

International Health Partnership for
uhc2030

Report

UHC 2030 Multi-stakeholder Consultation

Building a Partnership to Strengthen Health Systems

22-23 June 2016, Geneva, Switzerland



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Abbreviations

CSO	Civil Society Organisation
DAH	Development assistance for health
DP	Development Partner
EDC	Effective Development Cooperation
EPHF	Essential Public Health Functions
GFF	Global Financing Facility (WB hosted facility for RMNCH financing)
GHSA	Global Health Security Agenda (partnership)
HDC	Health Data Collaborative
HRH	Human resources for health
HSS	Health Systems Strengthening
IHP+	International Health Partnership & related initiatives
IHPP	International Health Policy Program (institute in Thailand Ministry of Public Health)
IHR	International Health Regulations
IT	Information Technology
JANS	Joint Assessment of National Strategy & plans
JEE	Joint External Evaluation tool – International Health Regulations
LIC	Low Income Country
LMIC	Lower Middle Income Country
MIC	Middle Income Country
MMR	Maternal Mortality Rate
MoH	Ministry of Health
NCD	Non Communicable Disease
PEF	Pandemic Emergency Fund (WB initiative)
PHFI	Public Health Foundation of India
SCF	Save the Children Fund
SDGs	Sustainable Development Goals
SDG3	Sustainable Development Goal on health
U5M	Under Five Mortality (rate)
UHC	Universal Health Coverage
UHC 2030	International Health Partnership for UHC 2030
UMIC	Upper Middle Income Country

Executive Summary

The UHC2030 Multi-Stakeholder Consultation, held in Geneva 22-23 June 2016, confirmed the need for the transformation of IHP+ to become the International Health Partnership for UHC 2030: a movement for accelerated, equitable and sustainable progress towards UHC as well as the other targets in the SDGs, including global security and equity. The Consultation launched the process of this transformation.

This transformed role was reflected in the broad representation of a diverse set of stakeholders among the over 100 participants. The Consultation was organised and hosted by the IHP+ Core Team, assisted by a Committee involving a range of partners, and co-sponsored by the Government of Japan.

The two days of energetic discussions resulted in the identification of a number of recommendations and issues that will inform the shaping of the transformed partnership.

There was consensus that the following **roles for UHC 2030** would be key:

1. A **platform for collaboration and coordination**, that is nimble and adapts to country needs, improving multi-stakeholder engagement.
2. Promoting **learning and exchange**, including capacity strengthening in-country for health systems research.
3. Strengthening **accountability**, drawing on the Health Data Collaborative and other initiatives, to reinforce the social contract between citizens and state.
4. Catalysing **advocacy**, in the form of a movement from below, empowering citizens through capacity strengthening for advocacy and effective participation as well as availability of data and transparent information related to health status and sector performance.
5. Pushing for an ambitious **political commitment** to health systems and UHC, as UHC is inherently a political issue.
6. Promoting adherence to **IHP+ principles** in countries receiving external assistance; including integrated tools and **joint approaches** in terms of existing IHP+ tools and approaches as well as to health systems assessment, transition processes, and HSS in complex and fragile contexts. The transformed partnership will need to strike the right the balance between the development effectiveness agenda and the universal importance of domestic resource mobilisation and prioritisation.
7. Promoting the commitment to and delivery on **equity** in the SDGs.

Participants said:

“Health equity must be the compass for judging the performance of the health system.” *Srinath Reddy, PHFI India*

“UHC is not business as usual.” *Simon Wright, SCF UK*

“If your dream doesn’t scare you, it is not big enough.” *Yah Zolia, MoH Liberia*

“It is time to implement UHC.” *Viroj Tangcharoensathien, IHPP Thailand*

“Unprecedented political opportunity.” *Tim Evans, WB*

“UHC 2030 to be a cornerstone for different sector functions including health security.” *Ed Kelley, WHO*

“Every nation, rich and poor, faces obstacles on the road to UHC by 2030; we are equals in this movement!” *Ariel Pablos-Mendez, USAID*

8. Engaging civil society, parliamentarians and other elected officials, media, academia and the private sector in order to be a truly **multi-stakeholder** movement.
9. Highlighting the need for **inter-sectoral** collaboration and prioritising public health as essential to achieving UHC.
10. **Communicating effectively** to different target groups, including the broader public.
11. Last but not least, UHC2030 has a key role in coordinating **Health Systems Strengthening (HSS)** because HSS is of paramount importance for accelerating UHC as well as improving global health security.

