**UHC 2030 Steering Committee**

**15-16 June 2017**

**Introduction**

The Steering Committee for the International Health Partnership for UHC 2030 (UHC2030) met for the first time on 15-16 June in Geneva to take stock of progress in implementing the work plan agreed by the transition Steering Committee in December 2016 and finalise working arrangements. The meeting agenda and list of participants are in Annexes 1 and 2. Related documents and presentations are on the UHC2030 website, with links embedded in the Note for the Record (NfR). This NfR captures decisions and main issues raised in the discussions.

**Summary of decisions and agreed actions**

**Work plan implementation**

* Need to increase visibility of UHC2030 at country level, and better define how global principles translate into action at the country level in terms of health systems strengthening coordination, advocacy, accountability and knowledge management
* Need for clarity on how the work on advocacy, accountability and knowledge sharing builds on the work of the different technical working groups and ensures interlinkages
* Need to communicate on how the different technical working groups function and relate to the Steering Committee, including opportunities for partners to engage
* Work plan development process should be participatory, following procedures presented

**EDC monitoring & tracking of development assistance for health (DAH)**

* UHC2030 should focus on universal health coverage (UHC), effective development cooperation (EDC) as a subsect of this agenda, with clear links to health systems strengthening (HSS) and UHC
* UHC2030 to provide a safe space to discuss progress and challenges in changing development cooperation behavior to increase understanding and trust
* Not a big appetite on expanding UHC2030 work on DAH tracking beyond the current review of data classification, but rather to promote broader work on data collection and management, looking at national health accounts, including domestic resource mobilization and external resources

**Accountability**

* Need to articulate a UHC2030 accountability strategy that integrates global, regional, national and local level efforts, as well as peer review mechanisms
* An accountability report for the UHC Forum 2017 in December is over-ambitious. Other options such as a report focusing on existing work in selected countries could be explored.
* Need to link/synergize UHC2030 approach with work of relevant regional initiatives

**Advocacy, communication and knowledge management**

* Need for clear, crisp and accessible messages and outputs that UHC2030 is aiming to achieve
* Advocacy strategy should involve all stakeholders, and also focus on influencing political processes at the country level
* Knowledge management strategy should include possibilities for igniting/scaling up country level KM efforts and peer to peer learning

**UHC2030 forum**

* Strong support for a UHC2030 annual/semi- annual forum to take stock of UHC progress, knowledge sharing and as a means of facilitating global accountability
* As part of the annual/semi- annual fora, there is the need to have a sequence of themes that allows UHC2030 to track progress towards UHC achievement by 2030

**UHC2030 ways of working**

* Need to make interaction with UHC2030 related initiatives work in practice to ensure that UHC2030 becomes a network of networks. Participation ofUHC2030 related initiatives in the Steering Committee must be determined in line with [governance arrangements](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_IHP_/mgt_arrangemts___docs/UHC2030_transformation/Official_documents_2017/UHC2030_TSC_Governance_Arrangements_Jan_2016_WIP.pdf) agreed in December 2016

**SC TORs**

* To be added: The SC should consider how best to engage the UN Special Envoy on UHC if and when he or she is appointed

**Private sector**

* Engagement with private sector in UHC2030 is essential but there is a need to manage potential risks
* Consider an ad hoc process for involving the private sector at the Steering Committee, pending finalization of TORs and process to address conflict of interest. June 2018 will be a realistic timeline for full onboarding of the private sector

