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| UHC_Logo_IHP_rgb_Colour | **UHC2030 Steering Committee**  **8th Session – 3 & 4 February 2021**  **Videoconference (Zoom)** |

**Draft Note for the Record**

**For Information**  **For Review & Advice**  **For Approval**

**DRAFT NOTE FOR THE RECORD**

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| **UHC2030 Steering Committee virtual call – 7th session, 29 June 1300-1500 CET** | | | |
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| **Objectives of the meeting**:   * Agree UHC2030 vision, plans and follow-up actions for “health systems that protect everyone”, including enhanced focus on common goods for health. * Agree resource mobilization plan for 2020-21 | | | |
| **Introductions** | | | |
| ***Co-chairs’ introductions***  **The co-chairs reported positively how UHC2030 has delivered on a strong UHC narrative and political/advocacy energy in context of the COVID-19 crisis**. Work over the past few months – as presented in background document - confirms UHC2030’s unique value as a multi-stakeholder platform and its contribution to sustaining momentum around UHC commitments. Key achievements since previous meetings in December and catch-up call in March:   * **Sustained political momentum:** mobilized the political advisory group, on track for flagship ‘state of UHC commitment’ report, promoted co-chairs statement on UHC and COVID-19. * **Promoted shared UHC goals** in the co-chairs statement and UHC/emergencies discussion paper * **Getting communities engaged:** diverse feedback from over 100 stakeholders on the social participation handbook consultation; CSEM launch of calls to action on UHC and COVID-19 * **Platform and thought leadership:** great reactions to the discussion paper, over 400 people attended launch event, lively follow-up blogs and discussions with related initiatives + disease partnerships, feedback that UHC2030 is playing a key role in shaping the agenda.   ***Brief updates***   * Agnes Soucat gave a brief overview of the Access to COVID-19 Tools Accelerator (ACT-A), and potential opportunities for UHC2030 to contribute – especially to the Health Systems Connector workstreams. * OECD has confirmed interest to join UHC2030’s secretariat; rationale is more important than ever with COVID-19 affecting all countries, and OECD already involved in critical work (e.g. drafting of discussion paper on health emergencies and UHC). * Arrangements will be put in place to nominate new co-chairs by the end of the year. * Political advisory panel: updated TORs and proposed political agenda shared for information (in response to SC discussion in December). The group is already helping us to refine/disseminate key messages on UHC and emergencies and reach out to critical groups such as parliamentarians and local governments.   ***Steering committee membership/attendance****:*   * 3 new CSEM representatives: Oanh Khuat Thi Hai and Justin Koonin (previously alternates), Javier Hourcade Belloq * Goodbye and thank you: Mathias Reinicke/EC, Walaiporn/Thailand, Dessi Dimitrova and Sofiat Akinola/WEF (WEF’s term as Private Sector Constituency host has concluded; World Bank are acting as interim host) * Observers**:** Representatives from Indonesia, France and Switzerland. | ***Follow up actions***   * Organise an ACT-A briefing session on the health systems accelerator as needed * Formalize arrangements with OECD in the fall and report back to SC * Core Team to prepare a plan describing the political process towards 2023 with milestones * Written update to SC by mid-September on Co-Chairs transition arrangements. * Request from Germany to organize a specific session on accountability | |
| * 1. **What does COVID-19 mean for our UHC vision?**   **Objective:** Agree focus and narrative for stronger health systems, based on PHC and common goods for health, to better protect everyone | | | |
| ***Discussion points***   * **UHC2030 is well-positioned to push this agenda and show leadership**, focusing on UHC2030’s comparative advantage (relative to other health & health security actors) on UHC + wider health systems issues plus political advocacy. * **Important that UHC2030 membership comes behind shared goals and narrative**, agree hard-hitting advocacy messages (e.g. amplify cost of inaction message) and specificity (common goods and public health actions we are promoting). Consider the action agenda in the paper as ‘principles for action’ and promote more specific actions (i.e. ‘how to’). * **Country focus is vital**: get key messages where needed based on country-specific needs and different levels where action is required. Example from Ghana: focus in UHC roadmap on *timeliness* of access to quality services has proven critical for emergency preparedness. * **The UHC movement must ‘seize the moment’**, especially to i) link health/wellbeing + rebuilding economies, ii) propose improvements in current designs for multi-sector coordination, iii) amplify messaging on community engagement/involvement in successful responses. * **To sharpen messaging:** i) clarify ‘common goods’/’public goods’/’public health actions’, ii) stronger focus on equity and rights, iii) connect with health financing agenda. * **Make full use of the UHC political declaration**, which includes commitments on emergency preparedness, to help frame messages. Consider how best to frame UHC2030 “asks” relative to “commitments”. * **Opportunities to explore:** collaboration on health workforce with ‘Working for Health’ multi-stakeholder programme (OECD, ILO, WHO), on sustainable financing with OECD senior budget & health officials network, and with private sector constituency to identify private sector role/partnerships in actions (e.g. on data, digital, private capital). | ***SC decisions***   * Support for UHC2030’s role to promote strong UHC focus in COVID-19 context, and help promote common goods for health. * Support for paper + narrative framing linkages between health emergencies and UHC, and agreement it can be used as “UHC2030 paper” so UHC2030 membership comes together behind key messages. Steer to focus on ‘forward look’ promoting and building on messages/actions (i.e. not a process for individual member organisations to formally “endorse” paper).   ***Follow up actions***   * Core Team and OECD follow up on opportunities with Working for Health and Budget & Health Officials network * Private sector constituency + Core Team: identify role/partnership in actions. * Resolve status/language re. UHC “asks” cf. “commitments”. * See discussion/actions for 1.2 below. |
| **1.2 From vision to action: Using the UHC2030 platform and products to promote health systems that protect everyone**  **Objective**: Agree strategic approaches to promote this agenda (key audiences, moments, collaborations and priority products building on existing workstreams) and make UHC2030 the voice of common goods for health | | | |
| ***Discussion points***   * **UHC2030 and its CSO platform have important roles in bringing people together on these issues at country level and on global stage**, building on strengths and how shaped agenda in run up to HLM. COVID-19 makes it even more important that UHC2030 sets agenda on health systems plus a foundational approach to address fragmentation, investment in health systems, and whole-of-society engagement. * **Broad support for the products and actions proposed**, especially the political/policy framing and products on political momentum, thought leadership, shared goals. SC members suggested that UHC2030 i) engages more at country level to promote integration, PHC, and linking recovery strategies with UHC roadmaps, ii) builds on its strengths in global advocacy plus building CSO capacity, iii) considers its role beyond ‘healthcare’ to ‘health’ (e.g. links with social protection, food security, nutrition), iv) tailors hooks/products to engage different audiences – e.g. business case to get private sector involved and mobilise private sector champions for UHC. * **Agreement with strategic opportunities identified** – especially SDGs High Level Political Forum, UNGA, UHC day – plus suggestion to clarify UHC2030 role in ACT-A since it will be important to safeguard principles and ways of working for health systems strengthening and aid effectiveness. UNSG’s interim report on UHC (HLM follow-up) is also an important opportunity to promote messages on UHC and emergencies, plus links to wider investments (e.g. social protection) to build back better. * **CSEM will contribute a suite of products to raise profile of key issues/messages plus UHC2030 role**: civil society taskforce on funding for in-country advocacy, CSEM calls to action on COVID-19 and UHC, CSEM statement of support for WHO & multilateralism, potential BMJ supplement to complement UHC2030 State of Political Commitment report. | ***SC decisions***   * Supportive of proposed plans   ***Follow-up actions***   * Explore UHC2030 role in raising profile of these issues at country level with/through WHO country offices. * Unpack key asks and actions for specific audiences – especially more specific demands for non-technical (policy/political) actors. * Explore webinars/training to support CSOs for advocacy at country level. * Develop support for societal dialogue at country level leveraging existing platforms. * Update to SC on plans for UNSG’s interim report on UHC plus how UHC2030 can promote UHC/emergencies messages in it. |

