# ONLINE CONSULTATION ON TRANSFORMATION TO IHP FOR UHC2030:

# SYNTHESIS REPORT

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# ONLINE CONSULTATION ON TRANSFORMATION TO IHP FOR UHC2030: SYNTHESIS REPORT

This report summarises the key responses to the online consultation conducted from July-September 2016 on the transformation of the IHP+ to the International Health Partnership for UHC2030. The report aims to pull out the responses with the greatest level of consensus or commonality of response with the intention of helping to inform strategic decision-making for the future of IHP for UHC2030 (UHC 2030).

## Summary of results:

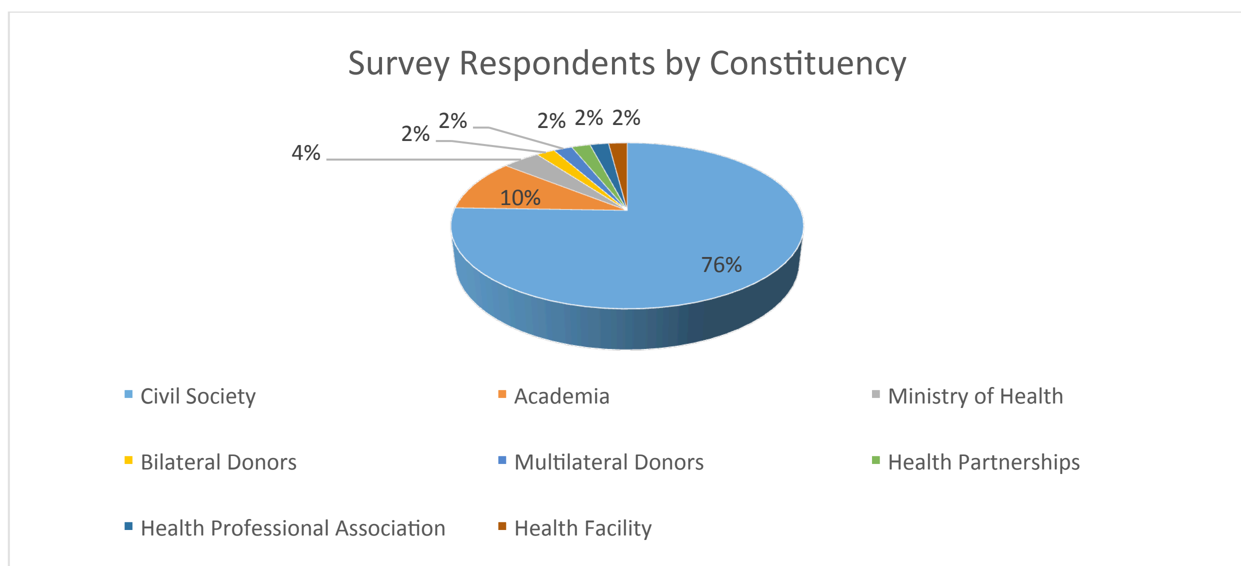
A total of 135 survey responses were received. However just 49 of these were substantive responses. It is the 49 substantive responses that form the basis of this report. The majority of responses received were from civil society. Only two substantive responses were received from Ministries of Health and only two substantive responses were received from development partners. There were five substantive responses from academic institutes, one from an association of health professionals and one from a health facility.

There was a good variety of responses to all of the questions. However, common issues running throughout the responses to all questions included:

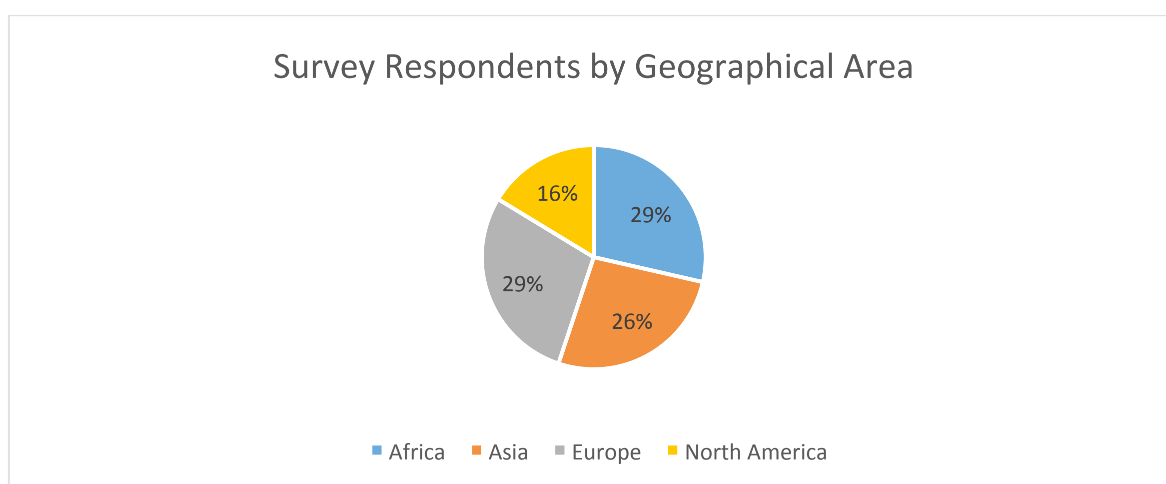
- The need to **expand the membership**, paying particular attention to middle-income countries, Ministries of Finance as well as Ministry of Health, civil society, health professionals and community members.
- The need to ensure the partnership is **coordinating with similar initiatives** focused on addressing the social determinants of health, such as 'Scaling Up Nutrition' and 'Sanitation and Water for All'.
- The importance of **strengthening civil society engagement** and, in particular, building more effective **dialogue between national governments and civil society**.
- The need for the partnership to move beyond a focus on 'donors' and 'recipient countries' and to focus more on **promoting national ownership and raising domestic revenue** streams to finance UHC.
- The role the partnership can play in **strengthening coordination efforts on HSS and UHC** at global and country levels, including by strengthening coordination platforms, developing a commonly agreed definition of UHC, and coordinating evidence gathering efforts.
- The need to **review existing tools**, such as the JANS and JAR, to assess the extent to which they have contributed to behaviour change and improvements in health system strengthening efforts.
- The essential role the partnership has to play in **driving behaviour change** among all agencies working on HSS and UHC.
- The need for the partnership to champion HSS and UHC at global and country levels and **secure political commitment** to UHC.
- The role UHC 2030 can play in improving **evidence gathering** whether through robust research, documenting best practice, conducting knowledge and learning exchanges, or through strengthening communities of practice.

