uhc2030
International Health Partnership

International Health Partnership for UHC 2030

Core Team Report 2017

World Health Organization

WORLD BANK GROUP

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Abbreviations

CSEM	Civil Society Engagement Mechanism	**PFM**	Public financial management
CSO	Civil society organization	**SDG**	Sustainable Development Goal
EDC	Effective development cooperation	**TWG**	Technical working group
HSA	Health systems assessment	**ToR**	Terms of reference
HSPA	Health systems performance assessment	**UHC**	Universal health coverage
HSS	Health systems strengthening	**WHO**	World Health Organization

OVERVIEW

UHC2030 achievements in 2017

In 2017 the UHC2030 Core Team, partners and Related Initiatives have had much to celebrate. Through our deliberate efforts to work together in new ways, we have breathed life into the vision of a platform where we can all collaborate and coordinate on strengthening health systems globally. We have injected new political energy into the growing global movement for universal health coverage (UHC). We have forged new friendships, allegiances and networks so that we are stronger together.

It is hard to do justice to all the enormous efforts and work that has been put into this ambitious global partnership. In the foundational year for UHC2030 we have consolidated who we are, what we are doing and how we can work together.

The success of UHC2030 depends on the willingness of its partners to adhere to common principles and work together in new ways. Consequently we take this opportunity to thank our partners for their exceptional collaboration in 2017. We also encourage more partners to join the UHC2030 movement to help build the way forward to strengthening health systems for UHC.

This overview is a snapshot of the achievements of the year of which we can all be proud.

> It must be the primary goal of UHC2030 and all partners to invest in strengthening countries capacity to practically support UHC. Now it is the time to seriously make UHC a reality at country level.
>
> **Honorable Prof. Piyasakol Sakolsatayadorn, Minister of Public Health, Thailand. WHA 2017**

Global Compact

UHC2030 created and promoted its new Global Compact, now a formal requirement for partners who wish to join UHC2030. This replaces the old IHP+ Global Compact and IHP+ partners were invited to make a new commitment to the UHC2030 Global Compact.

Signing the UHC2030 Global Compact demonstrates high-level commitment to take action to make progress towards UHC. It means our current and future partners commit to work together to accelerate progress towards UHC through building equitable, resilient and sustainable health systems. We are delighted that in 2017, 12 new partners joined and signed the Global Compact.

Joint vision for health systems for UHC

In May 2017, UHC2030 launched a joint vision paper: “Healthy systems for universal health coverage – a joint vision for healthy lives”. The joint vision paper was developed by a group of experts working under the auspices of UHC2030 and finalized with inputs from a broad range of partners in a collaborative way.

It is intended to be a key reference document for UHC2030, as well as a resource for the broader global community to inform collaboration on the health systems strengthening (HSS) and UHC agenda. The vision outlines performance and policy entry points to promote UHC through HSS, including critical action for the way forward and principles to guide action.

Strong civil society engagement

The UHC2030 Civil Society Engagement Mechanism (CSEM) was established through a broad consultative process, through which civil society organizations (CSOs) now have a platform to represent their constituency and promote an equity-focused and a people-led movement for UHC. During the closing session of the UHC Forum in Tokyo in December, CSOs delivered a statement to emphasize the importance of leaving no one behind, public funding and accountability, in order to guide national and global efforts to achieve UHC.

As part of the “Rise for our Right to Universal Health Coverage” campaign supported by the UHC Coalition with 160 events in 45 countries, UHC2030 supported 25 events across 23 different countries to celebrate UHC Day on 12 December. These events highlighted ambitious and successful partner activities, driving significant community participation, policy-maker engagement and social and traditional media reach.

Political momentum

World Health Assembly
UHC2030 launched both the Global Compact and the joint vision paper on 24 May 2017 during a high-level event at the World Health Assembly. The energy and enthusiasm in the room for the movement to build stronger health systems for UHC was palpable, with a keynote speech from a representative from South Africa, eight signatories to the new UHC2030 Global Compact and reflections on HSS from a representative from Ghana, Zimbabwe and Estonia.

G20 Health Ministers Meeting – Berlin
UHC2030 continued to receive much high-level attention when the G20 health ministers met in Berlin on 19–20 May 2017. Both universal health coverage and UHC2030 featured in their discussions and final declaration, with the G20 health ministers highlighting the joint vision paper.

High-level Political Forum – New York
At the UHC2030 high-level event on universal health coverage held on the margins of the High-level Political Forum 2017 in New York on 17 July 2017, our core vision of building stronger health systems for UHC was yet again promoted by those at the highest levels.

Universal Health Coverage Forum – Tokyo
On 12-15 December in Tokyo the Universal Health Coverage Forum, co-organized by the Government of Japan, Japan International Cooperation Agency (JICA), United Nations Children's Fund (UNICEF), the World Bank Group, World Health Organization (WHO) and UHC2030, brought together high-level participants, including heads of state, ministers of health and finance, parliamentarians from Africa, leaders representing bi-lateral and multilateral institutions, civil society, academia and the private sector. The urgency of accelerating progress towards UHC was the strong message throughout the Forum.

UHC2030 facilitated the organization of more than 40 side events hosted by different partners. The wide-ranging programme involving many partners demonstrated the usefulness as well as the potential of UHC2030 as a multi-stakeholder platform in the global health community. The Forum culminated with a public event which demonstrated that a growing movement is more determined than ever to call for political action. World leaders and youth activists stood together on a stage in front of an audience chanting "Health for all!" to affirm that we have a moral imperative and historic opportunity to make the right to health a reality and announce their commitment to take action.

United Nations General Assembly resolutions
The official recognition of UHC Day by the United Nations General Assembly in December 2017 and the decision to hold the first UN high-level meeting on UHC in September 2019 are clear signs that UHC will remain high on the global agenda. In this context, the United Nations General Assembly has recognized the role of partnerships such as UHC2030 to address the health needs of the most vulnerable for an inclusive society, through developing and sustaining UHC at the national level.

INTRODUCTION

IHP+ transformed into the International Health Partnership for UHC2030 as a response to the need for better coordination in strengthening health systems to help achieve the health related Sustainable Development Goals (SDGs).

UHC2030 now has a broader mandate and provides a multi-stakeholder platform to promote collaborative working at global and country levels on HSS. We advocate increased political commitment to UHC and facilitate accountability and knowledge sharing. In countries receiving external assistance, we continue to promote adherence to effective development cooperation principles as the most important way to ensure coordination around HSS. This is consistent with the ambition of the SDGs and the Addis Ababa Action Agenda.

UHC2030 nurtures a shared global vision for health systems through framing emerging priorities, identifying bottlenecks and proposing collective recommendations to accelerate progress towards UHC. Together, partners and Related Initiatives collaborate around these areas of work.

Following the year of transformation in 2016 and working closely with partners and Related Initiatives in 2017, UHC2030 has now consolidated its ways of working. We collaboratively developed a work plan linked to the objectives of UHC2030; and strategies for work on advocacy, accountability and knowledge sharing.

This first UHC2030 Core Team report describes the implementation of the milestones and deliverables for each area of work, detailing what we have achieved in 2017. Annex 1 provides an overview of the detailed milestones of our work plan for 2017.

TIMELINE of transformation process from IHP+ to UHC2030

The IHP+ Core Team initiates consultations with key stakeholders to transform IHP+.
September 2015

November 2015
The IHP+ Steering Committee recommends that a proposal be developed to expand IHP+'s mandate to also cover coordination and advocacy aspects of support for HSS for UHC.

The IHP+ Steering Committee reviews a proposal to broaden the scope of IHP+ to facilitate the move towards UHC and better coordinated health system support, accountability, knowledge management and advocacy, and to offer participation to a broader range of partners.
April 2016

May 2016
66 IHP+ signatories agree unanimously to expand the scope of IHP+. Further political support for UHC2030 is expressed through the G7 Ise-Shima Vision for Global Health and, subsequently, the G7 health ministers' meeting Kobe communiqué in September 2016.

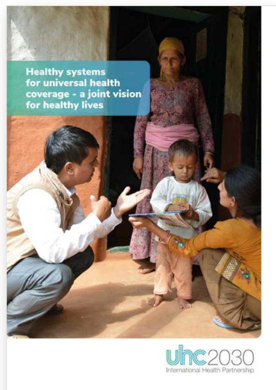
June 2016
The IHP+ Steering Committee agrees on key milestones in establishing UHC2030 and the name for the transformed partnership: International Health Partnership for UHC2030.

To launch the transformation process, a multi-stakeholder consultation is organized to gather vision on how to operationalize the objectives of UHC2030, with over 100 participants from a range of constituencies. The consultation confirms the need for transformation and calls for an ambitious political agenda, mobilizing momentum. An online consultation is launched to ensure interested stakeholders can feed into the transformation process.

