

Writing a letter on transition and sustainable health systems

This month, we would like you to write a letter to Matthew Rycroft. Just starting his new role as DFID's Permanent Secretary and most senior civil servant on 22 January, your letters could be some of the first to land on his desk. This will really show him why transition must be prioritised. As always, don't forget to **let us know if you take action!**

Please begin your letter by welcoming him to this new role. The talking points and case studies below might be helpful for your letter, as well as the 'EPIC' letter-writing model:

E: Engage your audience. Get their attention with a dramatic fact or short statement.

P: State the Problem and present the causes of this problem. How widespread is it?

I: Inform them about the solutions. Give an example of how and where it has worked.

C: Call to Action: you need to let them know what you want them to do about it.

Talking about transition

- Since the millennium, the number of Low Income Countries has fallen from 63 to 31 in 2016, whilst the number of Middle Income Countries has risen.
- There are now more people living in poverty in Middle Income Countries than in any other income classification. But, economic growth can hide increasing inequality and unequal access to health services.
- As countries' economies grow and they become Middle Income Countries, they can become ineligible for funding, and donor support can decline or change.
- If donor withdrawal happens too quickly, and sometimes from multiple donors at the same time, and is not properly planned, then underfunded and fragile health systems will be put under pressure.
- A mismanaged transition to new forms of financing could cause health systems to deteriorate and have devastating impact on people's lives.
- Polio could be the second disease in human history to be eradicated. But if sustainable transition from the Global Polio Eradication Initiative is not planned for effectively, then progress could stall or even be reversed.
- Aid isn't forever, and countries should become financially responsible for their own health systems. This goal could be delayed without effective planning for a sustainable transition.
- Sustainable transition is essential for achieving the Global Goals and ensuring healthy lives for all.

Case Study: Romania

The negative effects of a poorly planned transition are clear in the case of Romania, where the withdrawal of donor support for HIV programmes caused rates of HIV to rise. When funding for these programmes was withdrawn in 2011, the Romanian government did not fund this gap in the health service. Consequently, HIV prevalence among people who inject drugs began to grow rapidly from 3.3% in 2009 to 27.5% in 2013.

Case Study: Sri Lanka

Sri Lanka, however, demonstrates a successful transition to self-financing. As one of the first four countries to transition from financial support from 'Gavi The Vaccine Alliance', Sri Lanka now fully finances its own immunisation programme and successfully achieves high immunisation rates and coverage. Through strong leadership, effective planning, financial commitments to vaccines and prioritisation of health, Sri Lanka now has one of the highest immunisation rates in the world with 99% of children receiving all the recommended basic vaccines.



Source: Gavi the Vaccine Alliance

Case Study: Nigeria

Despite rapid economic growth, great inequality, political instability and conflict persist in Nigeria, which is now classified as a Middle-Income Country. It is home to the highest number of unimmunised children in the world, has high rates of malnutrition and is just 1 of 3 countries where polio is endemic. However, over the next few years, a number of donors (including Gavi the Vaccine Alliance and the Global Polio Eradication Initiative) plan to withdraw their financial support. It is likely that Nigeria will struggle to finance this funding gap, which will place more pressure on an already fragile health system and put lives at risk. This demonstrates why donor withdrawal must fully consider the capabilities of countries to continue programmes when they leave. In places where health systems are already unable to cope and provide even the most basic health services, changing donor financing could have devastating effects.

Case Study: Department For International Development

A recent review by [ICA](#) examined the way DFID has recently ended bilateral aid in a number of countries. Due to a lack of planning, clarity and communication, they found that their current transition process requires significant improvement. This includes clear planning, coordination with other partners and greater transparency.