**In terms of follow-up actions, the Core Team is requested to:**

* Develop the work plan for 2018-19 in a participatory way, reflecting the discussion on how to promote collaboration across UHC2030 initiatives and follow-up on the joint vision
* Provide a written overview of working groups and the process for joining the groups
* Set-up a time bound expert group to work on accountability strategy that includes options for global, regional, national, local and peer review efforts
* Include in the communication strategy how UHC2030 works, including how it relates to country implementation
* Disseminate EDC monitoring results, including to the OECD Development Assistance Committee and boards of various institutions
* Develop a proposal for further UHC2030 work in this area focused on the link between EDC and UHC and based on consultations with the OECD Development Assistance Committee and the Global Partnership for Effective Development Cooperation and other stakeholders.
* Finalize knowledge management, advocacy and communications strategies by end 2017
* Share a draft program for the UHC Forum with UHC2030 SC for inputs. Inputs to be consolidated by Core Team and shared with the Forum Steering Committee
* Propose at next meeting pragmatic ways to foster operational collaboration among UHC2030 related initiatives, taking advantage of pragmatic opportunities, following up with SC members for concrete suggestions to strengthen UHC2030 as the networks of networks both at the strategic (including participation in the Steering Committee) and operational levels (implications in terms of specific work and ways of working)
* Finalize TORs for private sector, including ways to address conflict of interest policies
* Work closely with the CSEM to establish an open and transparent process to nominate a co-chair from the citizen movement

**Discussions and main decisions**

**Day 1 - Introduction and objectives of the meeting**

Marie-Paule Kieny, WHO, opened the meeting by welcoming the new Steering Committee representatives and the two co-chairs. She reminded participants that the governance arrangements for UHC2030 agreed in December 2016 provide for one co-chair to be from the country constituency and the second co-chair from other constituencies on rotation. The Core Team invited Steering Committee members to express interest for taking co-chairing responsibility before the meeting. While Japan nominated Takao Toda, Vice President for Human Security and Global Health at JICA, the Civil Society Engagement Mechanism representatives confirmed interest to have one co-chair from the citizen movement but asked for time to follow an open process to identify a suitable candidate. In the meantime, Bruno Rivalan, Head of the French Office, Global Health Advocate was nominated as a temporary co-chair for this meeting. The Steering Committee endorsed the proposed arrangements for the co-chairs.

Marie-Paule Kieny, WHO and Timothy Evans, World Bank provided an update on progress made in establishing UHC2030, including the mobilisation of eight new members who endorsed the Global Compact, the finalisation of the Healthy systems for universal health coverage – a joint vision for healthy lives (add link), which provides a good basis for common understanding of HSS for UHC, collaboration with networks and collaboratives (e.g. HDC, JLN, P4H), work on HSS coordination through dedicated technical working groups. The challenge in going forward include: managing diverging expectations of different stakeholders on what UHC2030 stands for; making space for all countries; defining strategic directions in a participatory process, keeping focus on change in countries; mobilising sufficient financial support for civil society engagement and social accountability. Despite these challenges, there are enormous opportunities for countries and stakeholder to use UHC2030 as a platform to accelerate progress towards achieving SDG 3.8 by focusing on coordination of efforts, advocacy, learning and knowledge sharing on HSS and facilitating tracking of progress towards UHC.

**Day 1- Session 1: Update on global processes**

WHO presented an overview of the High Level Political Forum, which is the main UN platform for the follow-up and review of the 2030 Agenda ([see presentation](https://www.uhc2030.org/fileadmin/uploads/ihp/Documents/About_IHP_/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SCI_meeting_June_2017/AMilovanovic_2017_HLPF__UHC2030_SC__June_2017__1_.pdf)). This year’s annual meeting will be in New York from 10-19 July on the theme “Eradicating poverty and promoting prosperity in a changing world”. It will involve in-depth review of 7 SDGs, including SDG3 on Good health and well- being. 44 countries will present their voluntary national reviews, with Botswana, Ethiopia, Zimbabwe, India, Indonesia and Thailand including in-depth review of SDG3, during a session taking place on 12 July. Some UHC2030 partners have submitted a proposal for a side event (waiting for confirmation).