September 2016
Dr Margaret Chan, WHO Director-General, announces the International Health Partnership for UHC2030 to the broader international community during a high-level side event in the margins of the United Nations General Assembly.

December 2016
The meeting of the UHC2030 Transitional Steering Committee agrees on key benchmarks related to the Global Compact, governance arrangements and work plan for 2017.

The meeting "UHC2030: Working together to strengthen health system" brings over 200 participants from various health system initiatives, paving the way for collaboration on HSS under the umbrella of UHC2030.



January–March 2017
The "Healthy systems for universal health coverage – a joint vision for healthy lives" paper is developed through broad consultation.

January–March 2017
The UHC2030 Global Compact is finalized and a formal invitation is sent to join UHC2030.

The final joint vision paper is presented for final consultation during the 2nd UHC Financing Forum held on the margins of the IMF/World Bank Spring Meeting.
April 2017

May 2017
New members sign the UHC2030 Global Compact during a ceremonial signing session at the World Health Assembly. The joint vision paper is launched at the same event.

June 2017
The UHC2030 Steering Committee has its first meeting to finalize working arrangements and take stock in developing strategies for work on advocacy, accountablity and knowledge management, which were subsequently approved in December.

1: Partners, Related Initiatives and constituencies

In 2017, new UHC2030 partners signed the Global Compact and officially committed to take action to strengthen health systems for UHC. Twelve Related Initiatives working in the area of health systems strengthening are convened to collaborate and coordinate their efforts to achieve UHC. Our civil society constituency grew stronger and established its own Civil Society Engagement Mechanism and we began to explore how to include the private sector meaningfully in our global partnership.

1 Partners, Related Initiatives and constituencies

1.1 UHC2030 new signatories to the Global Compact

The UHC2030 Global Compact reflects support for the aims of the SDGs and is consistent with the ambition and commitment of other inter-governmental agreements, including the Addis Ababa Action Agenda. Through the principles laid out in the Global Compact, UHC2030 signatories commit to work together with renewed urgency to accelerate progress towards UHC, as articulated in target 3.8 in the SDGs.

Signing the Global Compact is a formal requirement for new partners interested in joining UHC2030, and is a demonstration of commitment to take action to achieve UHC.

The 66 partners who signed up to the IHP+ Global Compact since 2007 were invited to be part of UHC2030 and endorse the UHC2030 Global Compact on a non-objection basis. In 2017 new UHC2030 partners signed the Global Compact and officially committed to take action to strengthen health systems for UHC. At a ceremony organized at the World Health Assembly, UHC2030 welcomed Chile, Indonesia, South Africa and Thailand, the Organisation for Economic Cooperation and Development (OECD), the Rockefeller Foundation, the United Nations Foundation, the African Platform for UHC, and the Community Working Group on Health Zimbabwe. Other partners joined later throughout the year. See Annex 2 for the full list of UHC2030 members.

BOX 1

UHC2030 Global Compact

Signatories of the Global Compact collectively subscribe to the following key principles to guide their action:

- leaving no one behind: a commitment to equity, non-discrimination and a rights-based approach;
- transparency and accountability for results;
- evidence-based national strategies and leadership, with government stewardship to ensure availability, accessibility, acceptability and quality of service delivery;
- making health systems everybody's business – with engagement of citizens, communities, civil society and the private sector;
- international cooperation based on mutual learning across countries, regardless of development status and progress in achieving UHC, and based on development effectiveness principles.

1.2 Related Initiatives

UHC2030 provides a platform for Related Initiatives that seek to collaborate around achieving UHC through strengthening health systems. These Related Initiatives are existing partnerships, alliances and networks that focus on strengthening comprehensive or specific areas of health systems. A list of the Related Initiatives that provided crucial collaboration and support to UHC2030 in 2017 can be found in Annex 3.

UHC2030 is increasingly recognized as a credible convening platform for UHC and different Related Initiatives have been involved in developing UHC2030 strategies. For example, 27 networks, including UHC2030 Related Initiatives, contributed to a landscape analysis to develop the UHC2030 knowledge management strategy, a process coordinated by the Joint Learning Network for UHC, with implementation bringing together P4H Network for Health Financing and Social Health Protection, the Alliance for Health Policy and Systems Research and Health Systems Global.

> As data is a critical component for achieving the health-related Sustainable Development Goals and Universal Health Coverage, the Health Data Collaborative underpins comprehensive health systems strengthening initiatives and promotes collective action for improving country data systems through better alignment of investments and support.
>
> **Health Data Collaborative**

During the UHC Forum in Tokyo in December 2017, UHC2030 organized a "Marketplace on health system knowledge hub" to bring together representatives from 12 different Related Initiatives through an interactive session. These Related Initiatives in turn organized their own booths to showcase their work and confirmed their commitment to engage with UHC2030 for collaborative work around HSS.

Partners established two networks to facilitate collaboration in some specific areas of HSS. The Global Service Delivery Network brings together a range of partners to strengthen knowledge exchange, collaboration, and advocacy on integrated people-centred health service delivery for UHC. The Health Systems Governance Collaborative fosters creative and safe spaces – both face-to-face and online – where stakeholders can interact and address health systems governance challenges, promoting concrete improvements at national and sub-national levels.

1.3 Civil society

The UHC2030 Transitional Steering Committee agreed in December 2016 to establish the UHC2030 Civil Society Engagement Mechanism (CSEM). Since then, the CSEM has made good progress in building a strong civil society constituency in UHC2030 with the aim of strengthening an equity-focused and people-led movement for UHC. In 2017, CSEM members were greatly involved in UHC2030 work on advocacy and accountability. They were fully associated with high-level side events on UHC during the High-level Political Forum, World Health Assembly and United Nations General Assembly.

The CSEM also organized country consultations in five countries – Pakistan, Cameroon, Nigeria, Zimbabwe and Kenya – to identify how CSOs at country level can engage in UHC2030, including their role for advocacy and accountability and how UHC2030 can strengthen citizens' voices and empower communities. Findings showed that CSOs need to be better coordinated to fill the knowledge gap that exists among CSOs and citizens about what governments are planning and doing regarding UHC at country level.

> To make real, consistent and sustainable progress towards UHC, the global community needs to consider stronger investments in civil society and communities' work on policy change, resource mobilisation and accountability.
>
> **Rosemary Mburu, Waci Health**

During the Universal Health Coverage Forum 2017 in Tokyo, the CSEM made a strong call for a change in the "business-as-usual" approach to achieving UHC (see statement in Box 2). CSOs set up the CSEM through a broad consultative process. In 2017 the CSEM established its structure, which includes an advisory group of 18 members representing a range of organizations across regions, health issues and types of CSOs. See Annex 4 for a list of members. Six members of the advisory group serve as representatives or alternate representatives on the UHC2030 Steering Committee.

In late 2017, the Partnership for Maternal, Newborn & Child Health (PMNCH) and Global Health Initiatives such as the Global Financing Facility (GFF), Scaling Up Nutrition (SUN), Global Fund Against AIDS, Tuberculosis and Malaria (GFATM), Gavi, the Vaccine Alliance and Family Planning 2020 (FP2020) collaborated on a joint mapping exercise to propose options for aligning support to civil society on advocacy and accountability for improved health outcomes. The work is currently ongoing and further research and activities are planned for 2018.

In 2017, UHC2030 funded an interim CSEM Secretariat hosted in Global Health Advocates. The CSEM advisory group defined its Secretariat arrangements and the UHC2030 Core Team selected Management Sciences for Health as a host for the Secretariat through a competitive process launched in July 2017.

BOX 2

CSO statement for the Universal Health Coverage Forum 2017

If the global community is serious about achieving UHC by 2030, we – service providers, advocates and representatives of citizens and communities – believe that the following principles need greater emphasis and should guide national and global efforts:

1. Health is a human right and the achievement of UHC should ensure that no one is left behind.
We call on governments, global health stakeholders, and donors to commit to progressive universalism to ensure that those who are currently left behind and most in need are prioritized first, without discrimination and exclusion.

2. Out-of-pocket payments should be progressively abolished and public financing for health should be significantly increased.
We call on governments to progressively increase their investment in health and move towards the proposal of at least 5% of their annual GDP as government health-care expenditure, giving priority to primary health care linked to essential health services packages. These essential care packages should be defined by country-level needs and priorities required to meet SDG target 3.8.1, with a concrete plan to ensure the removal of direct cash payments as an urgent measure.

3. Good governance, robust transparency, and sound accountability must be ensured.
We call on the UHC stakeholders to ensure that price and access to health products is being monitored and reported back. Adequate mechanisms are needed to monitor progress on the provision of essential health care packages. Additionally, as a key component of their performance and accountability frameworks, all stakeholders should include monitoring of existing direct payments by patients and OOP expenses.