## Analysis of respondents:

The survey received a total of 135 responses. However, of these just 49 were substantive responses. This report therefore focuses on the analysis of the 49 substantive responses. Of the 49 substantive results, 37 responses came from civil society, 5 responses were from academic institutes, 2 responses were from Ministries of health (Bangladesh and Uganda), 1 response was from a bi-lateral development agency (Belgian Ministry for Development Cooperation), 1 response was from a health partnership (the Partnership for Maternal, Newborn and Child Health), 1 response was from a multilateral agency (World Bank GPSA), 1 response was from an association of health professionals, and 1 response was from a health facility.

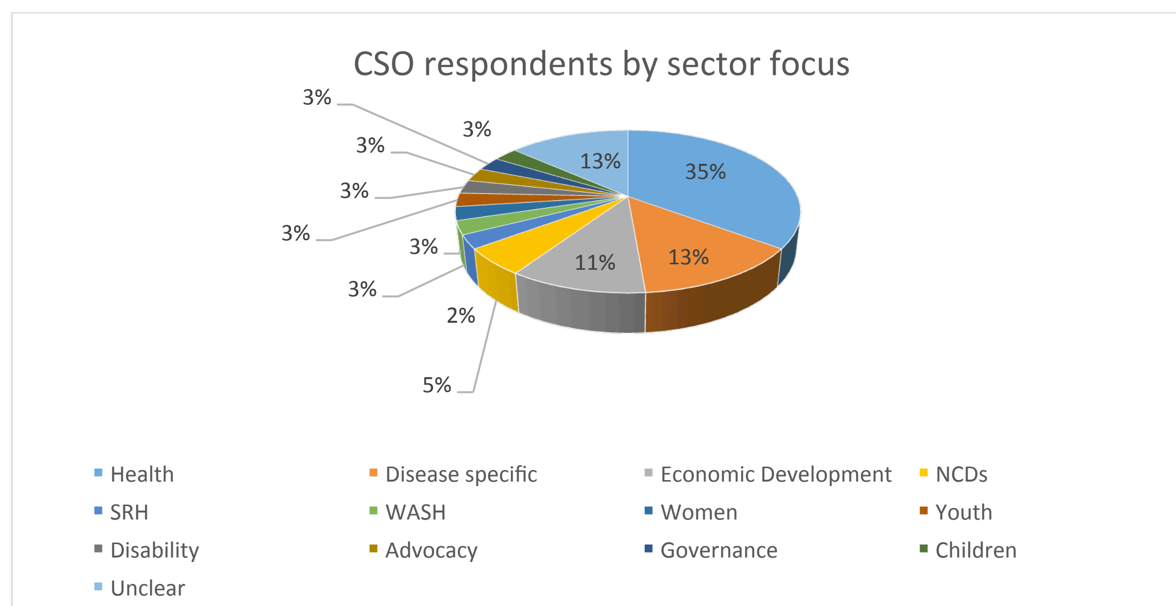



Of the 49 substantive responses, 14 responses were from Africa, 13 responses came from Asia, 14 responses were from Europe, and 8 responses came from North America.




Among the 37 substantive responses from civil society responses there were 13 responses from health CSOs, 5 responses from CSOs with a disease specific focus (HIV and TB), 4

responses from economic development CSOs, 2 responses from CSOs with a focus on NCDs, 1 response from a CSO focused on sexual and reproductive health, 1 response from a water and sanitation focused CSO, 1 response from a CSO representing women, 1 response from a CSO representing youth, 1 response from a CSO working on disability, 1 response from an advocacy CSO, 1 response from a CSO working on governance issues, and 1 response from a child-focused CSO and 5 responses from CSOs whose remit was unclear from the survey response.




## Analysis of responses to questions:

### Q1: At the global level, how can the partnership improve coordination of HSS efforts for UHC including synergies with related technical partnerships?

#### Activities:

Respondents to the survey identified six broad areas of activities that would enable the partnership to improve the coordination efforts for UHC. The most common proposed activities included: improving coordination and alignment of HSS efforts; evidence gathering; expanding the partnership; strengthening the partnership's mandate; and developing a coherent approach to UHC.

**Improving coordination and alignment of HSS efforts**: a range of civil society organisations from countries including Nigeria, Benin, Kenya, Pakistan, the Netherlands, the USA and the UK, as well as two academic institutions (from Pakistan and South Africa) identified improved coordination as one of the key activities for the IHP for UHC2030 to focus on. Specific activities proposed include: establishing a permanent global platform of UHC partners; developing a coordination strategy for HSS efforts; improving coordination

with other relevant initiatives, including those focusing on social determinants of health such as the Scaling Up Nutrition (SUN) and Sanitation and Water for All (SWA); strengthening collaborative platforms for technical cooperation on UHC; aligning vertical programme efforts with UHC-related financing reforms; and coordinating and aligning the various UHC & HSS efforts including WB/WHO UHC monitoring, P4H,Healthy Systems - Healthy Lives. Suggestions on how to achieve this included mapping relevant technical networks and actors; improving the coordination of stakeholders at global and national levels through a well-structured multi-stakeholder process, with agreed goals, trust among stakeholders and regular communication and knowledge sharing; establishing joint initiatives at global level to strengthen coordination; producing coordinated guidelines for technical assistance on UHC related assessments, evaluations and legal/regulatory reviews; and establishing a coordination forum for technical assistance for countries approaching UHC.

**Evidence gathering:** Respondents from the World Bank GPSA, northern and southern civil society and academia all identified evidence gathering as an important activity for IHP for UHC2030. Specific suggestions included collecting and sharing evidence through documenting best practice, conducting knowledge and learning exchanges, documenting what has and has not worked, conducting impact evaluations and randomised control trials, and mapping existing approaches to identify HSS best practice. One US-based civil society organisation recommended the establishment of communities of practice for donors, implementing agencies and national government, while civil society from Kenya recommended sharing evidence through annual summits, global conferences and exchange workshops.

**Expand the partnership:** Northern and southern based civil society organisations recommended that efforts should be made to improve the number of partners within the partnership. In particular it was recommended that the partnership, at the global level, should expand membership beyond multilateral agencies and donor governments, whilst at the country level both low-income and middle-income countries should be included in the partnership. As part of the expansion of the partnership it was recommended that the global compact should be broadened out in terms of both content and membership and should include middle-income countries, civil society organisations, private sector, academics and health professionals.

**Strengthen the partnership's mandate:** The Belgian Ministry of Development Cooperation and a UK-based civil society organisation responded that at the global level, the partnership should continue to include a focus on donor behaviours and strengthen efforts to improve adherence to the Paris declaration principles by all stakeholders. Civil society from the UK also felt that the partnership's mandate should be expanded and recommended, in particular, that a new global compact should be developed that builds on the previous compact but goes beyond what currently exists and incorporates principles of UHC.