For all these areas, **prioritising** and identifying UHC2030's **comparative advantage** will be important, as is adequate **resourcing** of the transformed partnership. There was less discussion on specifically how the partnership can operationalise its objectives, which will need further consideration through the course of the transformation.

The meeting involved focused **sessions** on a range of priority agendas for the evolving partnership, including civil society engagement, advocacy and accountability, tying together existing partnerships for HSS and UHC, knowledge management, multi-sectoral aspects of UHC, a common approach to health systems assessments, effective development cooperation, countries in transition from low- to middle-income status, and HSS in fragile states.

The next steps include:

- Following the consultation meeting, an **online consultation** will be available, coupled with targeted outreach to constituencies not traditionally involved in IHP+, among those notably middle-income countries.
- There will be a specific consultation to further develop and finalise the **CSO engagement mechanism**.
- A **transitional Steering Committee** will meet in December to approve: an updated **Global Compact** (i.e. transforming the present IHP+ Global Compact to a Global Compact for IHP for UHC2030) and working arrangements; and a **new work plan for 2017** with a results framework.
- Various **events** will be held in the meantime, to update partners on progress and maintain momentum on UHC.
- The World Bank/IMF Spring meetings and World Health Assembly in 2017 should be an opportunity for new **members to sign the updated Global Compact**.

The energy in the room during the two days and the level of engagement was promising for taking forward the process of transforming IHP+ to the International Health Partnership for UHC 2030. As one participant put it: "The concept of UHC is not new, but the movement is!"¹.

¹ Dr. Ariel Pablos-Mendez, Assistant Administrator, USAID

Background

Need for UHC and stronger health systems

The **Sustainable Development Goals** (SDGs), particularly SDG3, demonstrate a renewed global commitment to health, underpinned by target 3.8 for **Universal Health Coverage** (UHC). Building resilient health systems and closing equity gaps will be imperatives for all of the health targets.

UHC presents an opportunity to promote a comprehensive and coherent approach to health, beyond the treatment of specific diseases, to focus on how the health system can efficiently deliver integrated, people-centred health services. Accountability will be critical to inform the pace and pathway of progress towards UHC. Additionally, efforts towards UHC for all countries - whatever their level of economic development – will be well served by an inclusive global movement.

The recent Ebola epidemic in West Africa exposed the vulnerability caused by weak health systems. In the wake of this crisis, there is renewed global attention to investing in **health systems strengthening** (HSS) - including core capacities to implement international health regulations (IHR) - as the means for achieving UHC and global **public health security**. This is the focus of the *Roadmap “Healthy Systems, Healthy Lives”* global initiative led by Germany; and building resilient health systems for UHC and health security is also a priority for the Japanese presidency of the G7 in 2016.

The IHP+ Steering Committee at its meeting on 8th April 2016 recommended to the IHP+ signatories to **broaden the scope of IHP+** to include facilitating better coordinated HSS and moving towards UHC and offer participation to a broader range of partners. IHP+ signatories subsequently agreed this expansion of the scope of IHP+. The Steering Committee meeting of 21st July 2016 agreed on:

- a) the overall aim and objectives for this new movement, while noting there was a need to refine the functions to align them with objectives;
- b) to translate the functions into an updated work-plan for 2017;
- c) further explore how collaboration among various partnerships can work in practice;
- d) a name: The **International Health Partnership for UHC 2030**;
- e) a transitional Steering Committee to oversee the transformation; and
- f) drafting of a new Global Compact to reflect broadening scope and facilitate the joining of new members.

While the global level actions are important, the main focus of the UHC 2030 – as was the case with IHP+ - has to be on the **country level**, be that the industrialised countries, or the least developed countries, and the whole spectrum in between.

The role of the International Health Partnership for UHC 2030

The International Health Partnership for **UHC 2030** will build on the International Health Partnership (IHP+), with an expanded membership beyond the current focus on low- to low-middle income countries, and a broader mandate. Promoting adherence to the **principles of effective development cooperation (EDC)**, including the [Seven Behaviours](#) of IHP+ will improve the efficiency, coordination and alignment of health systems support in countries receiving external assistance. In addition, UHC 2030 will serve as a dedicated international forum to maintain political commitment for UHC, raise the awareness and understanding of HSS and UHC, share good practices as well as lessons learned and advocate for

sufficient and sustainable resources and improve communication and strengthen accountability for accelerated progress towards UHC.