Extract of key messages; full statement can be found at:
https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key_Issues/UHC2030_civil_society_engagement/ON_THE_ROAD_TO_UHC_CSEM_2018__1_.pdf

1.4 The private sector

The global community has acknowledged the important role of the private sector in achieving UHC. At the end of March 2017, UHC2030 convened a time-bound task force to establish its private sector constituency. The task force was composed of individuals representing the following stakeholders:

- international practitioner associations
- academia
- associations of private sector facilities at country level
- pharmaceutical manufacturers associations
- multilateral development institutions
- CSOs.

The task force concluded that the private sector constituency should focus its efforts on supporting the following axes of UHC:

- financial protection (expanding national health insurance and the private sector role in this charge); and
- availability of and access to services (including clinical services at the national level, workforce, commodities, etc.).

The UHC2030 Steering Committee reviewed the proposed terms of reference (ToRs) prepared by the private sector task force. The discussion highlighted the significance of private engagement in the platform, and how the private sector could be integrated in the work programme of the partnership with a focus on supporting country progress on UHC. At the same time the discussion emphasized the importance of ensuring commitment of potential private sector partners to UHC principles and underlying values, in particular equity.

The UHC2030 Steering Committee recommended developing the private sector constituency in an open and transparent way, similar to the process for civil society, working with partners who share the same understanding of what a successful partnership will deliver and in line with the WHO Framework for Engagement with Non-State Actors (FENSA) to manage potential conflict of interests.

It was proposed that the constituency should involve private sector representatives from the following categories: services, medical equipment and commodities, health insurance, training institutions, academic and research institutions, health data and information systems. It was also agreed that as a start, UHC2030 will invite representatives of umbrella organizations and professional private sector associations (rather than individual companies) as observers in future Steering Committee meetings for a year. This will be followed by full membership and endorsement of the UHC2030 Global Compact by the end of 2018.

> I believe there is no way we can reach everyone with good health coverage without working with the private sector. It is time to join hands – all the sectors – have a multi-sectoral approach and we can achieve UHC by 2030.
>
> **Dr Sam Ogillo, Association of Private Health Facilities in Tanzania**

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2: Health systems strengthening coordination

Improved health system performance requires national, regional and global action in three interrelated health system policy areas: service delivery, financing and governance.

In 2017, UHC2030 built a joint vision for health systems strengthening, and established or reinvigorated technical working groups to allow partners and Related Initiatives to coordinate efforts, with some of them undertaking specific work relevant for effective development cooperation.

2 Health systems strengthening coordination

2.1 Health systems strengthening for UHC: building a shared vision

"Health systems for universal health coverage – a joint vision for healthy lives" is a key reference document for UHC2030 and a broader resource for the global health community. The vision outlines health system performance dimensions and policy entry points to promote UHC through HSS, including critical action for ways forward and principles to guide action, which are in line with the UHC2030 Global Compact.

The content of the joint vision paper is the result of broad consultations with a range of stakeholders and represents how UHC2030 can facilitate joint leadership and mutual learning meaningfully around HSS for UHC. The UHC2030 Core Team facilitated these consultations in early 2017 through the UHC2030 Transitional Steering Committee, health systems partnerships, networks and initiatives, WHO regional offices and G20 health experts.

The joint vision paper states that HSS should focus on five dimensions of health system performance:

i. equity
ii. quality
iii. responsiveness
iv. efficiency
v. resilience.

Improved health system performance requires national, regional and global action in three interrelated health system policy areas: service delivery, financing and governance.

In May 2017, the Berlin Declaration of the G20 Health Ministers encouraged members to join UHC2030 and acknowledged "Healthy systems for universal health coverage – a joint vision for healthy lives" as a reference framework.

2.2 Demand-based country support

Previously, IHP+ had provided grants to countries to improve coordination and support the development and implementation of national strategies. However in 2017, UHC2030 stopped these grants. A review conducted in 2015 confirmed that such grants were used mostly to support country compact development and coordination mechanisms, national health plans, joint reviews, and monitoring and evaluation. The review recommended that such grants should be light, flexible and catalytic, limited to support just a few strategic opportunities.

The UHC2030 Core Team provided advisory support based on demand. This support complements the work of the UHC Partnership, which now supports policy dialogue to promote UHC in 35 countries and as such, provides a country-level resource for UHC2030.

In 2017, UHC2030 provided support to countries including advice and guidance to Côte d'Ivoire and Liberia to develop a country compact, signed in July and October respectively. UHC2030 also provided advisory support through the public financial management (PFM) technical working group to several countries (see Section 2.4.1). The Core Team also provided support to Kyrgyzstan in developing coordination mechanisms and a country compact and joint statement around their next health sector programme. Lessons from this country process will be used in 2018 to inform the approach to coordination in a middle-income country context.

> The real value of UHC2030 is to show that in order to achieve UHC and health for all, donor funding is really complementary to domestic financing. UHC2030 moves on the discussion that it is no longer about development and aid, it is about domestic financing and about models that have succeeded and about sharing examples of good practice. It is about showing that it can be done in different countries within each country's context where there is no single model but a common objective.
>
> **Dr Githinji Gitahi, Global CEO and Director General of AMREF Health Africa Group, Co-Chair of the UHC2030 Steering Committee**

2.3 Monitoring effective developing cooperation principles

The importance of continued focus on effective development cooperation (EDC) is reflected in the specific work being undertaken in the working groups on PFM, support to countries with fragile or challenging operating environments, and sustainability and HSS in countries transitioning from official overseas development assistance (ODA). More efforts are needed to sustain the momentum around compliance with the principles of EDC; however, it is necessary to reframe their application in the context of HSS and the SDG agenda. Opportunities will be used with the dissemination of the IHP+ 2016 Performance Report published in 2017 and further consultations will be done in 2018.

The findings of the fifth IHP+ Results monitoring exercise were presented to the UHC2030 Steering Committee in June 2017. The findings draw on the participation of 30 countries, the highest number ever to participate. Data was collected and analyzed in 2016 and country dialogue meetings were held in 2017. The monitoring approach and methodology has evolved since the first round of monitoring in 2008, which was designed as an external performance evaluation. Since then, national ownership of the monitoring process has become increasingly important, focusing on stimulating and informing a national dialogue on development cooperation in health. The process aims to achieve this ownership by being more inclusive (for the first time both civil society and private sector participated and provided their views). In addition, the process resulted in the development of country-specific analysis of findings summarized in a visual aid and a country report and supported discussion of findings at country level, with a view to agreeing on a concrete action plan.

Highlights from the IHP+ 2016 Performance Report include evidence of progress on commitments made to strengthen national strategies, joint assessments and accountability. At the same time an overall stagnation and in some cases decline was seen on the commitment to improve the predictability of health sector financing and strengthen financial management in the sector. Some progress overall was seen on strengthening and using country systems, as well as increased engagement of civil society and private sector in the health sector.

In 2017, UHC2030 offered to support the mainstreaming of the monitoring of the EDC practices within national frameworks in four pilot countries: Guinea-Bissau, Nigeria, Sudan and Togo. This work showed that the approach towards integration should be flexible, foster local ownership andalign with country systems. Sufficient time should be allocated to the process and strong commitment of all stakeholders – especially the government – is needed.

2.4 UHC2030 technical working groups

The model of technical working groups already existed under IHP+ and since the transition to UHC2030, more groups have been added. UHC2030 currently has five technical working groups (TWG).

2.4.1 Public financial management technical working group

The TWG on public financial management (PFM) was established under IHP+. The objectives of the group are to: (i) promote joint approaches to PFM in health studies; (ii) synthesize and share knowledge on PFM issues in health; (iii) champion the connections between PFM, service delivery and health financing; and (iv) facilitate support to the implementation of joint financial management harmonization and alignment approaches.

The TWG has convened partners and promoted financial management collaboration in several countries including: Burundi, Democratic Republic of Congo, Ethiopia, Liberia, Senegal, Sierra Leone and Sudan. Partners including the African Development Bank, the Global Fund, Gavi, UNICEF, the United Nations Population Fund (UNFPA), WHO, World Bank, Irish Aid and the European Union have, with varying levels of participation, conducted joint financial management assessments in the health sector in these countries.

Main achievements resulting from these assessments to date include:

- in Senegal, Sierra Leone and Ethiopia: there is joint support for strengthening country financial management systems and harmonized implementation arrangements for development partner support to the sector; and
- Liberia and Sudan: there are ongoing country-led initiatives to implement the recommendations of the joint assessments.

The TWG has also conducted a study of the costs and benefits of non-aligned financial management arrangements for implementing development assistance in health. Two case studies were conducted in Uganda and Kenya and a synthesis report has been prepared. It highlights significant transaction costs associated with fragmented financial management implementation arrangements, and how parallel arrangements not only undermine the strengthening of country systems, but also tend to increase fiduciary risks over time.