Germany reported on the G20 Health Ministers meeting which took place on 19-20 May. The paper [“Healthy systems for universal health coverage: a joint vision for healthy lives”](https://www.uhc2030.org/news-events/uhc2030-news/article/healthy-systems-for-universal-health-coverage-a-joint-vision-for-healthy-lives-406553/) was acknowledged as a reference framework for work in the [Berlin Declaration of the G20 Health Ministers](https://www.g20.org/Content/EN/_Anlagen/G20/2017-g20-declaration-health_en.pdf;jsessionid=851932928F768345969B48C669789C17.s6t2?__blob=publicationFile&v=1) . The Declaration addresses preparedness against health threats covering global health crisis management and health systems strengthening as well as joint action against Antimicrobial Resistance.

On health systems strengthening the G20 agreed to continue their efforts in strengthening health systems at national, regional and international levels with the aim of developing resilient health systems. The G20 also explicitly recognized with appreciation the establishment of UHC2030.

A major outcome of the meeting is that global health is to become a constant on the G20 agenda, with G20 ministers of health to meet regularly in the future. Argentina will be carrying on as G20 presidency in 2018.

Eiji Hinoshita, Ministry of Foreign Affairs, updated the Steering Committee on the Government of Japan’s plans for the [UHC Forum 2017](https://www.uhc2030.org/fileadmin/uploads/ihp/Documents/Upcoming_events/UHC_Forum_2017/Flyer_for_UHC_Forum_2017.pdf), which will take place on 12-13 December in Tokyo, organised together with the World Bank, WHO, UNICEF and UHC2030. The aim is to review UHC progress and share country experience in order to stimulate progress across countries. Expected participants will include heads of states, senior official from ministries of health, development partners, private sector, CSOs.

**Day 1 - Session 2: Work on health systems strengthening: are we on track to demonstrate the value of UHC2030?**

The purpose of the discussion was to gather feedback in terms of: relevance of activities to deliver on objectives; adjustments needed for 2018-19 priority setting. The Core Team provided an update on work plan implementation during the first six months of 2017, focusing on the five technical working groups tasked to take forward work in specific areas of health systems strengthening coordination ([link to presentation](https://www.uhc2030.org/fileadmin/uploads/ihp/Documents/About_IHP_/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SCI_meeting_June_2017/UHC2030_Max_Dapaah_SC_Meeting_June_2017.pdf)). The presentation also outlined an approach to develop the work plan and budget for 2018-19 through a participatory process between now and the end of the year, as requested by the Transitional Steering Committee at its meeting in December 2016. The process would provide an opportunity to engage with UHC2030 partners and related initiatives, contributing to promote greater coherence across various initiatives focusing on health systems strengthening and ensuring mutually supportive action in taking forward a joint vision.

The discussion highlighted the importance of taking advantage of the SDGs to leverage political commitment and to promote UHC as a social contract, linking technical work with political debates. While feedback from participants indicated broad support for the work of the technical working groups, the discussion indicated a need to clarify what tangible results are delivered, i.e. outputs and products for each technical working group beyond processes. This would require a clear articulation of the focus areas and the relationships among the various technical groups to ensure their activities are in line with the overall strategic direction of UHC2030. In addition, it was suggested that work in high income countries to transform and sustain health systems, including a shift to people centred care, could provide valuable learning experience for all countries.

Several Steering Committee representatives requested clarification on how UHC2030 works, including who is doing what in different structures and articulation of various areas of work. For instance UHC 2030 being “the network of networks”: what does this mean in terms of UHC2030 deliverables and coordination among UHC2030 related initiatives? A discussion of coherence of work among UHC2030 related initiatives would be helpful.

The need for clarity on how the technical working groups function and how different partners can engage was emphasized. There is also need for clarity on how the advocacy, and accountability and knowledge sharing work streams build on the work or outputs of the different technical working groups to avoid duplication. In the same vein, more visibility of the work of other partnerships, networks and collaborative and dissemination of their products would be useful.

Some members raised questions on how to promote greater visibility of UHC2030 in countries to ensure that global principles translate into action. Besides aligning with existing country systems and programs, building on the work of other partnerships, networks and collaboratives was considered critical in this regard.