Purpose of the Consultation

The multi-stakeholder consultation on 22nd to 23rd June 2016, organised and hosted by the IHP+ Core Team and co-sponsored by the Government of Japan, launched the transformation process of IHP+ to establish the International Health Partnership for UHC 2030, and produced recommendations on how to take it forward. The two days consultation provided a forum for discussion both of (1) the global effort to reach SDG3, not least by improving coordination of and alignment on HSS, with the goal of improving UHC and achieving health security; as well as (2) moving towards UHC in countries. After this meeting, there will remain a need for further consultations with key stakeholders on how to shape this partnership/alliance through the IHP+ transformation process, and as part of this an online consultation has been launched².

The consultation had 110 participants attending, excluding the IHP+ Core Team. A little over two thirds came from OECD countries mainly UN and donor agencies. A little less than a third came from low- to middle-income countries (12 LIC, 17 MIC); an equal amount from Africa and Asia with very few from Latin America. A sixth of participants were from civil society (out of which two thirds from LIC/MIC). A few participants representing the private sector also participated. The composition reflected the beginning of the broadening of the partnership evolving from IHP+ to the International Health Partnership for UHC 2030.

The list of participants is in Annex 2, and the persons involved in organising the consultation are listed in Annex 4.

² <http://www.internationalhealthpartnership.net/en/international-health-partnership-for-uhc-2030-consultation/>

Proceedings

The agenda including the presenters and panellists can be found in Annex 1. Links to all [presentations can be found here](#) and a [video recording of the whole meeting is available here](#), both on the IHP+ website.

Session 1: Launching the process of setting up UHC 2030

The session was started by an overview of the decisions taken by the IHP+ Steering Committee the day before³: Changing IHP+'s name to the International Health Partnership for UHC 2030, the need for a revised Global Compact, and to have a transitional Steering Committee overseeing the transformation of IHP+ to IHP for UHC 2030.

A time-line was presented:

- July-September 2016: Further consultation and targeted constituency outreach, plus a rapid independent review of IHP+
- September 2016 UNGA: Update on *IHP for UHC 2030*
- December 2016: Transitional Steering Committee meeting to approve updated Global Compact, new working arrangements and updated work plan for 2017.



State Minister Amir Hagos, Ethiopia, presents IHP+ Steering Committee decisions

Subsequently, the strong G7 commitment to UHC as well as to the transformation of IHP+ to a UHC 2030 movement, as expressed in the G7 Ise Shima Vision on Global Health, was presented.

“UHC 2030 can bring together expertise and resources of all to establish a platform for strengthening health systems towards achieving UHC.”

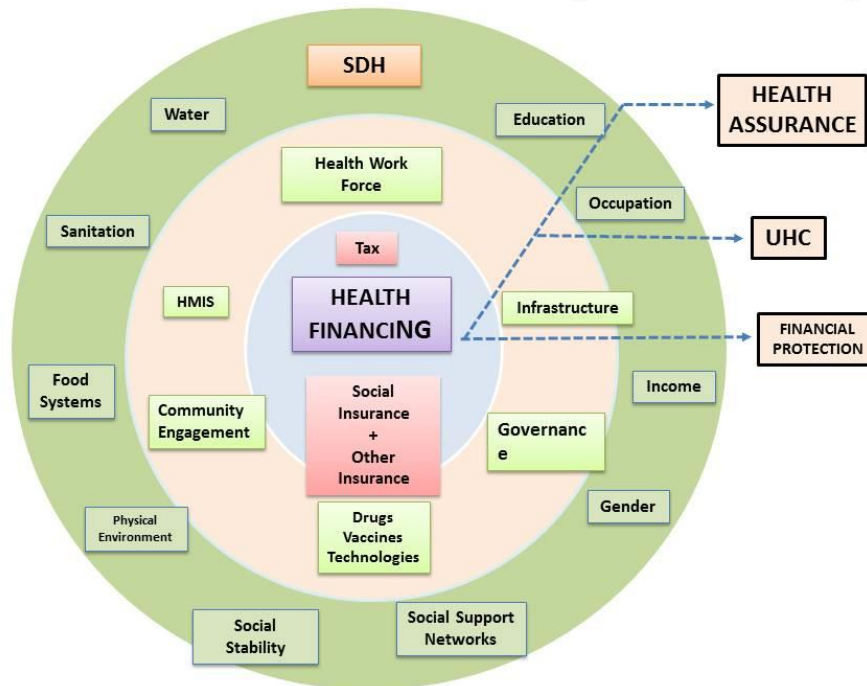
Amb. Koichi Aiboshi, Director-General for Global Issues, MOFA, Japan.