While the group will continue to work on the financial management harmonization and alignment agenda, its focus will expand under UHC2030. Since UHC is expected to be financed mostly from domestic sources, emphasis will be placed on getting a better understanding of how strengthened PFM systems in the health sector support the case for increased resource allocation to health from the national budget, and how PFM systems support better health service delivery and health financing.

> Partners can get inspired by other partners, countries can get inspired by other countries. We can all know who is doing what so not only do we learn from each other but we can also create synergies. It is an opportunity for civil society, governments and different partners to interact and work with each other.
>
> **Khuat Thi Hai OANH Executive Director of the Centre for Supporting Community Development Initiatives (SCDI) in Viet Nam**

2.4.2 Support to countries with fragile or challenging operating environments technical working group

The TWG on support to countries with fragile or challenging operating environments was established in 2016 with the aim of developing guidance for improved aid coordination and HSS in fragile settings. The primary deliverables for the TWG are a literature review, country case studies, guidelines, adapted IHP+ tools, and actions in selected countries on partner coordination and HSS.

A systematic literature review was commissioned as a first step to assess the current evidence on what works and identify the gaps in HSS and the coordination of support to countries with fragile or challenging operational environments. The literature review was implemented by the Institute of Tropical Medicine, Antwerp. As is outlined in its final report, the literature review demonstrated the limited amount of experimental evidence to support a set of general, straightforward, universally-applicable recommendations for interventions in strengthening health systems, coordinating aid and improving access to health services in fragile settings. Interventions such as contracting health services, the introduction of the “basic package of health services”, formation of “health pooled funds” proved successful in one setting, but not in others. The report concluded that the specificity and rapid changes in any context do not allow for generic guidelines for HSS and EDC in fragile settings. The report recommends an approach that mixes research and practice, applying a combination of different techniques, such as solid experience in “traditional” research with locally-contextualized knowledge, and applying new ways of evaluation including action research.

The first face-to-face meeting of the TWG was convened on 8–9 November in Geneva with the main objectives being to reflect on the findings of the literature review, update the ToRs and define deliverables for 2018–2019.

The meeting confirmed the widespread interest in and added value of the TWG, with clear commitment from partners to collaborate on improving health systems support to fragile, conflict-affected and vulnerable settings. As per the updated ToRs, the aim of the group is to encourage the adoption of better-suited policies and practices for HSS in fragile, conflict-affected, vulnerable and/or challenging operational environments that will accelerate progress towards UHC. The objectives are to:

- strengthen the evidence base, technical tools/approaches and knowledge sharing on specific considerations for policies and programmatic approaches to strengthen health systems and to accelerate progress towards UHC in fragile, conflict-affected, vulnerable and/or challenging operational environments;
- bring these specific considerations to the attention of key stakeholders for action and financial support; and
- foster and support collaboration between humanitarian and development action, among local, national and international stakeholders and authorities, including governments, to enhance the appropriateness, effectiveness and efficiency of support for HSS and UHC in selected contexts.

The ToRs also specify the areas of activity for 2018–2019 and adapted ways of working in order to have more hands-on engagement from partners in overseeing the implementation of the ToRs.

2.4.3 Sustainability, transition from external financing and health systems strengthening technical working group

The TWG on sustainability, transition from aid and HSS was established in 2016 with the objective of exploring roles, responsibilities and opportunities for collaboration among development partners, expert networks and countries to enhance efforts to sustain increased effective coverage of priority interventions with financial protection, in countries transitioning from aid.

While all low- and middle-income countries face a number of critical pressures on their health systems, there are some issues that are particularly salient for countries that are currently or will soon be "transitioning" to much lower levels of external financial support. Effective responses to transition must be adapted to each country's context, but a common guiding principle is to maintain or even increase effective coverage for priority health services, including those currently supported with external funds. This does not mean simply channelling government revenues to pay for a previously-funded programme. Rather, transition provides an opportunity for countries to assess how governance, financing and service delivery are configured to ensure the sustainability of effective coverage for priority interventions. Hence, HSS is at the core of the response to transition if progress towards UHC is to be sustained, ensuring that donors and policy-makers alike are working together towards sustainable solutions to problems presented by transition. It also emphasizes the importance of sustainability in the transition process, which should also extend to those countries that are not imminently facing declines in donor assistance.

The membership of the group brings together country representatives, World Bank and WHO health system and disease experts, bilateral partners, Global Health Initiatives, GFF, OECD, Bill & Melinda Gates Foundation, academia think tanks and civil society. Country interest and participation in the group has been particularly strong, with 15 countries actively engaging in the group, either through direct participation (8 countries) or through country consultation.

The working group held two face-to-face meetings in 2017 to define work areas and gather country input but annual meetings are envisaged for the next period with intermittent online meetings. In 2017, the group completed a mapping of TWG member's definitions and policies on transition, a country consultation paper on sustainability and transition, and developed a mapping tool on key indicators on UHC context and transition in low- and middle-income countries.

In 2018, the group aims to work further to build consensus on the sustainability objective in relation to transition from external finance – to mean sustained coverage of priority interventions for UHC with financial protection and develop a collaborative agenda taken forwards by different partners in support of this. The work will include guidance and best practice principle preparations for better-coordinated country support on transition and HSS for UHC in selected countries.

2.4.4 Health systems assessment technical working group

The TWG on health systems assessment was established in 2017 with the objective of recommending options for conducting a more harmonized and aligned health systems assessment, and to recommend a common, adaptable annotated framework for health systems performance assessment.

During its first face-to-face meeting, held on 17–18 October 2017 in Geneva, the TWG convened key national and international stakeholders and country representatives to discuss the various bottlenecks in conducting a multitude of health systems assessments (HSAs) in countries; the differences between HSAs and health systems performance assessments (HSPAs); and the potential for relating HSAs with the HSPA community. Results of an HSA tool review that examined all relevant, existing tools and approaches on health systems assessments was also presented. Participants emphasized the importance of a HSA processes to be locally demand driven and owned by the country. During the meeting a TWG roadmap and the working group deliverables as specified in the ToRs were set. The working group agreed to proceed in developing a UHC2030 annotated template to conduct health systems (performance) assessments, which will include taxonomy, working definitions and a set of core indicators.

2.4.5 Multisectoral action technical working group

The TWG on multisectoral action for UHC was established in 2017 to build capacity for multisectoral efforts for health as part of UHC; convene partners to leverage their resources to support country capacity and efforts on this theme, including in country plans for UHC; and link to efforts in other global partnerships on multisectoral health work.

A side event to present the group's proposed work plan and to discuss the issue of "Building health sector capacity to work with other sectors to achieve UHC" was held on 12 December in Tokyo, prior to the UHC Forum 2017 and was attended by about 80 participants. Following introductory presentations, the panellists and the audience discussed the observation that despite its importance, multisectoral action has often received low levels of attention in current efforts towards UHC and welcomed the UHC2030 TWG on multisectoral action. Discussions focused on the role of the health sector, broadening the use of successful financial tools (as in the case of tobacco) and sharing best practice, drawing on the experiences of Chile, Jamaica and Indonesia.

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3: Accountability for progress towards HSS and UHC

The UHC2030 strategy outlines what is meant by accountability for UHC, and the unique value of UHC2030, which includes a diverse stakeholder reach, convening power, and potential to bridge the technical and political agendas for UHC, bringing a more integrated sector-wide health system approach.

3.1 UHC2030 accountability strategy

One of the core objectives of UHC2030 is to facilitate accountability for progress on HSS towards UHC and through this, to contribute to a more integrated approach to accountability for SDG 3. The Steering Committee reviewed the accountability strategy for 2018–2019 at the December 2017 meeting.

The Core Team developed the accountability strategy in close consultation with a range of stakeholders. The strategy also builds on scoping work done earlier in the year.

The accountability strategy outlines what is meant by accountability for UHC, and the unique value of UHC2030, which includes a diverse stakeholder reach, convening power, and potential to bridge the technical and political agendas for UHC, bringing a more integrated sector-wide health system approach. It identifies four pillars (see Box 3) with proposed areas of activity to include addressing knowledge gaps, capacity strengthening with catalytic grants for implementation, global advocacy and events.

The UHC2030 Core Team will be responsible for implementing the strategy and work plan, in close collaboration with relevant stakeholders, including Related Initiatives.

