works and what does not work in health financing policies for UHC.

While there will never be a specific blueprint for countries to follow, enough has been learned over the past 30 years to enable explicit specification of key principles that can be used to guide reform planning and implementation, and simultaneous to identify pitfalls to avoid. The sustainable financing accelerator will contribute to the conversion of this knowledge into principles for good practice that countries can use as signposts for their reform policies and practices, as well as to assess their progress over time. Partner agencies, particularly those that have a role in supporting domestic health financing policy development and implementation, can convene a process with countries and experts to drive a global consensus on these principles and thereby translate core lessons into country policy actions.

Spotlight on: Lao PDR



- Joint flagship course on health financing in Laos with all key signatory agencies: WHO, WB, GFF, and GF and others like UNICEF with a coordinated approach on sustainability and transition
- Joint health assessment across partners focusing on transition issues
- New WB health project being used as the coordination platform

The partners will strengthen coordination to intensify technical support to countries on sustainable financing. The participating agencies will support a more coordinated approach to supporting governments to develop, implement, and monitor health financing strategies. A common approach to assessing health financing progress is central to this, as it first requires

consensus among partners as to the principles that should guide health financing reforms to move towards UHC. Beyond this, the work will involve, for example: identifying the reforms in the budget formation and implementation that are needed to reduce inefficiencies arising from fragmentation and linking co-financing requirements to overall domestic resource mobilisation capacities and policies.

The partners will actively pursue a shared learning agenda. This will support **all** the accelerator drivers, and could include:

- Compiling and working from a common set of data, e.g., national health accounts, household survey standardisation, and public expenditure reporting
- Developing a joint country/development partner agenda for value for money, including through identifying the best sector and multi-sector buys (MOHs and external partners, through levers such as targeted and effective co-financing policies, should advocate for these best buys as a way of reaching SDG3 more quickly and helping other sectors reach their SDG goals
- Enhance priority-setting including technical and allocative efficiency to support benefit package design for UHC including local capacity building for health financing
- Developing a coordinated approach to transition financing across partner agencies, including approaches to planning and budgeting for transition
- Re-visiting the current aspirational targets for government spending on health (e.g. spending 15% of general government expenditures¹¹) to examine their logic, value, and feasibility, and the value of such targets for increasing health spending
- Mapping the human capital index and Human Capital Investment Plans to SDG3 indicators
- Enhancing stakeholder coordination for strengthening anti-corruption, transparency, and accountability across health systems

JOINT PROGRAMMING AND INNOVATIVE FINANCING

Driver 6. Greater utilisation of joint funding mechanisms to leverage additional external funds for health.

Hybrid funding instruments, including loan buy-downs, will be expanded as appropriate to leverage substantial increases in the availability of external funds for health. Parallel and pooled funding, such as multi-donor funds, will be expanded to guarantee a critical mass of financial support to key country priorities. At the same time, the reforms and strengthening of domestic revenue raising mechanisms and allocations for health will be supported by external partners as part of their engagement on health financing, so that external resources complement rather than replace domestic resources.

The partners will streamline mechanisms for joint financing arrangements to reduce transaction costs. Options include joint audit arrangements for pooled financing or buy-downs or supporting unified country-level governance platforms to support joint planning across partners.

¹¹Abuja declaration on HIV/AIDS, Tuberculosis and other related infectious diseases (2001)

Driver 7. Increased deployment of innovative funding approaches

The agencies will support countries to explore which innovative mechanisms used globally for raising DAH are applicable at the country level. Examples of such global level mechanisms include the Gavi's International Finance Facility for Immunisation (IFFIm), which uses donor pledges to issue vaccine bonds on the capital markets, or the Vaccine Independence Initiative (VII) revolving fund, which provides credit to countries to buy vaccines. Adaptation to country level requires exploring how such mechanisms might be transformed in a way that seeks to establish integrated funding channels, given that most of the global mechanisms are disease- or intervention-specific, and this poses a high risk of fragmentation if simply applied as a domestic mechanism. The agencies will also continue to work on innovative approaches, such as results-based financing mechanisms, at the global level.