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| **Session 2 – UHC2030 resource mobilisation**  **Objective:** Agree plan to address immediate funding needs | |
| ***Discussion points***   * **UHC2030’s value proposition should focus especially on political advocacy around shared UHC goals during COVID-19 and how this translates in countries**. How it is presented will need tailoring to different constituency needs * Need to consider more carefully advantages and disadvantages of establishing a trust fund given risk of complexity in architecture   ***Feedback from specific constituencies***   * Donors: would like to see MOUs with GHIs and UN agencies to formalise support/funding; use of existing donor contributions to WHO and the World Bank; * Foundations: keen to reach out to new constituency partners on the basis of the case for support; Gates Foundation willing to consider a 2-year operational grant and Rockefeller Foundation to explore opportunities despite COVID-19 related constraints; short term funding needs to be directly linked to COVID-19 to match interest of donors * Private sector: opportunities to mobilise support from private sector in the short run, building on the narrative, value proposition, ownership, especially if focus on country champions that speaks to private sector, also in the context of future hosting arrangements of the private sector; in the longer run, important to focus on specific products and financial instruments of interest for private sector engagement * Global health initiatives: in-kind contributions as main type of support and some activity-based co-financing depending on alignment with each agency’s mandate | ***SC decisions***   * Supportive of the work done so far by the sub-group on resource mobilisation and the proposed approach to accelerate the mobilization of resources from new or existing donors.   ***Follow up actions***   * Develop the “case for support”, a brief document that frames the value proposition and work of UHC2030 that everyone can use to reach out to potential donors * Individual follow-up meetings with constituencies whose members have confirmed interest to consider financial support |