Another question that was raised was on the follow-up of the joint vision paper “Healthy systems for healthy lives: a joint vision for universal health coverage” and how best to ensure the dissemination of the framework and principles in UHC2030 work and activities. This could include exploring options to promote, disseminate and support initiatives by partners with respect to taking forward the joint vision.

The Core Team confirmed that the budget would be developed alongside the work plan for submission to the Steering Committee by the end of the year. Some participants urged the process to start now, to ensure a fully participatory process in line with the proposed approach. Other participants also asked that an indicative information on budget would be available in time for partners willing to fund when they need for 2018-19 for partners willing to provide funding.

**Day 1 - Session 3: Effective development cooperation**

Leo Deville (HERA) presented [the findings from the 5th IHP+ Results monitoring round](https://www.uhc2030.org/fileadmin/uploads/ihp/Documents/About_IHP_/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SCI_meeting_June_2017/LDeville_Hera_2016_IHP__Monitoring_Round_Presentation_SC_Geneva_170615__1_.pdf) on behalf of IHP+Results.

The monitoring exercise was carried out with participation of 30 countries, the highest number of country participants ever, and 35 development partners (DPs). More than 400 CSOs also participated, as well as 176 private sector organizations. Participation in the exercise was voluntary. The monitoring approach and methodology has evolved and focuses on stimulating and informing a national dialogue on development cooperation in health. Country-specific analysis of findings was summarised in a visual aid, and PowerPoint that were presented to the Steering Committee by HERA. IHP+Results has supported discussion of findings at country level, with a view to agreeing on a concrete action plan, which are emerging in a number of countries. The Ministry of Health was in charge of all data collection and validated data from all partners before submission to the IHP+ Results. In addition, an online survey for CSOs was organized in each country (in national languages); as well as focus group discussions with selected CSOs and private sector representatives.

Globally aggregate highlights included progress on commitment 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 predictability of health sector financing and strengthen financial management in the sector. Some progress overall was seen on indicators to establish, strengthen and use country systems, as well as indicators for increased engagement of civil society and private sector in the health sector. The findings of the 2016 monitoring exercise will be published in the IHP+ Global Monitoring Report due to be released in Q3 2017.

Recommendations for UHC2030 included considering use of established working groups such as the . Sustainability and Transition and Fragility groups to provide input towards updating the current EDC framework. The framework needs to reflect the SDG and UHC context end ensure the findings of the review of development partners lead behaviour change which has been rare.

Finn Schleimann from the core team gave a [presentation](https://www.uhc2030.org/fileadmin/uploads/ihp/Documents/About_IHP_/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SCI_meeting_June_2017/UHC2030_Finn_Schleimann_SC_Meeting_June_2017.pdf) on work needed to better understand current and future channels of DAH as well as what type of activities the funds are used for as a means to help ensure efficient use of the resources towards UHC. In his presentation he gave an overview of current sources, channels and implementing institutions for DAH. He also outlined current tracking systems for DAH and possible future modifications given the context of the SDGs and UHC. Finally he suggested UHC2030 could have a role in developing a way forward on DAH optimal tracking in the SDG era.

Points raised during the discussion are summarised below, reflecting individual statements, not necessarily consensus):