**Develop a coherent approach to UHC:** An academic institute from Pakistan proposed that the IHP for UHC2030 should present a coherent, comprehensive approach to UHC, whilst academia from Norway suggested that the partnership should develop a clear position on which areas of UHC may be better addressed by those outside of the health sector (for example the role of education and early childhood care in health prevention).

**Other activities** proposed included: increasing funding to CSOs active in the health sector; conducting joint advocacy on the removal of user fees; capacity building and institutional strengthening; strengthening the response of emergency medical systems in countries and developing appropriate surveillance systems to monitor how well clinical guidelines are being

followed; developing and strengthening the local labour force; and coordinating the response on financing for RH supplies.

## Approach:

There were a range of different approaches proposed as to how the partnership could improve coordination of HSS efforts for UHC. The most strongly articulated approaches included that the partnership could position itself as the overarching initiative on health; that it should develop a clear governance structure, that it must move away from the 'donor' and 'recipient' approach, that it should be ambitious in opening up the governance structure to civil society and that the partnership should aim to improve accountability.

**An overarching initiative on health:** Northern-based civil society suggested that UHC 2030 has the potential to position itself as the overarching initiative on health. By taking on this role, the partnership would be able to ensure linkages and support, or promote, existing initiatives without duplicating efforts. In this role, the partnership could also consider how to link to other initiatives relevant to health but in other sectors (for example those addressing the social determinants of health, such as SUN and SWA). Such an initiative could develop an understanding of the type of HSS efforts for UHC exist; identify related technical networks on HSS and/or UHC; and develop a coherent coordination strategy of all the efforts that exist. Civil society from Benin also highlighted that the partnership should act as a global coordinating body but should also support coordination at regional, sub-regional and national levels, whilst a northern civil society organisation proposed that the partnership should develop a strong advocacy and accountability function enabling it to assert good practice and challenge poor behaviour among countries, donors and multinationals.

**A clear governance structure:** One northern-based civil society organisation responded that the IHP for UHC2030 should establish a clear governance structure with a steering council representing HSS networks including P4H, HSG/AHPSR, and the global HRH network as well as a secretariat that is legally hosted by WHO. This organisation also proposed that UHC 2030 should be accountable to the World Health Assembly, with WHO remaining a crucial actor in steering the partnership.

**Moving away from 'donors' and 'recipients' to greater focus on country level and DRM**: Several northern-based civil society organisations, as well as a European academic institution clearly stated that the governance structure of IHP for UHC2030 must move quickly away from the 'donor' and 'recipient' mindset of many of the existing global health initiatives and that the partnership should lead a major refocus from the aid paradigm to the importance of domestic resources and increased public spending to deliver UHC. More specifically it was suggested that supporting and informing national leadership for UHC should be the focus of UHC2030, around which aid alignment & harmonisation can be promoted. One civil society organisation suggested that this requires such a major change in remit of IHP+ that that the name of the partnership should become simply 'UHC2030' rather than IHP for UHC2030. Other changes to the remit of the partnership that were highlighted included bringing in a wider range of countries, including middle-income countries; moving beyond the traditional relationship of aid recipients and donors; and changing the role of the partnership to one that facilitates dialogue whilst accepting that policies and strategies must be defined at national level, even when this is not directly in line with the policy and diplomatic preferences of donor agencies.

**Opening up the governance structure:** Civil society organisations from Africa, Asia, Europe and North America all highlighted that there needs to be broader representation of

civil society groups in the partnership. Save the Children, for example, suggested that UHC2030 should include a more ambitious approach to civil society with a well organised civil society representation mechanism as part of the partnership. Other survey respondents highlighted that youth, service providers, national experts and researchers needed to be able to contribute to the partnership.

**Improve accountability:** Civil society from Nepal suggested that the partnership should make efforts to translate the concept of UHC so that it can be understood by local people at a local level, whilst civil society from Zambia proposed strengthening the monitoring and review of the UHC process at inter-governmental and multi-stakeholder fora including the High Level Political Forum, the World Health Assembly and the UN General Assembly. A respondent from the Belgian Ministry of Development Cooperation proposed that the partnership should monitor deviations on the Paris Declaration by the different stakeholders and should share and discuss good, and bad, practice. It was also recommended, by a northern civil society organisation, that monitoring for UHC be linked to monitoring the SDG progress

Other approaches to improving coordination included: mobilising significant additional resources to build capacity; building partnerships with all relevant actors; identifying a set of priority themes; mapping existing platforms and seeking enhanced collaboration; mapping technical groups and actors; and identifying current actors and their role. The MoHFW from Bangladesh proposed the formation of a global technical committee. A USA-based civil society organisation proposed conducting an annual UHC forum, leveraging existing communities of practice on health financing and establishing an international journal for global health financing to help disseminate lessons learned.

## Who should be involved?

Most respondents highlighted that national governments, donor agencies and civil society should all be involved in improving the coordination of HSS efforts for UHC. Some respondents, however, highlighted specific stakeholders and networks. African civil society, for example, highlighted that the Joint Learning Network, HSG Global, UHC Day and Rockefeller Foundation should all be included in coordination efforts.

Some northern-based civil society organisations highlighted the need to include philanthropic organisations, the private sector, medical societies and UN bodies, including UNFPA. Southern based civil society and academia emphasised the importance of finding ways to include local and minority communities and grassroots NGOs. African and Asian civil society as well as the Bangladesh MoHFW highlighted the need to include technical staff and technical networks. Northern and southern based civil society emphasised the importance of including health professionals in the coordination efforts.

Specific organisations, partnerships and health initiatives that were mentioned by respondents include: P4H, GFATM, GAVI, Every Woman, Every Child movement, WHO, World Bank, PEPFAR, UNITAID, Bill and Melinda Gates Foundation and Global CSOs.

## Q.2: At the country level, how can the partnership strengthen multi-stakeholder policy dialogue and coordination of HSS efforts, including adherence to IHP+ principles and in countries receiving external assistance?

### Activities:

A range of activities for strengthening multi-stakeholder policy dialogue and coordination of HSS efforts at the country level were proposed by respondents. The range of activities can be grouped into five broad areas: establishing a policy forum; putting in place multi-stakeholder coordination platforms; developing a country compact/partnership agreement; ensuring effective development cooperation; and supporting and funding civil society platforms.