³ <http://www.internationalhealthpartnership.net/en/news-videos/ihp-news/article/steering-committee-meeting-334875/>

Session 2: Keynote panel on general discussion of role, mandate and strategic direction

The Keynote Panel set the scene on the changing context and discussed opportunities and the potential added value of UHC 2030. In the era of the SDGs, UHC underpins the health goal and provides an integrated health systems approach to health with a focus on leaving no one behind: “Health equity must be the compass for judging the performance of the health system” (Srinath Reddy, PHF of India).

Vision For Health Assurance – Prof. Srinath Reddy



Slide from Keynote by Professor Srinath Reddy, PHFI

“Ebola was our 9/11” (Agnes Soucat, WHO), exposing our collective failure to strengthen health systems, and now is the moment to address this. It was emphasized that, “UHC is not business as usual” (Simon Wright, SCF UK).

“It is time to implement UHC.”

Viroj Tangcharoensathien, IHPP Thailand in his address to the meeting

Speakers emphasized the universality of UHC with a need for greater attention to domestic resource mobilisation and empowering civil society to engage in policy dialogues and hold their governments to account, as an “engine of discomfort” (Lola Dare, CHESTRAD). We heard of the “unprecedented political opportunity” (Tim Evans, WB) for UHC 2030 to be the movement to maintain political momentum, strengthen accountability for results, support harmonisation and alignment, and facilitate knowledge sharing.

Session 3: Civil society engagement mechanism

The presentation on “Engaging CSOs in UHC 2030” included emphasizing CSOs’ important involvement at global level and country levels where they constitute a source of reliable evidence and have had an increasing role in health planning and addressing cross-cutting systemic issues.

It was also noted that in IHP+, CSOs are represented and they are important for advocacy, a role that should be further utilized during the IHP+ UHC2030 transformation process. Explicit functions of CSOs should be defined in the UHC 2030 and these should be institutionalized, with more diverse representation and transparency than in IHP+.

Financial support and capacity building is required in order for filling the CSOs' role effectively, namely building political momentum, influencing policy designs, citizen education and mobilization, and monitoring of implementations at all levels. Therefore there should be a broad consultation with CSOs on the UHC 2030 agenda, we should avoid silos at country level, and have transparency on resources that will be available for CSOs.

The CSOs involvement at all levels of healthcare is crucial if we are to achieve any success in UHC 2030.

Most of the panellists from the public sector pointed out that CSOs were not transparent on their financial resources, and therefore created some barriers in communicating with their governments. The need for CSOs to be better organized at country level and not to be focused on their financiers' interests but rather primarily look at national interests was also emphasized.



Lola Dare, one of many CSO representatives, makes a point during another session

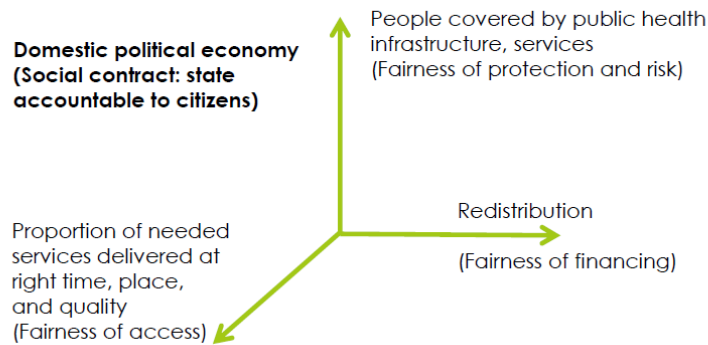
CSOs representative at the Panel pointed out the need for more funds to help finance CSOs to carry out their functions effectively, and also stressed that the CSOs should not just to be watchdogs but also active participants in the implementation of UHC2030.

The floor echoed most of the points, and in addition the private sector's role was mentioned as being crucial in the implementation of the UHC 2030.

Session 4: The role of UHC 2030 in strengthening advocacy and accountability locally and globally

The objective of this session was to discuss the potential added value of UHC 2030 in strengthening advocacy and accountability for UHC at country and global levels. The session began with a presentation on the political economy of UHC and leaving no one behind, pointing out that UHC is underpinned by a social contract between citizens and state. Participation and accountability are key: It is the process, through which "conflicts and contexts of interest" (Jesse Bump) determine the distribution of resources that counts. Fairness must be our lens for analysing progress towards UHC.