* EDC is one of the unique contributions within the mandate of UHC2030 and data gathered over the years, including that which was presented in this years` monitoring round again, is rich information for this. However, several Steering Committee representatives felt that the recommendations and conclusions remained too superficial and were not specific enough with regard to the analysis of the underlying causes why progress is limited and what needs to be done to make EDC politically more attractive (again) in developing countries and on the donors` side. We need to think about how data can be optimally disseminated and used.
* There is need to understand better the reasons behind the trends seen, the gap between progress on indicators in countries and among DPs. We need to think of links with UHC, broadening consensus on best practises for moving towards UHC including potentially some targets on public financing for UHC.
* There is need to examine ways of demonstrating how work on harmonization and alignment contributes to UHC, a lot of work has been put in. We have to make sure our resources are used in the best way possible and reposition so that the link becomes explicit.
* We need to be asking questions about the way forward on EDC. It is not that the principles have changed, but the context and challenges are different. We have allowed the principles to be too closely associated with the instruments. We need to focus on the principles and what they mean in the context of SDGs and UHC.
* DAC is reviewing its work in this context, and has lately emphasized the continued importance of EDC. The conversation is changing with a broadening membership and enhanced dialogue with other providers of development cooperation. There is increased focus on results and performance and what accountability and quality of assistance means.
* In Sierra Leone, the Government was not in a position to fully assume its role in coordinating donors and hold them accountable for their commitments during and after the Ebola crisis. Many commitments have not materialized. We need some ways to hold donors accountable.
* In Kenya most of the external financing in the health sector is off budget. This is a big problem and TA is not demand driven. With devolution, partners work directly with counties. There are significant overlaps in support and ineffective use of resources.
* UHC2030 can help by developing and sharing case studies and lessons from countries that have effectively managed donor support e.g. Ethiopia and Rwanda.
* We need to create a safe space to feed back country views on external support. There is growing resentment and mistrust on aid and this will damage effective use of resources for UHC. To counteract this we need analyses to underpin our thinking on EDC.
* National health accounts (NHA) present a public good and a valuable way to collect and analyse data on DAH. Strengthening DAH tracking within NHA is important but has been under resourced.

The main conclusion from the discussion was to develop a proposal for further UHC2030 work in this area focused on the link between EDC and UHC and based on consultations with the OECD Development Assistance Committee and the Global Partnership for Effective Development Cooperation and other stakeholders.

**Day 2- Session 1: Accountability**

The goal of the session was to obtain a common understanding of the composite dimensions of the UHC2030 role for UHC accountability. This is essential to delivering on objective 3 of the partnership; “*Facilitate accountability for progress towards HSS and UHC that contributes to a more integrate approach to accountability for SDG3*”. The scope of the session did not include the accountability of the secretariat or partnership for its own work plan, nor would it focus on EDC accountability as this was distinct (but related) from systems for UHC accountability.

Dr. Agnes Soucat, Director of Governance and Health System Finance at WHO, gave [the introductory presentation for the session](https://www.uhc2030.org/fileadmin/uploads/ihp/Documents/About_IHP_/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SCI_meeting_June_2017/UHC2030_Agnes_Soucat_SC_Meeting_june_2017.pdf), providing the background to the current UHC monitoring framework and the WHO and WB supported UHC monitoring report were presented. The Health Data Collaborative (HDC) efforts to strengthen information system capacity in countries aim to address some of the data challenges. UHC accountability operates at various levels including global, regional, and country levels but accountability belongs first and foremost with countries and their citizens. Accountability is part of the governance function of the health system, with UHC objectives closely associated with wider health system objectives and the performance of the systems as a whole. The UHC2030 accountability strategy should likewise be multi-layered, drawing on existing frameworks and performance assessments in countries, reflecting national policies and targets at sector level.
During the discussion, the following points were highlighted:

* Within the UHC reporting there is space to strengthen focus on accountability to complement current focus on measuring indicators through the UHC monitoring report. This could include for example focus on analysing which countries do reviews or policy dialogue focused on UHC, or deep dives to understand better current UHC financing. Value added by the partnership can be to help develop analysis of best practice on UHC accountability at country level. This can be public goods that can be shared at global level.
* A global accountability report complementary to the UHC monitoring report could serve this purpose, gathering case studies and updates on progress and challenges for UHC accountability. A carefully designed process of compiling such a report, may also contribute directly to capacity building.
* Accountability is complex and multi-layered. It will be helpful to have more specificity on which part of the UHC accountability the partnership plans to influence.
* Governments receive their mandate from citizens but this can also be vice versa for example with tax systems. Social accountability can work both at country, regional and global levels. We should also think about regional levels. In SEARO region, it has been suggested to have an annual reports on UHC presented at every Regional Committee, followed by a Ministerial roundtable. For countries an external view can be most helpful. CS can play this role, but only when supported adequately with the right information and tools and capacity. Other practices e.g. peer reviews like those currently organized for the High Level Political Forum (HLPF) may also be helpful and similarly OECD has used peer reviews with good results. Hence we should think about how to integrate into existing practices.
* Suggestion was also made on the need for a stronger interdependent view at global level, of countries and partners performance. Some form of global public good. EWEC has attempted something like this, but whether this is really contributing positively is not clear. The monitoring report can be a low hanging fruit and coupled with CS advocacy this can be a first step.