The partners will also explore and scale up innovations in the private sector that might allow more rapid progress in financing needed health services. This is in the context of recent IMF estimates that even after realizing all opportunities for mobilizing additional domestic revenue for public spending, prioritization of health, and efficiency improvements, there will be a gap to be filled.¹² Examples of such an innovation include: providing guarantees to incentivize more private sector investment for hard-to-reach populations; realizing the potential of digital or mobile technologies to facilitate payment for results, reduce resource leakages and corruption, or generate real-time financial performance data will be explored; mobilizing additional resources via social and/or health impact bonds. Concurrently, support governments to strengthen public policy towards private health financing to increase the likelihood that it plays a complementary role rather than contributing to fragmentation, inefficiency, and inequity.

JOINT ACTIONS TO BE TAKEN

HOW WE WILL WORK DIFFERENTLY TO MAKE THIS HAPPEN AND WORK FOR COUNTRIES?

Collective actions at the global and country level have been identified to implement the drivers, supportive actions and approaches to ensure they happen in countries, starting with frontrunner demonstrator countries to show this will work and is country relevant.

At the global level (and applying to all countries)

Each agency will develop an internal strategy to ensure alignment and accountability with the accelerator agenda. In the short term, Agencies may appoint dedicated staff to ensure linkages with focal points in partner agencies and country teams within agencies, to help overcome organizational, cultural, bureaucratic bottlenecks to collaborative action, provide technical, operational and surge support where needed and facilitate knowledge exchange between countries. In the medium term, alignment with other financial and technical partners around the health financing agenda should be integrated into the work of program of staff working on specific countries. Each organisation should present to their respective agencies internal governance structures to ensure institutional ownership, awareness and resourcing of the accelerator.

¹² Fiscal Policy and Development: Human, Social, and Physical Investment for the SDGs. IMF Staff Discussion Note (2019)

Agree on joint tools for identifying health financing bottlenecks (dashboards), progress (matrices, indicators). Agencies active in providing technical support that is linked to health systems reforms (technical assistance, capacity building, policy dialogues) should align with those indicators. Given the broad spectrum of activities highlighted under the financing accelerator, the participating agencies may establish interagency technical working groups, which will:

- Provide international technical expertise to countries on the variety of topics highlighted, in support of joint technical guidance across partners
- Provide guidance on how to better align financing technical analysis between partners, either through suggestions for alignment of existing technical assistance provision or from additional sources, to provide more institutionalised health financing capacity building support to countries.

Support joint learning/dissemination/capacity building initiatives to ensure better alignment on key issues related to health financing (improving financial protection, reducing barriers to access, improving efficiency) as well as to enhance clarity on specific reforms or initiatives aimed at making progress on these objectives (e.g. Results-Based Financing, user fees, social health insurance). The accelerator participating agencies will develop, repurpose or more effectively utilise, existing platforms for health financing data and information sharing, accessing health financing related tools, joint and coordinated guidance on health financing issues across agencies to allow more accessible, and effectively communicated and disseminated health financing information, and greater utilisation of knowledge products.

At the regional/sub-regional level

Engage with regional mechanisms such as the African Union initiative for sustained health financing to help deliver increased, sustained and more impactful financing for health and to support political commitment, institutional accountability and budget advocacy across regions.

At the country level

Based on country consultations, three to five frontrunner countries will be identified, for intensified support in one or more of the areas detailed above and demonstrate potential gains to be realized from enhanced partner collaboration. Important criteria for front runner countries are the following: (i) country is interested to participate and is committed to health financing strategy aiming at mobilizing more resources and using them better in accelerating progress towards UHC; (ii) most accelerator agencies currently work with the country providing an opportunity to realize gains from working better together; (iii) the country has very low levels of domestic spending on health; and/or high burdens of disease; and/or a need for assistance overcoming macro-fiscal challenges; and/or problems linked to transition from DAH; (iv) there is potential for faster progress and rapid learning; and (v) there are windows of opportunity for joint and coordinated programming, taking into consideration the different programming cycles of different agencies. Each frontrunner country will be supported to develop an implementation plan around the support required.