**Establishing a common policy forum:** A respondent from the World Bank GPSA suggested a policy forum to discuss national strategies and monitor progress should be put in place. Building policy engagement also seemed to receive a lot of support from northern and southern based civil society. More specific suggestions, mostly from southern civil society, on how to promote multi-stakeholder policy dialogue included conducting advocacy workshops and panel discussions with all stakeholders; improving dialogue between donors, CSOs and government officials; and holding policy dialogues/town hall meetings that permit the public and key stakeholders to create accountability and transparency. As part of efforts to improve policy dialogue a range of information sharing activities were proposed. These included holding seminars, workshops, and implementing public campaigns at a national level; supporting symposia, conferences, learning and exchange experiences workshops; and sharing best practices through conferences, workshops, and transdisciplinary global health.

**Multi-stakeholder coordination platforms:** A number of northern-based civil society organisations proposed that country level multi-stakeholder coordination platforms for HSS/UHC should be established. A Nigerian-based CSO, for example, proposed that Government led multi-stakeholder platforms should be developed at country level, whilst another CSO from North America supported the need to work with Ministries of Health to lead the coordination process. Such platforms could include representation from national, provincial and district levels of government and would have the responsibility for identifying all HSS efforts being undertaken, identifying the most effective HSS efforts, and agreeing on the prioritization of those efforts in national policy dialogues. Civil society respondents proposed that country-level UHC platforms should include existing CSO platforms that work collectively on sexual, reproductive, maternal, newborn, child and adolescent health, as well as those that are advocating for action on the underlying determinants of health, such as water, sanitation and hygiene, nutrition and gender equality.

**Developing a country compact/partnership agreement:** A UK-based civil society organisation proposed that country compacts, or partnership agreements on health should be developed. These agreements should support the national health strategy and should include: national targets for HSS/UHC, indicators (including indicators on engagement of different key stakeholders), mechanisms to track and report progress on HSS/UHC regularly, and commitments from all stakeholders. It was also recommended that compact development processes should be fully aligned with existing country processes and mechanisms and that national submissions (especially if attached to funding) should be

signed by CSOs. Related to the idea of developing a country compact/partnership agreement were suggestions from the Bangladesh MoHFW for the development of an effective country coordination mechanism; recommendations from the Belgian Ministry of Development Cooperation that joint reviews and joint follow-up visits should be conducted; and an emphasis from a Pakistani CSO of the need to put in place consultation workshops, technical working groups, and performance monitoring review mechanisms.

**Ensuring effective development cooperation:** Northern-based CSOs in particular emphasised the need for ensuring effective development cooperation around donor behaviour and aid effectiveness remains a focus of the partnership. A US-based CSO suggested that having an HSS focal point may help to act as a hub for encouraging the seven behaviours.

**Support and fund national civil society platforms:** There were a number of responses from northern and southern based CSOs that indicated the need to strengthen national civil society platforms so that national and local CSOs are able to participate in policy processes and hold governments to account for UHC. Of particular concern was the need to develop mechanisms to enable the participation of marginalized groups at a local level and it was recommended, by one international NGO, that UHC 2030 should foster a working relationship with local CSO groups to bring them into decision-making policy dialogue. It was also recommended that a guide for behaviours and principles be developed and baseline studies on the level of CSO dialogue be conducted. There were clear recommendations from both northern and southern based CSOs that financial and technical support should be provided to enable CSOs to engage in policy dialogue and to 'bring together' the fragmented nature of health civil society. One international NGO proposed that civil society should be resourced to participate fully in all UHC2030 activities and that national level activities should ensure governments engage civil society in their activities, including ensuring sign-off by civil society for activities, plans, proposals and reports. This INGO also recommended that the Global Fund's model of civil society engagement should be followed and improved upon. Other recommendations from northern and southern civil society organisations included the need to strengthen multi-stakeholder engagements on policy dialogue and coordination based on the UHC agenda and the need to ensure any UHC 2030 platforms are aligning and collaborating with existing reproductive health architecture and national plans.

**Other activities** proposed to strengthen coordination at the country level included: conducting targeted capacity building and institutional strengthening; and conducting targeted advocacy, communication and resource mobilisation.

## Approach:

Three main approaches to improving country-level coordination on HSS and UHC were identified by respondents. These were: government-led process for developing country compacts; strengthening accountability mechanisms to improve the performance and behaviour of stakeholders who fail to meet their commitments; and putting in place a multi-stakeholder HSS/UHC platform.

**A government-led process:** There was a clear recommendation from one northern-based civil society network that the process for developing country compacts and HSS/UHC coordination committees should be government-led. This network also emphasised that whilst being government-led this process must also be inclusive of all relevant actors and

should include a mechanism to convene all stakeholders at different levels of government, including civil society and local government.

**Strengthening accountability to improve performance:** One of the civil society respondents to the survey highlighted the importance of putting in place a process or strategy that would detail how to improve the performance and behaviour of stakeholders who fail to meet their commitments. In addition, this respondent recommended establishing a structured process for all partners to use the results of monitoring to modify approaches and initiate actions to improve performance and proposed that this structured process should be built into the activities of country level HSS/UHC committees. UHC 2030 could facilitate this by publicly sharing and communicating results through, for example, scorecards and advocating for an improvement strategy or plan to be developed based on the results which could then be linked with the annual health sector review. A CSO from Nepal also suggested that a universal peer review mechanism on compact compliance could be developed. A UK-based CSO, recommended that the partnership continue to monitor and assess the status of country and development partners' adherence to the 'seven behaviours', and proposed that this monitoring should be compulsory for all partners. The Partnership for Maternal, Newborn and Child Health in their response highlighted that a key role of UHC 2030 is to support country level change. As part of this, UHC 2030 needs to move on from the aid alignment agenda of the IHP+ and focus instead on national level decisions and accountability for resource generation and allocation. The PMNCH response also highlighted that UHC requires a realignment from the current accountability of low and middle-income countries to donors to accountability to citizens and that, with its history, the IHP for UHC 2030 is well-placed to lead this change.

**Multi-stakeholder country coordination platforms:** CSOs from Kenya and the Netherlands, along with the MoHFW from Bangladesh all highlighted the need to establish a country coordination platform. The Kenyan and Dutch CSOs emphasised the importance of ensuring that such platforms were multi-stakeholder in nature, whilst the Dutch CSO also emphasised the importance of the platform being owned by the Ministry of Health, but with participation from relevant government entities, including the Ministry of Finance. A specific recommendation was for the establishment of a repository of all contributions to UHC and/or HSS. To ensure multi-stakeholder engagement with the country platforms a UK-based NGO highlighted the need for UHC 2030 to foster a working relationship with local CSO groups to bring them into decision-making policy dialogue. It was also proposed that there should be specific funding to support capacity development and involvement of local CSOs, especially in annual reviews of the progress made towards UHC 2030 overall goals.