> Expanding UHC is a political process. It is about who has voice and power in defining health priorities, for whom, and how fairly they are financed.
>
> **UN Secretary-General's Independent Accountability Panel (IAP) for Every Woman, Every Child, Every Adolescent commentary: "Stakeholder voices on tracking universal health coverage: 2017 global monitoring report"**

3.2 Stakeholders voices in tracking progress towards UHC

"Expanding UHC is a political process. It is about who has voice and power in defining health priorities, for whom, and how fairly they are financed. How many countries have policies to ensure people with disabilities, living with HIV, mental health conditions or in humanitarian settings are getting their share of UHC benefits?" Independent Accountability Panel

"Tracking universal health coverage: 2017 global monitoring report", by WHO and the World Bank Group - published in December 2017 - provided an opportunity for a multi-stakeholder review of progress. UHC2030 compiled commentaries on the findings of the "Global monitoring report" from a range of constituencies, including adolescents and youth, civil society, The Elders, the Independent Accountability Panel for Every Woman, Every Child, Every Adolescent and the Inter-Parliamentary Union (see Box 4). The "Stakeholder voices on tracking universal health coverage: 2017 global monitoring report" was launched in parallel to the "Global monitoring report" during the UHC Forum 2017, and has been disseminated more widely. UHC2030 also organized a breakout session during the Forum on multi-stakeholder participation and social accountability which provided a platform for countries, civil society and a parliamentarian to share their experiences, engaging a wider community and raising the profile of the agenda.

BOX 3

Pillars of the accountability strategy

- Strengthened social accountability and engagement by civil society, the media and parliaments to hold governments accountable for sufficient investments, robust policies and plans, and timely and effective implementation to leave no one behind in pathways towards UHC.
- Improved mechanisms for government, civil society and the media to hold development partners accountable for sufficient, appropriate and well-coordinated investment in HSS and UHC, and adherence to the principles of EDC.
- Better understanding of mechanisms to hold the private sector to account for their role in accelerating progress towards UHC and leaving no one behind.
- Synergies and better alignment across sub-sectoral health accountability initiatives at country and global levels – this is cross-cutting.

BOX 4

Key messages emerging from the stakeholders' commentaries

- An urgent call to action: with fewer than 5000 days to reach UHC by 2030, the "Tracking universal health coverage: 2017 global monitoring report" is an urgent call to action.
- Inadequate progress: the report findings reveal slow, uneven and inadequate progress, with worsening financial protection in many countries and unacceptable levels of inequality. Behind the statistics are billions of people who are denied their right to health due to failures by their governments and the international community. Primary health and community systems must be prioritized, with sufficient focus on sexual, reproductive, maternal, newborn, child and adolescent health.
- Persistent measurement gaps: the report reveals persistent gaps in the data, and particularly refined disaggregation to monitor inequity. We must measure what matters and with sufficient quality to track progress across the SDGs. Credible data, from a range of sources, is vital to inform accountability processes and drive action.
- Politics, power and resources: progress towards UHC is a political process; it is about who has voice and power to shape priorities. Inadequate political leadership and financial constraints remain major obstacles to equitable progress. There should be greater focus on domestic resource mobilization and particularly progressive taxation, with the removal of financial barriers to access, including user fees. Global solidarity remains important, through sufficient and effective development assistance for health.
- Rights and equity: equity and inclusiveness must be at the forefront of UHC, within the context of the human right to health. This is essential for UHC to deliver on the commitment to "leave no one behind". We should be monitoring whether people with disabilities, mental health conditions, or in humanitarian settings are benefitting from UHC reforms. Inequality, discrimination and stigma remain drivers of coverage, and discriminatory laws must be changed. Reforms in the name of UHC that fail to address health inequalities should no longer be called UHC.
- UHC is critical for the SDGs: the report shows that service coverage correlates with health outcomes. This justifies the global priority given to UHC as a foundation for health in the SDGs and a contributor of progress towards other goals.
- Accountability matters: the evidence is a wake-up call to citizens and civil society to stand up, come together and demand action. We must protect and empower citizens to hold their governments and other stakeholders to account, with effective and adequately-resourced oversight mechanisms. Advocacy, knowledge exchange and accountability are essential

Source: "Stakeholder voices on tracking universal health coverage: 2017 global monitoring report", UHC2030, December 2017.

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4: Advocacy

One of UHC2030's aims as a multi-stakeholder partnership is to support national advocacy efforts, mostly by operating with or through the global and regional partners.

The UHC2030 strategy supports and aligns diverse stakeholders to advocate for meaningful health systems reforms at the national level to achieve UHC and deliver on the commitment to leave no one behind.

4 Advocacy

4.1 UHC2030 advocacy strategy

One of UHC2030's aims as a multi-stakeholder partnership is to support national advocacy efforts, mostly by operating with or through the global and regional partners.

UHC2030 convened a group of UHC advocates, experts on health financing, governance and communications, civil society and development agencies to develop an advocacy strategy. This strategy will support and align diverse stakeholders to advocate for meaningful health system reforms at the national level to achieve UHC and deliver on the commitment to "leave no one behind".

The strategy builds on existing advocacy efforts such as the principles for action included in the UHC2030 joint vision paper and interviews with representatives of advocacy initiatives and other recommended experts around UHC and HSS. Discussions during a half-day working session in Geneva during the World Health Assembly in 2017 and consultations with Steering Committee members and the CSEM further strengthened the strategic actions.

The advocacy strategy is organized around three pillars (see Box 5) and six specific action areas for advocates who can contribute to the broader strategy.

> On the third Universal Health Coverage Day, The Rockefeller Foundation is proud to announce a nearly $1.5 million commitment to the International Health Partnership for UHC 2030 – a vital new initiative to drive our collective vision for health for all. This commitment aims to ensure that the promises the world's leaders have made are matched by equally ambitious actions.
>
> **Dr. Judith Rodin, President of the Rockefeller Foundation (UHC2030 Meeting in Geneva in December 2016)**

4.2 Advocacy events in 2017

UHC2030 organized multiple events in close collaboration with partners to convene UHC champions and relevant stakeholders to sustain the momentum on progress towards UHC (see Box 6).

BOX 5

Pillars of the UHC2030 advocacy strategy

Pillar I: Build political support and grassroots demand for UHC to motivate policies and investments that aim to leave no one behind:
- build high-level political support, including among policy-makers beyond health;
- generate and amplify grass-roots demand for quality, affordable health care.

Pillar II: Develop national action plans, define measurable results and celebrate steps forward:
- identify what success looks like in each country – and key ways to achieve it;
- elevate national champions and successes, including "intermediate" steps.

Pillar III: Support a broad, inclusive and cohesive advocacy community to maximize reach and impact of UHC advocacy:
- personalize the value case for UHC to engage diverse issue communities;
- nurture mutually-beneficial partnerships.

BOX 6

UHC2030 advocacy events in 2017

The side event "End extreme poverty and share prosperity through achieving UHC by 2030" was held on the margins of the High-level Political Forum in New York on 17 July. Two messages came out of the discussion: the advancement towards UHC is both technically possible and economically feasible, even for low- and middle-income countries; therefore political commitment is required to make it a reality. During the event, WHO health SDG price tag data was presented, which projects resource needs and the impact on health in low- and middle-income countries for 2016–2030. The event was an opportunity for the newly elected WHO Director-General, Dr Tedros, to highlight how WHO will support countries to achieve UHC.

The high-level event on "Achieving the SDGs through health for all" organized during the United Nations General Assembly in New York on 17 September marked a significant moment for the UHC movement with world leaders from several states, international organizations, philanthropic foundations and civil societies, all of them demonstrating their commitment for vision, action and working in unison. The discussion conveyed that UHC is based on the conviction that health is a human right, not a privilege. Achieving UHC is both a moral imperative to reach all individuals with health care, and a strategic objective to build healthier societies. It is the best investment for a safer, fairer and healthier world. During the event, "Together on the road to UHC: a call to action" was launched.

As part of the UHC Forum 2017, UHC2030 organized the public event "Rising for our right to universal health coverage" on 14 December in collaboration with CSOs, Global Citizen, youth and celebrities. Over 500 people participated the event and partners made commitment of actions. It was the first event to mobilize celebrities and the general public to the UHC movement.

In 2017, UHC2030 supported 25 events to celebrate and promote UHC around 12 December. The events brought diverse partners together to explore how to drive progress toward UHC. People demanded political action calling for local and national leaders to take clear steps towards health for all.

More on the UHC2030 meetings in 2017 can be found in Annex 5.

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5: Knowledge management

The UHC2030 strategy aims to broker knowledge across the HSS and UHC agenda whilst simultaneously finding and building upon synergies with Related Initiatives.

5 Knowledge management

5.1 UHC2030 knowledge management strategy

The knowledge management strategy ensures that the UHC2030 is in a position to broker knowledge across the HSS and UHC agenda while simultaneously finding and building upon synergies with Related Initiatives. In April and June 2017, UHC2030 convened a knowledge management group meeting and commissioned a stakeholder mapping exercise to understand how networks and alliances are engaged in knowledge management related to UHC and HSS. This informed the development of the UHC2030 knowledge management strategy (see Box 7).