The discussion concluded that in carving out a contribution for the partnership within the existing systems for UHC accountability the strategy of the partnership should be multipronged in accordance with the different levels and the complexity of the subject. Delivering a full report on UHC accountability by the end of the year was felt to be too ambitious, while there was appetite for possibly country specific reviews or feedback where feasible. The Core Team was tasked to develop a strategy for UHC2030 role in facilitating accountability for UHC within the SDG framework by end 2017, working with a time bound group of experts.

**Day 2- session 2: Update on advocacy, communication, and knowledge management**

A summary of the work accomplished by the three ad hoc working groups established to develop [strategies on advocacy, communication and knowledge management](https://www.uhc2030.org/fileadmin/uploads/ihp/Documents/About_IHP_/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SCI_meeting_June_2017/NPhaholyothin_Short_update_of_KM__Adv__Coms_June_SC2030_Final__1_.pdf) by the end of 2017 was presented to the Steering Committee. The Steering Committee was supportive of the proposed approaches, including the planned landscaping analysis of knowledge management initiatives. It was underlined that these three areas of work were closely linked, and that the WGs should coordinate with one another.

The discussion highlighted that advocacy efforts need greater focus, including development and dissemination of clear messaging on UHC with a much simpler and powerful narrative to drive engagement and change, identification of global advocacy opportunities, and support to country-led advocacy initiatives. The advocacy strategy should involve all stakeholders , not just CSOs, and emphasise influencing political processes in countries.

Participants recommended that the UHC2030 approach to knowledge sharing would need to be relevant for and responsive to country needs, not creating new knowledge but acting as a knowledge broker.

The communication strategy is closely linked to knowledge management and advocacy efforts. Consensus was that efforts should focus on spelling out clear, crisp and accessible messages on what UHC2030 is aiming to achieve.

**Day2- session 3: UHC2030 structures and ways of working**

**UHC2030 annual/semi-annual forum**

The Steering Committee discussed the opportunity of holding a regular UHC2030 forum (annual or biannual, coinciding with the publication of the global UHC monitoring report) and the celebration of the UHC day (December 12).

It was agreed that the key objective of a UHC forum should be to celebrate UHC day, and to provide a safe place for interactive discussions on lessons learned in progressing towards UHC at the global level. It was suggested to organise such meetings with a clear focus on sustaining momentum for accelerating progress towards UHC by 2030 which would require careful planning of agenda.

There was support for the proposition to have a large forum hosted by UHC 2030 every 2 years (coinciding with the publication of WHO/World bank monitoring reports), and a smaller meeting, possibly virtual, the alternate year. Some participants voiced concerns over the format of such meetings, suggesting that a large meeting every year might be too much to handle for the group.

Other participants asked questions around the specifics of the meeting in Tokyo this year and how they could mobilise high-level participation in their own organisation. UHC 2030 is one of the co-organizers of the event with the government of Japan, the World Bank, WHO and UNICEF and will facilitation consultation with the UHC2030 Steering Committee.

**Collaboration with related initiatives**

The Universal Health Coverage Partnership, the Partnership for Health (P4H) and the Health data collaborative (HDC) were presented briefly by Matthias Reinicke ([link to presentation](https://www.uhc2030.org/fileadmin/uploads/ihp/Documents/About_IHP_/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SCI_meeting_June_2017/MReinicke_EU_LUX_WHO_UHC_P_16_6_17__1_.pdf)), Jacques Mader and Alastair Robb, respectively.