## Who should be involved?

There were several responses that proposed that the partnership should broaden its stakeholders at global, country and national levels and one response from a UK-based NGO network that proposed the partnership should be universal in nature.

Stakeholders that were mentioned in a number of responses included all relevant Global Health Initiatives operating at the country level, development partners, UN agencies, CSOs, citizens, Government especially the Ministry of Health and the Ministry of Finance/National Planning and elected representatives/Members of Parliament, and the private sector.

Broadening out stakeholder engagement at a country level should also include media, health and non-health-related CSOs, health professional associations, local actors such as municipalities and community representatives, faith-based organisations, religious/community leaders, and academic institutions.

## Q.3: How can the partnership facilitate accountability for progress towards HSS and UHC that contributes to meeting SDG3?

### Activities:

Responses to the question of how the partnership can facilitate accountability for progress towards HSS and UHC that contributes to meeting SDG3 fall into three main areas: creating an accountability framework for UHC and HSS; promoting more integrated accountability for health; developing a strong civil society constituency; and conducting multi-stakeholder reviews.

**Accountability framework for UHC and HSS:** Civil society from Kenya and Nigeria both highlighted the need to establish an accountability framework to track progress towards HSS and UHC, with the Nigerian-based CSO emphasising the importance of implementing the framework at global and regional levels. A respondent from the World Bank GPSA proposed that UHC 2030 should encourage the adoption of social accountability mechanisms to monitor progress towards HSS and UHC. It was also proposed, by UK civil society, that the accountability framework should be closely linked to the SDGs and their respective targets and indicators. A specific recommendation from a UK-based CSO was to promote mutual accountability among all stakeholders at both global and national levels, through developing a small core set of indicators on HSS/UHC that include indicators on health aid effectiveness building off on previous IHP+ indicators, but broadening this to focus more on country level processes and principles which underpin UHC. Another specific suggestion was to develop a target and indicator based accountability framework that should be promoted by the partnership and which should include an annual review mechanism. One international NGO recommended that the partnership should ensure that all global health actors – partnerships, UN agencies, foundations, NGOs and private sector – are held to account for their impact on UHC and that should be done through seeking commitments to UHC from agencies; ensuring regular reporting on progress and activities; and building on the models for accountability developed for individual topics and diseases.

**Integrated accountability for health:** UK-based civil society organisations highlighted the need to develop more integrated accountability for health and identified this as an area in which the partnership could take the lead. In particular, it was proposed that the partnership should encourage more integrated accountability for health by exploring how all relevant health-related and SDG targets could be incorporated into UHC/HSS monitoring mechanisms. Specific examples of where the partnership could take a lead in promoting integrated accountability for health included the Indicator and Monitoring Framework for the Global Strategy on Women's, Children's and Adolescents' Health (2016-2030) and key indicators on nutrition (SDG2), education (SDG4), WASH (SDG6), and climate action (SDG13). A US-based CSO highlighted that whilst HSS and UHC indicators have been developed, more harmonisation is needed: USAID/PEPFAR, for example, still has a parallel system of tracking their support to HSS with little sharing of progress either multi-sectorally or globally. Specific tools that could be used to guide the development of an integrated

accountability framework include The ‘Ten Key Guiding Questions’ of the WHO Policy Brief on anchoring UHC in the right to health and the principles for accountability proposed by MSH/Rockefeller. It was also recommended that UHC 2030 should organize a clear democratic and effective governance mechanim and then focus on the *universal* SDG agenda, framing UHC in national and international sustainable development platforms.

**Developing a strong civil society constituency:** The Partnership for Maternal, Newborn and Child Health response emphasised the vital role that country level civil society plays in holding their governments to account. PMNCH recommended that IHP for UHC2030 should develop a strong civil society constituency that is active at all levels of operation and governance. In order to achieve this it is necessary to provide funding for civil society platforms at a country level. In addition, the partnership for UHC2030 will need to facilitate relationship building between civil society and government at national and sub-national government so that they can monitor and track progress together. Southern CSOs also emphasised the importance of engaging civil society actors in the accountability process and made specific suggestions that shadow reporting should be used by CSOs as a tool to ensure accountability. Other specific activities to improve civil society’s contribution to the accountability process included conducting social audits focused on local people and the localisation of UHC and ensuring citizen engagement through the establishment of an online communication system which is able to reach citizens.

**Establish a multi-stakeholder accountability taskforce/platform:** The Ministry of Health from Uganda recommended the establishment of a multi-stakeholder accountability taskforce. A northern-based CSO also recommended the establishment of an international multi-stakeholder platform to facilitate activities, multi-stakeholder engagement and action across sectors at the local, national, regional, and global levels in order to contribute to the achievement of SDG3. Suggested objectives for this platform include: advocate and raise awareness on HSS and UHC, disseminate knowledge and information on best practice for HSS and UHC, encourage innovation and identify barriers on progress towards HSS and UHC, encourage multi-stakeholder participation on HSS and UHC to increase accountability of each stakeholder in achieving SDG3, and identify and share information on existing and potential sources of finance and cooperation mechanisms at the local, national, regional and global levels for the achievement of UHC. A respondent from the World Bank GPSA also emphasised the importance of conducting multi-stakeholder reviews. Suggestions from civil society, Ministries of Health and development partners on ways this could be achieved included: organising stakeholder meetings on accountability and investments; conducting annual/bi-annual reviews against set indicators with all stakeholders involved; holding a bi-annual coordination and accountability meeting; developing a country roadmap for UHC; and sharing and discussing the results of the joint reviews and joint follow up visits and of the monitoring of deviations on the Paris Declaration at international level.

**Other activities** that were proposed included:

- Supporting capacity building for governments and citizens.
- Establishing an Independent Accountability group where external evaluations on HSS approaches can be conducted and analysed to determine best practice particularly in LMICs and in fragile states.
- UHC2030 should support moves to enshrine the right to health and UHC in national constitutions, laws and policies, and to use national legal and policy-making processes and national, regional and international human rights bodies to hold governments to account.

## Approach:

Common approaches put forward as to how UHC 2030 could facilitate accountability for progress towards HSS and UHC included: promoting strong country-led monitoring and review systems and platforms; establishing a multi-stakeholder accountability platform; and establishing an independent working group.