UHC, Bump version



Slide from presentation by Jesse Bump, Harvard University

The panel brought different perspectives and considerations for advocacy and accountability, outlining the SDG mechanisms for follow-up and review. Speakers emphasised the importance of data for accountability, the power of civil society to hold governments to account through budget advocacy, and the need to engage with parliaments who have a mandate for accountability. The Thai National Health Assembly was mentioned as an example of applying ‘the triangle that moves the mountain’ concept to institutionalise multi-stakeholder participation in health sector review. The Health Data Collaborative (HDC) was presented as an effort to address the information and monitoring component of UHC 2030 with the core principle of being country driven.

Participants were asked to discuss and identify key priorities for UHC 2030 to strengthen advocacy and accountability, views expressed included the following:

- ensuring the name reflects the broader focus on domestic resources not just aid;
- establishing a global social compact;
- providing a platform for coordination on HSS through a common framework;
- facilitating implementation science, learning, exchange and peer review;
- supporting community engagement and multi-stakeholder participation for accountability, including community membership-based organisations;
- strengthening independent panels at country level;
- improving monitoring, access to and use of data for review and action, including tools such as scorecards;
- advocating to mobilise political commitment;
- harmonising transition processes;
- integrating civil society platforms on health systems and UHC at country level;
- focusing on fragile and transition contexts.

Session 5: UHC 2030 role in tying together existing partnerships for HSS & UHC and in knowledge management



The landscape of networks and partnerships relevant to HSS and UHC as well as the need to categorise in order to establish appropriate linkages with UHC2030 were discussed. WHO emphasized the need to build the foundation for health systems, strengthening institutions and support transformation with an emphasis on each of the three elements that fit the country context.

Julia Watson, DfID, reporting back from a break-out group

As the different networks and partnerships pull together towards the common goal, they should optimize their comparative advantages, focusing on what each are set up to do. Bringing the different networks together would avoid creating silos within HSS, how to do this in practice will need further consideration. IHP for UHC 2030 can play a role in tying together partnerships, alliances and networks that already exist, a ‘network of networks’. Mapping of the different initiatives and where they work, including from country perspective, was suggested.

Cocktail seminar: What is next? G7 Ise-Shima Vision for Global Health

This session sponsored by the Government of Japan, provided a multitude of perspectives on the UHC 2030 movement presented in a relaxed atmosphere, which provided ample opportunity for informal discussions and networking.



Facilitator Valerie Traore with UHC Super Hero Shinzo Abe

Session 6: Multi-sector aspects of UHC. The broader context and the potential role of UHC2030

The following issues were presented by the panel: Essential Public Health Functions (EPHFs); Global Health Security; Non-Communicable Diseases (NCDs); Environmental and Occupational Health.

EPHF: The question was raised whether essential public health functions fit in the UHC box? Some clearly do such as immunization, but what about clean water, food safety, clean air?

Ten essential activities have been identified as EPHFs. Together with the GHSA (Global Health Security Agenda), HSS and UHC they form a single health framework.

We need to ensure EPHFs are not overlooked, and so for example out of the 19 areas of the Joint External Evaluation tool (JEE), 12 are clearly public health functions and health system-related. We can use the data GHSA, UHC2030 and others gather to improve HSS.

From a country perspective, public health is about protecting those who are most excluded. People know what they want: free primary care at the doorstep; early detection and screening for mental health and occupational health; health education; essential medicines; secondary/tertiary care with links to providers; financial protection. Beyond the health sector we need clean water, toilets, child care, food security, social protection and work security and other social determinants of health. UHC 2030 can help by: focusing attention on UHC and helping to define it better; emphasizing primary care; showing the social determinants of health; and building voice and representation, not just in civil society.

Global Health Security: The G7 has discussed WHO reform, financing for health emergencies such as the WHO contingency fund and the World Bank Pandemic Emergency Facility (PEF); coordination; and prevention and preparedness all of which are inextricably related to UHC. We can use GHSA⁴ momentum to help build UHC and keep a focus on long term goals. Prevention and preparedness are the link. The perspective from Sierra Leone is that health security and UHC are inseparable. The recent recovery plan maintains readiness for emergencies while also trying to address high under-five mortality and maternal mortality rates. Data surveillance, human resources for health (HRH) and community-based health responses are key. We need to be clear how can UHC 2030 contribute.

NCDs: NCDs are inherently multi-sectoral involving lifestyle choices such as alcohol, smoking, poor diets and lack of exercise, and they end up as health sector problems. Even how we do business and design cities can impact NCDs. UHC should help delay the onset of chronic disease. Prevention and health promotion are key including taxes, regulations, legislation and coherent policies that promote health. How will UHC 2030 promote policy coherence? UHC is necessary but not sufficient. The challenge for

Health security and UHC

- New dichotomy? (UHC vs Health Security)?
→ Inseparable couple (UHC for Health security & vice versa)
- Opportunity: leverage political/financial attention to security to advance UHC
- Prevention/Preparedness as key linkage between UHC and health security



UHC 2030 to be a cornerstone for different sector/function including health security

Slide from Ezoie Satoshi, MoHL&W, Japan

⁴ <https://ghsagenda.org/>

UHC 2030 is therefore how to move beyond the health sector to include for example, education, agriculture, commerce.