The complementarity between the initiatives was highlighted. For example, the Universal Health Coverage Partnership can be seen as an example of how the UHC2030 principles can be taken forward in countries, by promoting country-led policy dialogue and coordinated support to health systems strengthening towards UHC. the Health Data Collaborative mandate is very complementary to UHC2030, where data are useful for policy discussions and do not exist for themselves. P4H, which provides country support around health financing and social protection, is another example showing how UHC2030 related initiatives play an important role to promote coordination among partners in some specific areas.

It was suggested that inviting representatives of UHC2030 initiatives more systematically to present on their work and attend the Steering Committee meeting as observers could help strengthen links (as envisaged in the governance arrangements agreed at the UHC2030 Transitional Steering Committee in December 2016). Questions were raised on how UHC2030 can be an effective “network of networks”, creating meaningful links while avoiding duplication. Steering Committee members were invited to submit to Core Team suggestions to strengthen the how UHC2030 can function as a “network of networks” both at the strategic and operational levels.

**Civil society engagement mechanism**

Annick Jeantet, interim CSEM Secretariat, provided a brief update on progress in operationalising the CSEM, including: nomination of CSEM representatives in the Steering Committee, on-going country level consultations in five countries (Cameroon, Kenya, Nigeria, Pakistan, Zimbabwe) and plans for establishing the advisory group and Secretariat.

**Steering Committee TOR, co-chairs and constituencies**

The TORs for the co-chairs of the Steering Committee and the Steering Committee constituencies were presented briefly and discussed. It was agreed to reiterate in the TORs for the Steering Committee how best to engage with the UN Special Envoy on UHC if and when he or she is appointed (as stated in the background document on governance arrangements agreed at the meeting of the UHC2030 Transitional Steering Committee). The Core Team also mentioned that it would follow-up with the various constituencies to ensure that TORs are adjusted to specific groups and representation arrangements for each constituency are communicated to the Steering Committee.

**Day 2 – Session 4: Private sector engagement**

Kristina Yarrow, UN Foundation, presented [the outcomes of the time-bound private sector task force](https://www.uhc2030.org/fileadmin/uploads/ihp/Documents/About_IHP_/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SCI_meeting_June_2017/KYarrow_Private_Sector__1_.pdf) which the Core Team established in March to develop TORs for the private sector constituency. The discussion highlighted the significance of private engagement in the platform, and how the private sector could be integrated in the work program of the partnership with a focus on supporting country progress on UHC.

At the same time the discussion emphasised the importance of ensuring commitment of potential private sector partners to UHC principles and underlying values. While acknowledging the relevance of the private sector, civil society representatives notably pointed to referring explicitly in the TORs about the risks associated with private sector contribution to UHC. Equity, for example, is often not a natural fit with private insurers that focus on profit and therefore focus low risk well off parts of the population. There is significant evidence that private sector investments are often concentrated at tertiary level of care which are not affordable to the poor rather than community level for example. This could conflict with current financing UHC approached that emphasize greater public financing and large mandatory pre-paid schemes, rather than voluntary insurance that often reduce overall cost effective resource use.

It was suggested that selection criteria for private sector partners would be critical. While the WHO FENSA framework can serve as basis for managing conflict of interest, it was recommended to prioritize partners who bring added value and be clearer about what a successful partnership will deliver. As a way forward, building the constituency in an open and transparent way, similar to what has been done for civil society, would be important.

It was finally agreed that, as a start, UHC2030 will invite representatives of , umbrella organisations and professional private sector associations rather than individual companies as observers in future Steering Committee meetings for a year to be followed by full membership and endorsement of the UHC2030 Global Compact by end 2018.