**Country-led monitoring and review systems:** A European civil society network (Action for Global Health) proposed that UHC 2030 should continue its work of strong country-led monitoring and review systems and platforms. In particular, it was recommended that regular joint annual health sector reviews should continue and that efforts to build coordination platforms to foster multi-sector and multi-stakeholder dialogue should be strengthened. Save the Children recommended that UHC 2030 should incorporate into the country compact an independent progress report with inputs from national academic leaders, civil society and other relevant stakeholders. As part of a country-led monitoring and review process UHC 2030 should also monitor and hold governments, bilateral and multilateral donors to account for health spending which is in support of UHC. Action for Global Health recommended that a structured process to continuously review information in a transparent way should be encouraged, ensuring a system is in place for this learning and information to feed into planning and reform of existing approaches. As part of this, the partnership should encourage the inclusion of a few key indicators to measure progress on HSS/UHC to be included in sector reviews, including around health outcomes and financial protection.

**Establish an Independent Working Group:** A northern based CSO also recommended establishing an independent working group that would be responsible for developing a clear accountability framework. The role of this working group could also be to assess the extent to which all stakeholders are honouring financial and programmatic commitments on HSS and UHC; assess progress towards greater transparency in the flow of resources and achievement of results; and make recommendations on how to improve the effectiveness of an agreed UHC2030 accountability framework.

**Other approaches** proposed, by northern and southern based CSOs include: funding and producing alternative national reports on UHC progress to ensure that government reports on progress are validated and cross-checked; leverage the monitoring framework for SDGs and existing global and regional UHC platforms to develop the UHC2030 accountability framework; create cross-country accountability benchmarks; and hold regional consultation meetings.

## Who should be involved?

As with other questions, it was recommended that all relevant stakeholders from government, donor agencies and civil society should be included in the development and implementation of accountability efforts. In addition to this, the following stakeholders were also identified: the Health Data Collaborative; regional health institutions; national statistic offices; patients/caregivers, clients, service providers; national parliaments, sub-national decision-makers; citizens, local community members; private sector actors; technical experts; and the media.

## Q.4: How can the partnership build political momentum around a shared global vision of HSS for UHC and advocate for sufficient, appropriate and well-coordinated resource allocation to HSS?

### Activities:

In order to build political momentum around a shared vision of global health for UHC, respondents recommended that UHC 2030 should act as a champion for UHC; should promote the investment case for UHC; and should lead an ongoing process to define UHC.

**Championing UHC:** A European civil society network highlighted that UHC 2030 should act as a 'champion' for UHC at the national, regional and international levels. Southern and northern based CSOs and academia, as well as Ministries of Health from Bangladesh and Uganda all highlighted the need for UHC 2030 to take a lead in coordinating advocacy efforts to secure political commitment to UHC and, more specifically, to commit to health system strengthening for UHC. Efforts in relation to this should include raising awareness of the global vision for HSS and UHC; conducting advocacy with government institutions, Ministers and bureaucrats; and using major platforms such as UN high level meetings on global health to raise the profile of HSS and UHC. The Ministry of Health for Uganda proposed organising a high level political forum to raise awareness about UHC among the political leadership and encourage them to advocate for it. A Netherlands-based NGO proposed the establishment of an international platform for UHC where one of the main objectives is to advocate for the mobilization of resources.

**Promote the investment case for UHC:** A European civil society network highlighted that one of the roles of UHC 2030 should be to support and promote public investment in increased and equitable resources for healthcare systems. As part of this the partnership should look to support countries to maximize domestic resources for healthcare. This network also recommended that the partnership should move away from a primary focus on the role of bilateral and multilateral donor assistance for health and towards seeing ODA as a complementary source of financing where needed. Where development assistance continues to be needed, it is recommended that UHC 2030 should work to improve the reliability and predictability of donor assistance for health and ensure that it is fully aligned with UHC. A Dutch NGO suggested that in order to build the investment case for UHC it would be useful to produce 'Return of Investment' studies on UHC and HSS. A World Bank GPSA respondent supported the need to rally donors to invest in UHC.

**Defining UHC:** A number of northern-based NGOs and civil society networks highlighted that UHC 2030 has an important role to play in harmonising messaging and communication on HSS and UHC and that the partnership could play a key role in establishing an ongoing process to refine definitions. Related to this, a respondent from the World Bank GPSA highlighted the need to ensure that ongoing health interventions include HSS and UHC language. One INGO made the specific recommendation that the partnership establish a global compact uniting around a shared vision of UHC. It was also recommended, by one INGO and a multi-stakeholder partnership, that UHC 2030 should promote UHC policies and approaches where there is clear consensus and agreed best practice, such as the importance of mandatory pre-paid pooling mechanisms and elimination of direct payments at the time of use. Given that UHC is often criticised as being too vague and unclear it was recommended by one multi-stakeholder partnership that UHC 2030 should take a lead on defining what should be included in UHC reforms and UHC service packages. It was also

recommended, by PMNCH, that UHC 2030 should make sure that action on UHC goes beyond healthcare to include addressing the social determinants of health and the social and cultural barriers that deter whole communities and sections of the population from accessing services.

Proposals on what could be included in an agreed definition of UHC consisted of: including boundaries and relationships to other right-to-health issues; identifying that essential universal coverage of women's, children's and adolescents' health services – mainly at primary care level - should be the core priority for UHC reforms in countries; championing the need for UHC to promote sexual, reproductive, maternal, newborn, child and adolescent health services as the priority for countries' efforts towards UHC; focusing on supporting countries to strengthen Primary Health Care systems, as the foundation for achieving UHC; supporting and promoting universal access to essential healthcare; championing the removal of user fees and other out-of-pocket payments and supporting governments to achieve this through technical and financial assistance; championing the need to address other barriers to accessing essential healthcare including practical, cultural or other forms of discrimination against marginalized groups; and emphasising the importance of mandatory pre-paid pooling mechanisms and elimination of direct payments at the time of use

## Approach:

Approaches proposed to help build political momentum included building partnerships to advocate for accelerated progress on UHC, increasing the availability of evidence in support of UHC, and supporting UHC-specific advocacy activities.

**Building partnerships:** a range of stakeholders including the World Bank GPSA and northern and southern based CSOs and NGO networks all highlighted the need to build partnerships and core health constituencies to advocate for accelerated progress on UHC. Kenyan and European CSOs highlighted the importance of mobilising members of parliament and other political champions to engage with such partnerships and participate in the national dialogue on UHC. A Dutch NGO highlighted that establishing an international platform in which Member States can participate could be a 'unique opportunity to advocate for more resource allocation to HSS'. A representative from the Belgian Ministry of Development Cooperation emphasised the need for a 'two-track' approach which would entail working in partnership with the UN to reach national decision-makers and through civil society to foster accountability. A European civil society network highlighted the importance of building alliances with other partnerships supporting a system strengthening agenda such as Sanitation and Water for All and the Scaling up Nutrition initiative.