Environmental and occupational health: Some health issues are global such as climate change and air quality etc. Data show that 23% of deaths (including 26% of child deaths) are due to environmental causes. Occupational health is an example where we have to work with other stakeholders including people in the informal sector; but it is very hard to do. It might help if we have more standard operating procedures (SOPs) and guidelines.

Contributions from the floor:

- Health care requires IT, electricity, clean water, safe roads to hospitals etc. The private sector can help; it brings innovation and scale because it provides affordable care that people are willing to pay for. In UHC 2030, what is the role of the private sector?
- Planning across different ministries such as health, education, food, water and sanitation, is possible but it takes people out of their comfort zones. It requires a committed government to lead it.

Session 7: Harmonisation and common approach for assessing country health systems – the way forward

The multiplicity of assessments as well as the non-comparability of the different analyses poses a challenge to Ministries of Health as there is inadequate coordination among the different assessments and the use of findings are sub-optimal. Different overarching health system assessment tools exist, notably those developed by USAID and WHO. More specific assessment tools looking into one aspect of health systems (health financing, HRH, etc.) also exist. It has been suggested that an effort at harmonization of health system assessment approaches and tools through an inter-agency working group could be useful.



An issue is whether “one” single approach, tool or set of tools is needed or whether closer harmonization and alignment of existing approaches and tools would suffice.

Panel discussion chaired by Agnes Soucat, Director WHO

Views expressed included:

1. A tool like the Joint Assessment of National Strategy & plans (JANS) would be useful since all stakeholders are involved and everyone agrees upon the results;
2. However it must be noted that developing a common tool must be weighed carefully as it might be cumbersome and time-consuming;
3. A common HS assessment can be a driving force behind unlocking important policy discussions;

4. It should be comprehensive, capture relationships and interactions and not only the silo functions within MoH;
5. It may be too superficial in some specific areas and a 'deep dive' specific analysis may be necessary;
6. Emphasis should be placed on context realising that health systems are complex;
7. Important to acknowledge that agencies have to report to internal systems, making a single tool difficult to accommodate, but harmonizing and aligning existing tools would work;
8. The process should ensure strengthening of country-level processes and not be entirely external;
9. Diagnostics can be standardized but applying the results needs to be a country-specific approach;
10. Policy dialogue processes should be taken into consideration when applying the diagnostics.

There was broad support for an UHC 2030 inter-agency working group to examine the pros and cons of the various options for harmonization, and eventually develop the options chosen.

Session 8: UHC 2030 role in effective development cooperation (EDC)

The IHP+ Global Compact has been signed by 36 developing countries and 29 development partners, which together with representatives from civil society takes forward effective development cooperation in the health sector, particularly the so-called 7 Behaviours⁵. Principles like supporting one national health strategy, using one budgeting and accounting system and one monitoring system, as well as doing assessments of systems jointly have been promoted by IHP+. IHP+ approaches and tools⁶ like Joint Assessment of National Strategy & plans (JANS), one country led platform for information and

accountability and joint financial management assessments have been particularly successful.

The seven behaviours: not new but important

requires action by all development partners



The continued importance of these principles, behaviours and approaches and tools to countries receiving external assistance for moving towards UHC was highlighted, as was the need to adjust to the post-2015 SDG aid architecture.

Session 9: Areas where we need to develop better practice for EDC and HSS technical support. I: Transition from low- to middle-income countries - smoothing the transition

As countries' incomes grow, so correspondingly their eligibility for development assistance for health (DAH) falls, with some agencies being more flexible than others in applying GNI/capita as a cut-off. This means that "transition" countries will increasingly need to rely more heavily on domestic sources of

⁵ <http://www.internationalhealthpartnership.net/en/key-issues/seven-behaviours/>

⁶ <http://www.internationalhealthpartnership.net/en/tools/>

finance for health over time; this is especially important in countries with large flows of DAH just before “graduation”. This can come through raising more domestic resources (other sessions focused on how to do this) or placing more priority to health in government budget decisions.