In each country receiving intensified support:

- A dialogue will be held both with governments, development partners, civil society and academia to better understand the current health financing landscape, agree with the direction of reforms, and identify areas of support.

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- Each country will identify the best-suited platform (either existing or new) for the National health financing and systems Dialogue and coordinating donor support for this agenda;
- Platforms will be supported to develop a medium- and long-term reform roadmap, including a strategy to build sustainable capacity in health financing. These platforms will be supported to advocate evidence-based discussions around critical health system/financing reforms needed to reach UHC, and to provide enhanced accountability of government commitments to goals, as well as providing support to the long-term reform roadmap through being an integral part of annual work plans to which partners commit to aligning their technical assistance;
- Using opportunities in the funding cycles of those participating agencies that are funders; countries will be supported to identify opportunities to advance the agenda around better coordinated and aligned development assistance for health.

Spotlight on: Cote D'Ivoire



- Recently held a successful multi-stakeholder country-led National Financing Dialogue building on technical work by main participating agencies
- High-level representatives across all major participating agencies and from the government
- The government has made a commitment to increase domestic financing for health by 15% annually until 2024

Agencies will also agree on the code of conduct for open and transparent communication; mutually respectful partnership; adherence to organizational mandates and commitment to facts and evidence; adherence to Paris/Accra/Busan effective development cooperation principles; mutually informed work programs; minimizing “surprises” on the ground; and, for accountability for adhering to these principles.

Agencies commit to coordinate and will synergise with the key other accelerators for progress towards SDG3. In particular, Accelerator 2 on Primary Health Care and the Accelerator 7 on Innovative Programming in Vulnerable and Fragile States and for Emergency Response. The sustainable financing accelerator also links to Accelerator 5 on innovation, research and development, recognising that to maximise the health for the money, we should have a common understanding of the cost-effectiveness and sustainability of financing innovative new health technologies. Financing for new cost-effective health technologies should be factored and incorporated into national health priorities and national financing strategies.

In providing clear linkages to the other SDG accelerators we can ensure that Donors work in an aligned approach to focus jointly on key priority objectives, using different combinations of funding instruments and supporting domestic resource use and mobilisation

WHAT DIFFERENCE WILL THIS ACCELERATOR MAKE?

The collective efforts of countries and global health partners on the sustainable financing accelerator will result in:

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- Increased and sustainable domestic resource mobilization for health, whether from fiscal reforms to raise more public funds and/or from giving greater priority to health in budgets with spending on the right things. Depending on the country, this will be observed at the sub-national as well as national level.
- More effective health financing policy design and implementation incorporating relevant lessons from experience, resulting in improved efficiency and equity in the way that resources are raised, pooled and used, including through better prioritization of key interventions within health budgets, partly linked to improved PFM, and more generally by avoiding pitfalls in reform processes that have been proven to be ineffective and are potential drivers of more fragmentation, inefficiency, and inequity.
- Increased collaboration across global funding agencies, and with countries, to ensure a critical mass of Development Assistance for Health that is harmonized with key country priorities and aligned with their sustainable financing strategies, including integrating externally funded programs into country systems.
- Increased collaboration across global agencies active in health financing policy and implementation support, to work in partnership with countries in their efforts to develop sustainable financing strategies that include policies for improved efficiency and equity. Where countries will enter transition, this would also include collaboration with the country on its overall health financing transition strategy.
- Establish modalities complementary to the UNDAF and existing UN cooperation frameworks, to better coordinate and align funding by accelerator agencies which align with government strategies and system strengthening needs, help to mobilize domestic funding and spend them better, reduce transaction cost and fragmentation of development assistance vis-à-vis the Governments.
- Increased capacity at country level for the development, implementation and monitoring of health financing strategies and PFM.
- More coordinated global advocacy/action around issues that support sustainable financing – for example, on public health-related taxes (sub-regional harmonization of tobacco or sugary sweetened beverage taxes, e.g. for the East African Community), tax avoidance.