BOX 7

Pillars of the UHC2030 knowledge management strategy

Strategic Pillar 1: Serve a connector role as a UHC knowledge hub

- **Identify** synergies among existing platforms and portals to manage and continuously update a detailed inventory and analysis of UHC2030 members and health system initiatives, and to create partnerships and links to existing resources.
- **Create** a central health system knowledge hub to facilitate knowledge sharing, including links/interface to existing resources identified above.
- **Pool and archive** knowledge resources produced by partners, especially if not captured in partner digital platform(s).
- **Link** policy-makers, civil society, academia and other users to digital knowledge through directory guidance and help desk function, including to develop an interactive search function or other systems to help users find relevant resources.
- **Organize** the health system knowledge hub marketplace during relevant international conferences.

Strategic Pillar 2: Align knowledge management engagement more closely with country demand to reduce knowledge gaps related to UHC and refine understanding of gaps

- **Strengthen** UHC2030 processes and infrastructure to be able to respond to country demands for knowledge towards UHC, in close partnership with UHC2030 members and health system initiatives generating this knowledge. A multi-pronged approach to strengthen the processes and infrastructure is recommended, including fostering strong links with UHC2030 members and health system initiatives and extending this to civil society and academia.
- **Create** mechanisms to classify and categorize knowledge in a standardized manner and "index" known sources of such knowledge according to these criteria, to ensure easier search for relevant knowledge based on country demand.
- **Broaden** stakeholder engagement in existing initiatives beyond HSS and disseminate knowledge products more effectively to potential users.
- **Conduct** periodical surveys and other feedback mechanisms to country policy-makers, civil society and academia to understand knowledge use and inform a cycle of continual improvement for UHC2030 knowledge management.

5.2 A landscape analysis

The knowledge management strategy aims to create a UHC knowledge hub providing connections to existing resources and initiatives and to promote better alignment between knowledge management and country demand. As part of this, a landscape analysis was conducted to identify knowledge gaps as well as cross-cutting challenges (see Box 8).

The landscaping analysis, especially the demand-side study with the country representatives interviewed, confirmed that UHC2030 could serve a valuable role in coordinating knowledge rather than generating knowledge.

> Achieving UHC has become a global commitment, hence the growing interest to work together with other countries and international development partners for this particular development agenda.
>
> **Prof. Dr. Nila F. Moeloek, Minister of Health of the Republic of Indonesia (World Health Assembly high-level side-event on 24 May 2017)**

BOX 8

Landscape analysis: findings from interviews with country representatives

Knowledge gaps – more content is needed in the following technical areas:

- Population coverage
- Domestic resource mobilization
- Health workforce and deployment
- Quality
- Monitoring and evaluation
- Primary health care
- Governance
- Designing a benefit package.

Cross-cutting challenges

- Practical knowledge resources are needed, including more simple case studies, toolkits, and other forms of clear how-to guidance.
- There needs to be a stronger culture for embedding research and not just a focus on what works elsewhere.
- Health systems strengthening needs to "leapfrog" into the 21st century. With the rapidly-changing health sector, many knowledge solutions developed for today's problems will be obsolete when they are ready for use.

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6: UHC2030 governance, Core Team operations and communications

The UHC2030 Steering Committee has been established with a constituency-based representation that enables broader representation and a more participatory process. The Core Team across WHO and the World Bank grew in capacity, and we developed and implemented the overall communications strategy establishing a new visual identity, website and other materials.

6 UHC2030 governance, Core Team operations and communications

6.1 Steering Committee

The Steering Committee is responsible for setting overall strategic directions and oversight of UHC2030. It approves the UHC2030 work plan and budget. During its first meeting in June 2017, the reconfigured Steering Committee took stock of progress in implementing the work plan agreed by the Transitional Steering Committee in December 2016 and finalized the working arrangements for UHC2030. At the second meeting in December 2017, the Steering Committee reviewed and approved the proposed work plan for 2018–2019 and strategies developed in the areas of advocacy, accountability and knowledge management.

With the shift from IHP+ to UHC2030 and the engagement of a wider range of partners, the Transitional UHC2030 Steering Committee agreed in December 2016 to establish a constituency-based representation in the Steering Committee that would enable broader representation and a more participatory process. The following constituencies have been revised as:

- Countries
- Multilateral organizations
- Philanthropic foundations
- CSOs
- Private sector.

The Core Team has followed-up with partners to mobilize representatives from constituencies according to the new configuration. See Annex 6 for a list of representatives.

6.2 Core Team operations

The UHC2030 Core Team is co-hosted by the WHO and the World Bank Group. It is responsible for managing the UHC2030 work plan, budget and communications under the oversight of the Steering Committee. It takes forward Steering Committee decisions, organizes Steering Committee and Reference Group meetings and facilitates working group meetings.

In 2017, both WHO and the World Bank mobilized staff to strengthen secretariat support to UHC2030. At the end of 2017, WHO had six professional staff, one junior professional officer and one administrative assistant. The World Bank supported the Core Team with seven staff engaged in varying roles. Communication is provided through a part-time consultant and a part-time World Bank member of staff.

As co-hosts of the UHC2030 Secretariat, WHO and the World Bank provided substantial in-kind support to the operations of UHC2030 in terms of staff time, office space and oversight inputs.

6.3 Communications

In 2017, communication was a big focus for the Core Team as IHP+ transformed into UHC2030. This required fresh analysis of audiences and related messaging. To facilitate this process, the team worked between January and March with external creative companies to develop a strategy, a new brand and visual identity, website and communication products. These tools have been and continue to be instrumental in reaching existing and potential future partners of UHC2030.

6.3.1 Launch of new brand, website and communication products

In May 2017 at the World Health Assembly, UHC2030 launched its new brand and visual identity, a range of communication products and a website, all of which were produced in both English and French.

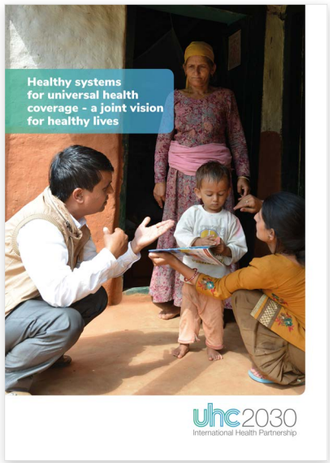
The logo and brand reflected the dynamic and interactive nature of UHC2030 with a colour gradient and interwoven letter logo. The brand was applied across the whole range of communication products to the website, social media and printed materials:

- Website
- Social media account and graphics
- The new UHC2030 Global Compact
- A landmark paper: “Healthy systems for universal health coverage – a joint vision for healthy lives”
- Flyer
- Postcards
- Roller banners.

6.3.2. Communication strategy development

The development of the communication strategy (see Box 9) took place in two phases. The first phase took place in early 2017 and helped the team to identify key audiences, preliminary objectives and messages in order to develop the brand, website and early products for launch.

The second phase of the strategy development during the latter part of 2017 focused on refining the strategy content and key based on consultations with key stakeholders from the UHC2030 Steering Committee. Communication activities in the 2018–2019 work plan were developed to support the efforts of the accountability, advocacy and knowledge management.



BOX 9

Communication strategy

Pillar one: Raise awareness of how UHC2030 operates, how partners and Related Initiatives can get involved and work together, and how TWGs, advocacy and knowledge management work streams function. This includes widening the network of partners who sign the new Global Compact and agree to work according to the principles of UHC2030.

Pillar two: Position UHC2030's reputation as the "go to" partnership that is knowledge driven and collaborative, bringing together multiple stakeholders focused on achieving UHC through HSS.

Pillar three: Demonstrate the impact of UHC2030 at country level: show results and tell stories about how global principles translate into action at the country level in terms of HSS coordination, to inform advocacy, accountability and knowledge management efforts.

6.3.3. Online impact

As a global initiative, one of the fastest and easiest ways to reach out to audiences is online through the website and social media.

Social media: Extra time and resources was put into communicating through Twitter, using both language and graphics, as a dissemination tool and a way to engage with current debates on HSS and UHC. It is also a critical way to reach new audiences who might potentially be interested in UHC2030 work.

Website: Website analytics show – as far as possible – that the website is performing well in terms of visitors and returning visitors who are finding what they want. The main ways that people enter the website are through the news and events section, which demonstrates that the content of articles is relevant and confirmation that this approach should be maintained.

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7: Finances

The UHC2030 programme of work for 2017 was fully funded with contributions provided by the European Commission, the governments of Japan, Luxembourg, and Spain, as well as the Rockefeller Foundation.

Finances

The UHC2030 programme of work for 2017 was fully funded with contributions provided by the European Commission, the governments of Japan, Luxembourg, and Spain, as well as the Rockefeller Foundation.

As co-hosts of the UHC2030 Secretariat, WHO and the World Bank contributed substantial in-kind support to the operations of UHC2030 in terms of staff time, office and oversight inputs, which are not reflected in the overview of expenditure below. This in-kind support is extended to the various technical working groups of UHC2030 and support to work in areas of accountability, advocacy and knowledge management.