**Building the evidence base:** Northern and southern civil society organisations highlighted the importance of producing evidence to support advocacy efforts for HSS and UHC. A Nepali CSO emphasised the importance of producing local evidence, while a Zambian CSO responded that there was a need for an increased focus on results and measurement of progress to inform country-led multi-stakeholders. European civil society proposed that producing evidence based documents showcasing the importance of UHC and HSS and its high return on investment would lead to higher political will. A specific recommendation for generating more evidence on UHC and HSS was the production of more scorecards, particularly given their usefulness as an advocacy tool.

**Support advocacy activities:** One other specific recommendation from a southern based civil society organisation was to mobilise resources, strengthen the capacity of the Global

Coalition for UHC, and encourage all actors to engage with advocacy moments such as UHC Day.

**Who should be involved?**

All relevant stakeholders from national governments, WHO, World Bank, UN agencies, donor agencies, CSOs, and global health initiatives should be involved in this work as should all national level partners of UHC. In addition, regional and national advocacy groups; UHC champions ('Elders' & 'Youngers', celebrity champions, media champions); global, regional and national health student associations; medical professionals; community representatives and the media should be involved in efforts to help build political momentum for HSS and UHC. At a national level it is also essential to involve members of parliament, parliamentary committees for health, Ministers and bureaucrats, Ministries of Health and Ministries of Finance and the private sector.

## Q.5: Knowledge management how can the partnership improve knowledge management on health systems and UHC, facilitating partners to share experiences and promote learning with a view to informing policy and practice?

**Activities:**

The primary activity proposed for improving knowledge management on health systems and UHC was the establishment of an open access knowledge platform. Other proposed activities included peer-to-peer learning and the dissemination of examples of good practice.

**An open-access knowledge platform:** respondents from northern and southern CSOs, the World Bank GPSA, academia, Ministries of Development Cooperation and Ministries of Health all recommended establishing a knowledge platform, online hub, or UHC resource centre for sharing learning and good practice on HSS and UHC. A respondent from the World Bank GPSA recommended that knowledge platforms should be made part of policy design, implementation, and evaluation processes at the country level, whilst the response from the Belgian Ministry of Development Cooperation emphasised the importance of ensuring that the knowledge platform should be open access and should work with universities and public health institutes. The response from the Ugandan Ministry of Health emphasised the importance of country UHC knowledge management portals. A USA-based CSO recommended developing something similar to the Providing for Health intranet, to ensure those working on a specific building block, can share lessons learned and coordinate.

**Peer-to-peer learning and dissemination of good practice:** CSOs from Kenya and the UK and academia from South Africa and Pakistan all highlighted the need to support peer-to-peer learning and the dissemination of good practice through activities such as learning workshops and exchange programmes, skills building workshops with multi-stakeholder and technical groupings, conferences and seminars. One UK-based CSO also proposed establishing an online forum and making use of webinars to share learning and good practice. UK-based civil society, along with the Partnership for Maternal, Newborn and Child Health, highlighted the need to identify, document and promote case studies and good

practice examples from countries whose UHC reforms have shown benefits. A USA-based organisation made a specific recommendation to establish an international journal for health system strengthening or global health financing.

Other suggested activities included: producing guidance on multi-stakeholder participation of joint annual health sector reviews/development of minimum standards for engagement of actors, building off existing guidance developed under the IHP+; building stronger standardized surveillance systems; and harnessing the expertise in initiatives such as Health Systems Global and the Joint Learning Network for UHC.

## Approach:

Recommended approaches for improving knowledge management include supporting existing learning and capacity building networks and promoting an evidence-driven approach to knowledge management.

**Supporting existing learning networks:** One international NGO recommended that UHC 2030 should be the convenor and source of learning for HSS issues. Other civil society actors, along with PMNCH, emphasised the importance of building on existing learning networks. A specific recommendation, by a northern based NGO, was made to fully fund the Joint Learning Network and ensure that this continues to be the key platform for sharing practical knowledge between countries on HSS and UHC. It was also recommended that more interactive mechanisms and tools for sharing knowledge and experience should be prioritized. This could include a website with access to resources, information and support to push the goals of UHC and interactive activities such as webinars and meetings annually/every 2 years in different regions, or globally, to discuss progress and challenges.

**An evidence-driven approach:** the response from the World Bank GPSA highlighted the need for knowledge management to be evidence driven, with an emphasis on implementing tight feedback loops to collect real time data. Civil society also emphasised the importance of knowledge management on HSS and UHC being based on strong data collection and recommended setting up a systematic method of period data collection, analysis, and sharing.

## Who should be involved?

As with other questions, all relevant actors working on HSS and UHC should be included in the knowledge management process. More specific recommendations were made to include the Joint Learning Network, Rockefeller Foundation, Rabin Martin, and African Platform - UHC. Many of the respondents highlighted that academic institutions, scientific organisations, social scientists, researchers, public health institutes, think tanks and experts in health knowledge management should be involved with knowledge management efforts. In addition, specific mention was made of the need to include community members, health professionals, communities of practice in global health, international development and social justice, technical experts and grassroots organisations.

## Q.6: Providing approaches and tools: how can the partnership update existing tools such as the joint assessment of national strategies and joint annual review? How can it develop new tools and approaches to assist countries in translating the principles of strengthening health systems for UHC into practice?

**Activities:**

There were three main responses to the question of how the partnership can update existing tools and develop new tools and approaches to assist countries in translating the principles of HSS for UHC into practice. These included reviewing the JANS process and tools, driving behaviour change and collating and sharing existing tools and guidelines.

**Review JANS:** Ministries of Health, the World Bank GPSA, civil society and academia all recommended taking JANS as a starting point before developing new tools. The response from the Ugandan Ministry of Health stated the need to take stock of country experiences in using the existing JANS and JAR tools to assess whether they have been useful and how they can be improved. A northern-based CSO was more critical of the JANS and JAR processes and recommended a review of whether these processes have added value, have resulted in improved national strategies or have influenced government and donor behaviour on HSS prior to new guidelines being developed. Other CSO networks from Europe as well as an academic institute from Pakistan also recommended the need for current tools to be reviewed, updated and improved. The response from the World Bank GPSA, on the other hand, highlighted the need to strengthen awareness and use of the JANS and the WHO health facility toolkit.