The following possible problems with current “graduation” approaches were mentioned:

- Lack of proper coordination between DPs when transitioning from DAH to domestic resources, posing the risk that countries “fall off a funding cliff”.
- There is a risk of priority programmes all trying to get countries to develop domestic resource mobilization strategies for their own programmes independently of the bigger health financing picture.
- The poor in MICs may get left behind if DAH no longer is allocated to MICs where the majority of the world’s poor live.

There was some discussion of the differences between the policies for graduation across the partners represented in the panel - World Bank Group, Gavi, Global Fund - and the issues that countries faced in trying to adjust to the declines in DAH.

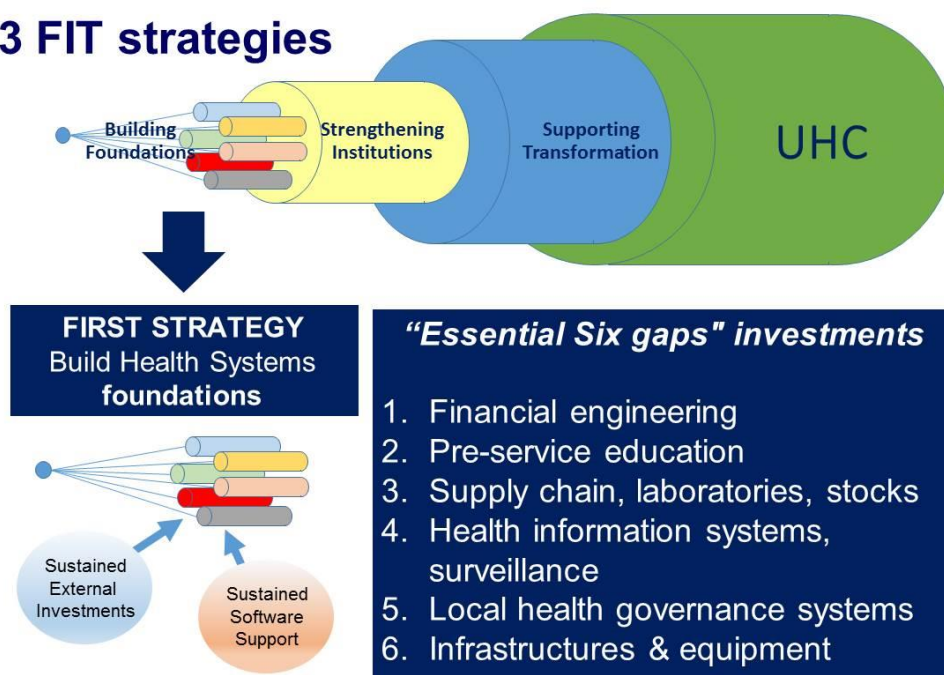
There was agreement that there were concerns for the poor in MIC as DAH is cut off, and that countries face various practical problems in raising additional domestic resources for health. The current IHP+ Work Programme 2016-17 includes establishing a working group to explore and promote joint approaches to transition in countries which are reaching middle-income status, and this will be taken forward under the UHC 2030.

Session 10: Areas where we need to develop better practice for EDC and HSS technical support. II: Approaches to development cooperation for effective HSS in fragile states & countries under stress

The session looked at the characteristics of fragility, or “challenging operating environments” which may be a better term, and highlighted how diverse and complex fragile states and countries under stress are –varying degrees, duration, criteria and changes within countries and over periods of time, as well as cross-boarder/regional issues.

The need to build the foundation in most of these countries was emphasized, and the 6 gaps approach proposed by WHO was outlined. The quite bad experience in Ebola affected countries on donor coordination was seen as a major issue impeding the restoration of functioning and resilient health systems, and it was underscored that it is crucial to have proper donor coordination at least around financing and technical support of the key areas needed to provide the foundation of a system that could deliver basic services.

3 FIT strategies



WHO approach to initial support in fragile states, with the aim of progressively moving towards UHC

Session 11: Conclusions and Recommendations

The objective of this session was to summarise the key messages raised during the consultation and to clarify next steps.



A synthesis presentation was given by the IHP+ Core Team. This indicated that the many comments and contributions have all been captured and will be digested to inform work planning for the new International Health Partnership for UHC 2030. The need for the transformation is clear: countries face continued challenges in relation to the coordination of development partners, and greater efforts must be made to shift incentives to align with country priorities. UHC must be a means to leave no one behind, but the decisions of who benefits and who doesn't are political. Accountability, transparency and participation will be crucial to guide equitable pathways and must be strengthened. Now is the moment to act, with unprecedented political momentum on health systems and UHC.