Table 1 sets out the expenditure by areas of the UHC2030 work programme, and against the revised budget for 2017 which was agreed by the UHC2030 Transition Steering Committee in December 2017. The resulting budget increase of USD 2 175 000 was finally not used due to several reasons: there was an approximate carry over of USD 500 000 from 2016, significant staff time was provided pro bono, some of the TWGs did not have as many in-persons meetings as initially planned, and the work on accountability, advocacy and knowledge management focused mainly on developing the strategies. In the area of knowledge management, the Joint Learning Network on UHC oversaw the work and provided the funding to the support services needed to develop the strategy. The Core Team also adopted a cautious approach due to the slow progress in mobilizing resources for 2018.

The largest area of expenditure is for UHC2030 governance, oversight and operations. This included: the costs associated with the Universal Health Coverage Forum which took place in December 2017 in Tokyo (two days of side events, UHC public event and travel of civil society participants); and secretariat support for hosting the CSEM, which is a new area of expenditure in comparison with previous years.

Staff costs for both WHO and the World Bank are allocated across the work programme, based on inputs to each activity. Overall, they represent 26% of total costs.

Table 1: Breakdown of expenditure by area of work for 2017

WORKPLAN AREAS		BUDGETS		EXPENDITURE		TOTAL EXPENDITURE
2016-17	Revised 2017	Approved biennium 2016-2017 (USD)	Revised 2017 (USD)	2016 (USD)	2017 (USD)	2016-2017 (USD)
1	2	3	4	5	6	Total 5 + 6
Area 1 Updating the partnership in the post 2015 context		1,737,600		1,772,118		1,772,118
Area 2 Strengthen effective development cooperation at country level		6,388,700		2,271,908		2,271,908
	Area 1 HSS coordination (including effective development cooperation)		2,450,000		1,328,281	1,328,281
	Area 2 Accountability		1,000,000		986,244	986,244
	Area 3 Advocacy and communication		300,000		65,728	291,073
	Area 4 Knowledge management		400,000		291,073	65,728
Area 3 IHP+ oversight and operations	**Area 5** UHC2030 governance, oversight and operations	878,500	2,025,000	503,862	1,735,543	2,239,405
TOTAL (excluding programme support costs)		9,004,800	6,175,000	4,547,887	4,406,869	8,954,756
Programme support costs		969,300	664,693	525,225	512,893	1,038,118
TOTAL		9,974,100	6,839,693	5,073,113	4,919,761	9,992,874

Programme support costs are calculated at 13% on funds used in WHO and 1% on funds passed through to the World Bank. In addition, the World Bank is charging a Trust Fund Indirect Rate equal to 17% of the cost of personnel (staff salaries, consultant fees, and benefits, except for extended assignment benefits) in line with its Bank Directive Cost Recovery Framework for Trust Funds issued on 24 February 2016.

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ANNEX

1 Annex

Overview of the UHC2030 milestones for 2017

This section outlines milestones related to priority objectives for UHC2030. A detailed working plan can be found at: https://www.uhc2030.org/fileadmin/uploads/ihp/Documents/About_IHP_/mgt_arrangemts___docs/UHC_Alliance/Official_documents_2017/UHC2030_TSC_2017_Workplan_Jan2017_WIP.pdf

MILESTONES:

a. Health systems strengthening coordination

- Initial paper on "Health systems strengthening for UHC by 2030: building a shared vision" agreed with clarity on the implications for UHC2030.
- Joint PFM assessment in three additional countries.
- Report on harmonized financial management and results finalized and disseminated.
- The new working groups on fragile states, transition, multisectoral collaboration and health systems performance assessment will produce the agreed specified outputs.
- Updated IHP+ tools and approaches agreed and disseminated.
- Support to countries provided upon request.

b. Accountability

- A costed accountability strategy developed and being implemented, including activities to improve harmonization of accountability efforts for health in the SDGs.

c. Political momentum

- A costed multi-stakeholder advocacy strategy for HSS and UHC developed and being implemented, including events at key moments, capacity strengthening activities (CSOs, media, parliamentarians). It is anticipated that aspects of the strategy will have been implemented with initial milestones such as UHC2030 endorsement by the G7 and G20 and related discussions by the Global Health Agency Leaders meeting, as well as demonstrated support for the HSS shared vision.
- A costed communications strategy developed and being implemented, including a new brand for UHC2030.

d. Knowledge management

- A costed knowledge management strategy developed and being implemented.

e. UHC2030 governance, oversight and operations

- New Global Compact finalized with new signatories on board.
- Fully operational Steering Committee with active constituencies, Reference Group and working groups.
- Steering Committee reviews and responds to priority issues from Related Initiatives.
- Regular cross-secretariat meetings among Core Team and Related Initiatives held with opportunities for harmonization identified, for example joint country missions.
- Staff in place within the Core Team by the end of first quarter.
- Shared annual Core Team reports produced annually, by end of February each year.

UHC2030 members

COUNTRIES

Partner: since

Afghanistan: September 2013
Australia: May 2008
Belgium: January 2010
Benin: September 2009
Burkina Faso: September 2009
Burundi: September 2007
Cambodia: September 2007
Cameroon: June 2010
Canada: September 2007
Cape Verde: May 2012
Chad: March 2011
Chile: May 2017
Côte d'Ivoire: February 2008
Comoros: July 2014
Democratic Republic of Congo: November 2009
Denmark: May 2014
Djibouti: July 2009
El Salvador: May 2011
Ethiopia: September 2007
European Union–
European Commission: September 2007
Finland: May 2008
France: September 2007
Gambia: May 2012
Germany: September 2007
Guinea: May 2012
Guinea Bissau: May 2013
Haiti: May 2013
Indonesia: May 2017
Italy: September 2007

Partner: since

Japan: November 2014
Kenya: September 2007
Liberia: April 2016
Luxembourg: May 2014
Madagascar: May 2008
Mali: October 2007
Mauritania: May 2010
Mozambique: September 2007
Myanmar: January 2014
Nepal: September 2007
Netherlands: September 2007
Niger: May 2009
Nigeria: May 2008
Norway: September 2007
Pakistan: August 2010
Portugal: September 2007
Rwanda: February 2009
Senegal: September 2009
Sierra Leone: January 2010
South Africa: May 2017
Spain: January 2010
Sweden: May 2008
Sudan: May 2011
Thailand: May 2017
Togo: January 2010
Uganda: February 2009
United Kingdom: September 2007
United States - USAID: May 2013
Viet Nam: May 2010
Zambia: September 2007

MULTILATERAL ORGANIZATIONS AND GLOBAL HEALTH INITIATIVES

Partner: since

African Development Bank: September 2007
Gavi, the Vaccine Alliance: September 2007
Global Fund to Fight Aids, TB and Malaria: September 2007
International Labour Organization: September 2007
International Organization for Migration: November 2017
OECD: May 2017
UNAIDS: September 2007
UNICEF: September 2007
UNDP: September 2007
UNFPA: September 2007
WHO: September 2007
World Bank: September 2007

PHILANTHROPIC ORGANIZATIONS

Partner: since

Bill & Melinda Gates Foundation: September 2007
Rockefeller Foundation: May 2017
United Nations Foundation: May 2017

CIVIL SOCIETY ORGANIZATIONS

Partner: since

African Platform for UHC: May 2017
Amref Health Africa: November 2017
BRAC, Bangladesh: November 2017
Community Working Group on Health (CWGH), Zimbabwe : May 2017
Medicus Mundi International – Network Health for All (MMI): November 2017

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UHC2030 Related Initiatives

Initiatives focusing on health systems strengthening:

- Alliance for Health Policy and Systems Research (AHPSR)
- P4H Network for health financing and social health protection
- Global Health Workforce Network (GHWN)
- Global Service Delivery Network (GSDN)
- Health Data Collaborative (HDC)
- Health Systems Global (HSG)
- Health Systems Governance Collaborative
- Interagency Pharmaceutical Coordination group (IPC)
- Interagency Supply Chain Group
- Joint Learning Network for Universal Health Coverage (JLN)
- Primary Health Care PerformanceInitiative (PHCPI)
- Universal Health Coverage Partnership.

Other Related Initiatives:

- Global Health Security Agenda (GHSA)
- Global Coordination Mechanism on the Prevention and Control of Non-communicable Diseases (GCM/NCD)
- Partnership for Maternal, Newborn & Child Health (PMNCH).

UHC2030 collaborates with other organizations and initiatives that actively promote UHC including:

- The Elders
- UHC Coalition.