**Driving behaviour change:** A European civil society network highlighted the importance of UHC 2030 in not only developing tools but in driving the changes in behaviour needed to ensure more effective use of the tools. In particular it was felt by this network that the balance of power should be shifted to ensure selection and use of tools is driven by country need rather than donor-driven agendas or funding availability.

**Collating and sharing existing tools:** a multi-stakeholder network along with CSOs from Bangladesh proposed that UHC 2030 identify and share existing tools, identify best practice models that are already developed and collate information from stakeholders on policies, position statements and guidelines on HSS and UHC. More specific activities that were recommended include: conducting a landscaping analysis of all tools and guidelines; compiling existing tools into one network that is accessible universally; creating a workplan which identifies priority tools and guidelines that need to be developed; and conducting technical workshops at the country level that convene stakeholders and engage new partners in the HSS/UHC discussion.

Specific tools that were suggested by a USA-based NGO working in Mali included evidence-based best-practice guides to community health worker scale-up and a technical guide to user fee abolition for policy makers seeking to remove user fees in their national health systems in their pursuit of UHC.

**Approach:**

A small number of approaches were proposed for updating existing and developing new tools and approaches in support of HSS and UHC. USA-based civil society proposed that new tools or approaches should be developed only after a review of the JANS/JAR experience has been conducted. European civil society recommended that the proposed activities could be conducted by a working group set up as part of UHC 2030. Civil society from Burundi proposed conducting workshops that would focus on evaluating the impact of JANS/JAR activities and adapting strategies as appropriate. The World Bank GPSA response proposed a mapping of existing tools on UHC and HSS assessments and developing a harmonised version of these.

**Who should be involved?**

All relevant stakeholders working on HSS and UHC should be involved in the review and development of existing and new tools and approaches. More specific recommendations were made to ensure the inclusion of the Joint Learning Network, Abt Associates, and Management Sciences for Health in these activities. In addition, organisations who have developed tools and materials should be involved in these activities as should health care professionals, CSOs, researchers, policy-makers, and implementers of high-performing strategies in relevant domains. Respondents also highlighted the need to include country regulatory bodies, national authorities, external universities and public health institutes in the review and development of HSS and UHC tools and approaches.

## Q.7: Which of the activities you have proposed in this survey do you see as the most urgent priorities for the International Health Partnership for UHC 2030 over the next one to two years?

Activities that were identified as the highest priority for the International Health Partnership for UHC2030 to focus on in the next 1-2 years include: building political support; strengthening collaborative platforms at global and national levels; strengthening government and civil society capabilities; developing a global compact; and establishing accountability mechanisms.

**Building political support:** responses from the Ugandan Ministry of Health, the World Bank GPSA, and civil society from Pakistan all highlighted the importance of building political support for HSS and UHC. The Ugandan Ministry of Health emphasised in particular the need to bring the political leadership on board and ensure buy in from the in-country development partners. The World Bank GPSA highlighted the need for political support from donors and countries to finance activities. The Pakistani CSO emphasised the importance of conducting lobbying meetings with Head of States, international donors and other experts in order to pool resources and engage expertise to ensure UHC by 2030.

**Strengthening collaborative platforms:** northern and southern based CSOs emphasised the importance of building effective collaborative platforms, at global and country levels, to coordinate efforts on HSS and UHC. A USA-based CSO and an African CSO network both highlighted that strengthening collaborative platforms for technical cooperation on HSS and UHC and developing in-country coordination mechanisms for all areas of HSS should be an urgent priority. Additional recommendations relating to this included developing a network of interested constituencies at the global level, creating regional networks for experience sharing, and setting up national HSS/UHC platforms.

**Strengthening government and civil society capabilities**: responses from the World Bank GPSA, southern civil society, northern civil society and the Partnership for Maternal, Newborn and Child Health all highlighted the need to strengthen government and civil society capabilities on HSS and UHC. The World Bank GPSA and PMNCH both highlighted the need to involve CSOs and citizens in a more pro-active manner to help define and monitor HSS interventions and track progress against commitments, whilst UK civil society emphasised the importance of ensuring civil society engagement from the start, with mechanisms for capacity building to allow for engagement throughout the process. Responses from southern-based CSO also emphasised the importance of capacity building on HSS and UHC.

**Develop a global compact:** UK-based civil society made a clear recommendation that UHC 2030 should look to develop a global compact uniting all stakeholders around a shared vision of UHC and HSS. As part of this compact codifying principles for UHC should be developed.

**Establish accountability mechanisms:** UK civil society recommended the establishment of accountability mechanisms that are time bound, measurable and annually reviewed by an independent monitoring body. Related to this, PMNCH recommended that UHC 2030 should work with national governments to ensure clear baselines so that the impact of HSS and UHC interventions and reforms can be accurately measured. Civil society from Nepal and the USA highlighted that reports demonstrating action towards achieving UHC and the production of health system evidence identifying limitations and potential correction mechanisms are an urgent priority. Civil society from Uganda emphasised the importance of producing shadow reports, conducting universal peer review approaches, and holding annual learning meetings/conferences as key elements of an agreed accountability mechanism.

Other priority activities that were identified included: producing 'Return on Investment' studies of UHC and HSS; mapping and understanding the Communities of Practice ecosystem in global health and international development; and identifying ways to finance UHC2030 activities as well as financing to fund UHC.

## Q.8: Are there specific areas or activities that you think the International Health Partnership for UHC 2030 should not engage in and if so what are these?

There were limited responses to the questions of whether there are specific activities that the International Health Partnership for UHC2030 should not engage in.

UK-based civil society stated that the partnership should not engage in technical assistance, direct capacity building in countries or norm setting with regards to guidelines and standards for UHC and emphasised that this should continue to be the role of the WHO. UK civil society also emphasised that the partnership should not engage in primary research on UHC, but rather highlight the gaps in evidence and advocate for further funding for research into HSS, promoting best practice and sharing country experiences.

Kenyan civil society was clear on stating that the partnership should not engage with activities likely to present conflict of interest or that go against the principles of UHC.

There was a clear recommendation from an academic institution in Pakistan that the partnership should not look to transform into a new stand-alone organization.

A USA-based CSO highlighted that the partnership should avoid duplicating existing coordination efforts around health financing reform and related technical assistance but should rather focus its efforts on improving the coordination of health sector support on human resources for health and pharmaceuticals/ supply chain systems.

A UK-based INGO made a strong recommendation that UHC2030 should mark a break from the past of the IHP+ and focus on domestic resources as the priority, engaging with ministries of finance and heads of state, not just health ministries, whilst continuing to encourage donors to better respect aid effectiveness principles and improve the quality and quantity of their support for building national health systems.