**UHC 2030 Steering Committee Meeting**

**15-16 June 2017**

**Hotel Novotel, Geneva, Switzerland**

**Revised Draft Agenda**

**Objectives**

* Take stock of progress to date in establishing UHC2030 and consolidate working arrangements
* Review initial progress on UHC2030 workplan and agree on where more attention is needed in going forward
* Discuss findings of ECD monitoring and follow-up, including forward-looking discussion on role of development cooperation in support of health systems strengthening and UHC
* Agree on approach to develop strategies for accountability, knowledge sharing and advocacy under UHC2030
* Agree on co-chairs and functioning of constituencies

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| **Time** | **Agenda Item** | **Presenter** | ***Documents*** |
| ***Day 1 – 15 June*** |
| 09:00-09:30 | ***Welcome and registration*** |   |  |
| 09:30*–*10:15 | **Introduction and objectives of the meeting*** Welcome new members and co-chairs
* Objectives of the meeting
* Presentation on UHC2030
 | Marie-Paule Kieny, WHOTim Evans, World Bank | For information:*Agenda* |
| 10:15-10:45 | **Update on global processes:**G20, UHC Forum 2017, High Level Political Forum 2017 | Heiko Warnken, Germany, Eiji Hinoshita, Japan, Ivana Milovanovic, WHO |  |
| ***10:45-11:00*** | ***Coffee*** |  |  |
| 11:00-12.45 | **Work on HSS: are we on track to demonstrate the value of UHC2030** * Update on work plan implementation and follow-up since December
* Overview of work undertaken by working groups, incl. deliverables and timeline
* Possible follow-up on joint vision
* Initial views on priorities for 2018-19 and approach to preparation of work plan 2018-19
 | Max Dappah, Core Team | For discussion:*SC1. Overview of UHC2030 workplan, including update from working groups**and preparation process for workplan 2018-19* |
| ***12:45-13:45*** | ***Lunch*** |

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| 13:45-17:00Incl. coffee break | **Effective development cooperation*** Presentation of findings and recommendations of 5th Round of IHP+ Monitoring
* Current state of play, where more progress is needed, how to follow-up and future EDC monitoring
* Presentation on way forward on DAH tracking
 | Leo Devillé, IHP+ resultsFinn Schleimann, Core Team  | For discussion:*2016 IHP+Results Performance Report* |
| ***Day 2 – 16 June*** |
| 9.00-10:30 | **Accountability*** Options for UHC2030 strategy
* Process for developing strategy by end 2017, including inputs from experts and broader consultation from countries and civil society
 | Agnès Soucat, WHO | For decision:*SC2. UHC2030 accountability strategy: initial scoping*  |
| 10:30-11:00 | ***Coffee*** |  |  |
| 11:00-12:00 | Short update on advocacy, communication and knowledge management | Akihito Watabe, Core TeamNatalie Paholyothin, Alison Dunn, Core TeamRockefeller FoundationSomil Nagpal, JLN | For information:*See SC1 document* |
| 12:00-13:00 | ***Lunch*** |  |  |
| 13.00-15.00 | **UHC2030 structures and ways of working*** UHC2030 annual/semi-annual forum
* How to promote UHC2030 agenda in countries: perspectives from the Universal Health Coverage Partnership
* UHC2030 structures and ways of working: collaboration with related initiatives
* Update on Civil society engagement mechanism
* Steering Committee TOR, co-chairs and constituencies
 | Agnes Soucat, WHOMatthias Reinicke, ECJacques Mader, P4HAlastair Robb, HDCAnnick Jeantet, CSEMMarjolaine Nicod, Core Team | For discussion: *SC3. Draft TOR UHC2030 Forum*For decision:*SC4.TOR for SC, cochairs, and constituencies*  |
| 15:00-15:30 | ***Coffee*** |  |  |
| 15:30-16:30 | **Engagement of private sector*** Rationale and areas of work of mutual interest
* Implications for how private sector engages in UHC2030
 | Kristina Yarrow, UN Foundation | For decision: *SC5.TOR for PS constituency* |
| 16.30-17.00 | **Summary of conclusions and next steps** | Core Team |  |

**UHC 2030 Steering Committee Meeting**

**15-16 June 2017**

**Hotel Novotel, Geneva, Switzerland**

**List of Participants**

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