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CSEM advisory group members

- Aurelie du Chatelet, Advocacy advisor – health and nutrition, Action Against Hunger – France
- Craig Burgess, Senior Technical Advisor, JSI Research and Training Institute, USA
- Tomoko Fukuda, Secretariat General, Japan CSO Network on Global Health/JOICFP – Japan
- Itai Rusike, Executive Director, Community Working Group on Health (CWGH) – Zimbabwe
- Sandra Lhote-Fernandes, Health advocacy officer, Oxfam France – UK and France
- Valerie Sorgho, Advocacy and Communication Manager, Save the Children – Burkina Faso
- Ariana Childs Grahams, Director, Primary Health Care Initiative, PAI – USA
- Carolyn Reynolds, Vice President of Advocacy and Public Policy, PATH – USA
- Lucien Kouakou, Director, Regional Africa Office, International Planned Parenthood Federation (IPPF) – Kenya
- Johannes Trimmel, Director, Policy and Advocacy, International Agency for the Prevention of Blindness (IAPB) – Brussels
- Laura Adams, Global Programme Advisor, Christian Aid – UK
- Marwin Maier, Manager, Health and Advocacy, World Vision – Germany

CSEM members

who are CSO representatives and alternates on the UHC2030 Steering Committee

- Simon Wright, Head of Health Policy, Save the Children – UK – Northern CSO representative
- Justin Koonin, President of ACON – Australia – Northern CSO alternate
- Rosemary Mburu, Executive Director WACI Health – Kenya – Southern CSO representative
- Khuat Thi Hai Oanh, Executive Director, Center for Supporting Community Development Initiatives (SCDI) – Viet Nam – Southern CSO alternate
- Dr Santosh Kumar Giri, Secretary and Executive Director, Kolkata Rista – India – community-based organization representative
- Harriet Adong, Executive Director, Foundation for Integrated Rural Development (FIRD) – Uganda – community-based organization alternate

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UHC2030 meetings and other events

UHC2030 MEETINGS

February 2017
17 February on line meeting: Meeting of the technical working group on PFM.

March 2017
30-31 March, Geneva: First Meeting of the technical working group on sustainability, transition from aid and health systems strengthening.

June 2017
15-16 June, Geneva: First meeting of the UHC2030 Steering Committee.

October 2017
17-18 October, Geneva: First Meeting of the technical working group on health systems assessments.

November 2017
2 November, Montreux: Meeting of the technical working group on PFM.

3 November, Montreux: Second meeting of the technical working group on sustainability, transition from aid and health systems strengthening.

8-9 November, Geneva: First meeting of the technical working group on support to countries with fragile or challenging operating environments.

13-14 November, Paris: First meeting of the CSEM advisory group.

December 2017
11 December, Tokyo: Second meeting of the UHC2030 Steering Committee.

12 December, Tokyo: First meeting of the technical working group on multisectoral action.

OTHER MEETINGS

January 2017
30 January, Bangkok: Prince Mahidol Award Conference (PMAC 2017) – Presentation on UHC2030 at a side event organized by the Government of Thailand on UHC Advancement and Challenge.

February 2017
15 February: "Harmonization for Health in Africa", presentation on UHC2030 to Regional Directors' semi-annual meeting, conference call.

March 2017
1 March, Berlin: Presentation of the joint vision paper at the G20 meeting.

21–23 March, Brussels: 5th annual inter-country technical meeting of the EU–Lux–WHO UHC Partnership, Presentation on UHC2030 and discussion on linkages with the UHC Partnership and contribution to group discussion on aid effectiveness in light UHC2030.

April 2017
20 April, Washington DC: Briefing on UHC2030, UHC Financing Forum organized by the World Bank and USAID.

May 2017
24 May, Geneva: Launch of "Healthy systems for universal health coverage – a joint vision for healthy lives", World Health Assembly side event: "Partnership matters: achieving stronger systems for health", co-sponsored by China, Estonia, France Germany, Ghana, Japan, Myanmar, Slovenia, South Africa, Sweden, Zambia, Zimbabwe and the European Union.

24 May, Geneva: Presentation on UHC2030 at CSEM side event: "UHC 2030 and the unique role of CSOs: where do we stand – how to engage and what's next?"

26 May, Geneva: Presentation on UHC2030 at a panel discussion on the role of the private sector in helping to achieve UHC, organized by GSK, Save the Children and the World Medical Association.

27 May, Geneva: Participation in a panel discussion on health cooperation beyond aid, public side event organized by Medicus Mundi International Network.

July 2017
17 July, New York: "End extreme poverty and share prosperity through achieving UHC by 2030", side event during the High-level Political Forum on Sustainable Development.

September 2017
18 September, New York: United Nations General Assembly high-level side event: "Achieving the SDGs through health for all", co-hosted by Japan, Senegal, UK, South Africa, Thailand, France, Germany, WHO, World Bank Group, UNICEF, United Nations Development Programme, the Rockefeller Foundation, UHC Coalition, UHC2030 and the Partnership for Maternal, Child and Newborn Health.

November 2017
2 November, Geneva: Participation in multi-stakeholder debate, focusing on whether UHC holds the key to end child pneumonia and the role of partnership. Launch of Save the Children report "Fighting for breath – a call to action on childhood pneumonia".

17–20 December, Tunis: Participation in the MENA inter-country meeting on right to health through UHC, CSO event for advancing UHC organized jointly by the government of Tunisia and WHO EMRO.

December 2017
7–10 December, Cairo: Presentation on UHC2030 and how countries can engage. Capacity development workshop on health systems strengthening for UHC: building resilient systems, WHO EMRO.

12 December, Tokyo (UHC2030-led event): Side event: "Healthy systems for universal health coverage – a joint vision for healthy lives", UHC Forum.

14 December, Tokyo: "Health for all – raising for our right to universal health coverage", UHC Forum public event.

15 December, Tokyo (CSEM-led side event): "The role of citizens in health: helping government to increase accountability and transparency". UHC Forum.

12 December, Tokyo (CSEM-led side event): "Leave no one behind – what should be done to include all population in health policies?" UHC Forum.

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Steering Committee members, 2017

CO-CHAIRS

Dr Takao TODA, Vice President for Human Security and Global Health Japan International Cooperation Agency (JICA), Japan

Dr Ginthiji Gitahi, Global CEO and Director-General, AMREF Health Africa

COUNTRIES

Dr Peace MASINDE-MUTUMA, Head, International Relations, Ministry of Health, Kenya

Dr Yah Martor ZOLIA, Deputy Minister, Planning, Research and Development, Ministry of Health and Social Welfare, Liberia

Dr Bocar Mamadou DAFF, Directeur Général, Agence de la couverture maladie universelle, Senegal

Dr Jeanette VEGA, Directora Nacional, Fondo Nacional de Salud (FONASA), Chile

Dr Aquina THULARE, Technical Specialist, Health Economics/National Health Insurance Department of Health, South Africa

Manabu SUMI – Director of Global Health Policy, International Cooperation Department, Ministry of Foreign Affairs, Japan

Dr Walaiporn PATCHARANARUMOL, Senior Researcher, International Health, Policy Program, Ministry of Public Health, Thailand

Dr Matthias REINICKE, Health Sector Advisor, Europe Aid European Commission, Belgium

Heiko WARNKEN, Head of Division, Health Population Policies Federal Ministry for Economic Co-operation and Development (BMZ), Germany

CIVIL SOCIETY ORGANIZATIONS

Dr Rosemary MBURU, Executive Director, WACI Health, Kenya

* **Oanh Khuat Thi HAI** – Founder and Executive Director, Centre for Supporting Community Development Initiatives (SCDI), Viet Nam (nominated as Alternate)

Dr Santosh Kumar GIRI, Secretary and Executive Director, Kolkata Rista – India

* **Justin KOONIN** – President, ACON, Australia (nominated as Alternate)

Simon WRIGHT, Head of Child Survival, Save the Children, United Kingdom

* **Harriet ADONG** – Executive Director, Foundation for Integrated Rural Development (FIRD), Uganda (nominated as Alternate)

FOUNDATIONS

Michael MYERS, Managing Director, Rockefeller Foundation, United States of America

PRIVATE SECTOR

To be filled.

MULTILATERAL ORGANIZATIONS

Dr Hind KHATIB-OTHMAN, Managing Director, Gavi, the Vaccine Alliance, Switzerland

Francesca COLOMBO, Director, Health, Directorate for Employment, Labor and Social Affairs, Organisation for Economic Co-operation and Development (OECD), France, sharing the seat with Brenda KILLEN – Deputy Director, Development Cooperation Directorate, OECD, France

Dr Stefan PETERSON, Chief Health Section, United Nations Children's Fund (UNICEF), United States of America

WORLD BANK

Dr Timothy EVANS, Senior Director, Health, Nutrition and Population Global Practice, World Bank, United States of America

WORLD HEALTH ORGANIZATION

Dr Naoko YAMAMOTO, Assistant Director-General, UHC and Health Systems, World Health Organization, Switzerland

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