ANNEX 1: INSTITUTIONALISING HEALTH FINANCING EXPERTISE TO SUPPORT THE ACCELERATOR DRIVERS AT THE GLOBAL AND COUNTRY LEVEL

To rapidly advance activities of the accelerator, terms of reference are being developed for a global coordination unit of sustainable financing accelerator activities and to support in-country institutionalisation of health financing expertise.

The aim will be to take responsibility for the operationalisation of the accelerator delivered through a global coordination unit responsible for delivering the drivers and supported by in-country mechanisms recognising that participating agencies have varying degrees of capacity for inter-agency collaboration, and flexible support must be available to “plug in” to country work where needed.

While the leadership on particular issues will depend on the topic (e.g. funding vs financing), the role of the global coordination team will be to ensure:

- Country-level collaborations will be supported with the necessary advocacy and structural brokering from global or regional levels. An accelerator coordination team will provide the necessary technical and back-office support to enable country teams to build a viable country platform.
- Surge support to countries: Where short-term support is needed to meet critical objectives, the team could ensure that advisory services could be deployed rapidly.
- A joint voice on health financing: When advocacy is needed at senior leadership meetings, for example, the G20, Africa Leadership Meeting, and the UN General Assembly, the team can provide position statements representative of the health financing agencies.
- Negotiating lower barriers to cooperation: The team would take steps towards the reduction of legal and transactional barriers to joint financing, by negotiating with respective legal and partnership/engagement centres within the agencies and ensuring work aligns with relevant frameworks and conventions.
- Opportunities for inter-country learning are identified: through regular meetings with the country teams, the task force can identify opportunities to connect countries with each other for work around shared priorities.
- Capture and synthesize ideas: learnings from the agencies will be captured and disseminated as global public goods, providing documented evidence of good practices, lessons learned, and lay the groundwork for further iterations of partnerships.

Figure 1 identifies the processes proposed under the sustainable financing driver and places them on a matrix with “coordinate”, “directly conduct”, and finance. For any in-country collaboration, this matrix may be useful in mapping out which organization is doing what, and how.

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Figure 1. The three processes for country health financing collaboration

Process	Coordinate	Fund	Directly conduct or implement
What is it?	<ul style="list-style-type: none"> Bring country-level partners together to set joint priorities for work and deliverables over particular time period e.g. annually Harmonize views and key messages for policy dialogue 	<ul style="list-style-type: none"> Provide the financing for joint workplans agreed by the collaboration Manage independent fund pools that are responsive to the needs of the collaboration 	<ul style="list-style-type: none"> From the listed priorities, directly conduct activities such as analytical work or capacity building Support government on implementation of key programs where government capacity exists
What organizational capacity is required?	<ul style="list-style-type: none"> In-country representative or flexible team member 	<ul style="list-style-type: none"> Expertise and infrastructure to manage pooled donor assistance 	<ul style="list-style-type: none"> Designated focal point with technical expertise
Examples currently operational in country	<ul style="list-style-type: none"> Global Financing Facility Investment case process Cambodia Joint Partners Interface Group (govt led) 	<ul style="list-style-type: none"> World Bank Multi-Donor Trust Fund Cambodia H-EQIP 	<ul style="list-style-type: none"> Joint technical work e.g. health financing systems assessments, PFM joint programs

All agencies active in health at the country level must be represented. The degree and nature of each agency's involvement in each activity, however, will differ depending on the core competencies, strengths, and resources of each organization. Illustrated below are possible different configurations depending on specific country contexts. **Figure 2 below** illustrates the many ways agencies can choose to organize, depending on country context.

Figure 2. Possible Configurations at the country level