Ariel Pablos-Mendez, USAID, wraps up: « Every nation, rich and poor, faces obstacles on the road to UHC by 2030. We are equals in this movement, and you can count me in! »

This meeting made great headway, and the discussions, although not conclusive, helped to identify what UHC 2030 could collectively do, highlighting issues and solutions that will be part of shaping the UHC 2030 movement. This should be informed by the lessons of IHP+ to date. Some emerging areas of consensus:

1. A **platform for collaboration and coordination**, that is nimble and adapts to country needs, improving multi-stakeholder engagement;
2. Promoting **learning and exchange**, including capacity strengthening in-country for health systems research;
3. Promoting **accountability** drawing on the HDC⁷ and other opportunities, and strengthening the social contract between citizens and state;
4. **Advocacy** is key, and UHC 2030 must catalyse a movement from below, empowering citizens through capacity strengthening for advocacy and effective participation as well as availability of data and transparent information related to health status and sector performance;
5. Adherence to **IHP+ principles** in countries receiving external assistance;
6. Need for some integrated tools and **joint approaches**, such as a common approach to health systems assessment, transition processes, and HSS in complex and fragile contexts.
7. Finally, to be truly **multi-stakeholder**, the movement must consider how best to engage civil society, parliamentarians and other elected officials, media, academia and the private sector.

Participants were then asked to add anything that was missed. Questions raised included:

- Who will **finance** this work?
- How to **balance** the development effectiveness agenda and the universal priority of domestic resource mobilisation?
- How to tackle the challenge of **inter-sectoral** work, highlighting that the need for inter-sectoral collaboration and prioritising public health measures had been emphasized in many sessions ;

Participants noted that this is a call for an **ambitious political agenda**, with a need to **mobilise momentum** from below, **communicate UHC** simply so that it resonates with the public, and **prioritise** what UHC 2030 can do to add value.

The Core Team presented a summary of the next steps in the transformation process:

- Following the consultation meeting, an **online consultation** will be available, coupled by targeted outreach to constituencies not traditionally involved in IHP+, notably middle-income countries.
- There will be a specific consultation on the **CSO engagement mechanism**.
- A **transitional Steering Committee** will meet in December 2016 to approve: an updated **Global Compact** (i.e. transforming the present IHP+ Global Compact to a Global Compact for IHP for UHC2030) and working arrangements; and a **new work plan for 2017** with a results framework.

⁷ <http://www.healthdatacollaborative.org/>

- Various **events** will be held in the meantime, to update partners on progress and maintain momentum.
- The World Bank/IMF Spring meetings and World Health Assembly in 2017 should be an opportunity for new **members to sign the updated Global Compact**.

The meeting closed with remarks from Ariel Pablos-Mendez, Assistant Administrator at USAID who stated that, “The concept of UHC is not new, but the movement is”. He also remarked that UHC is an agenda that resonates with people and is grounded in local political economy. “Every nation, rich and poor, faces obstacles on the road to UHC by 2030. We are equals in this movement, and you can count me in.”

Annexes

Annex1: Agenda

UHC 2030 Multi-stakeholder Consultation
Building a Partnership to Strengthen Health Systems
22-23 June 2016, Hotel Intercontinental, Geneva, Switzerland

Final AGENDA

Meeting objectives

- Provide recommendations for how to take forward the UHC 2030 alliance, focusing on strategic direction, activities and desired outcomes

Day 1 – Wednesday, 22 June 2016

From 8:00	Registration and sign up for break-out sessions (Welcome coffee available) Outside Ballroom A
9:00 – 10:15	Session 1: Launching the process of setting up UHC 2030: Moderator: Valerie Traore <ul style="list-style-type: none">• Welcome, introduction and housekeeping: Valerie Traore, Marjolaine Nicod, Max Dapaah• Report on IHP+ Steering Committee decisions (21st June): Amir Hagos, State Minister of Health, FMOH, Ethiopia (IHP+ Steering Committee Co-chair)• Report back from Ise Shima G7 Summit: Ambassador Koichi Aiboshi, Director-General for Global Issues, MOFA Japan
10:15 – 10:30	Coffee/Tea Break and explanation of break-out sessions in the afternoon
10:30 – 12:00	Session 2: Keynote panel on general discussion of role, mandate and strategic direction Moderator: Simon Wright, SCF UK Keynote: Professor Srinath Reddy, Public Health Foundation of India Presentations: <ul style="list-style-type: none">- Agnes Soucat, Director, WHO- Tim Evans, Senior Director, World Bank- Viroj Tangcharoensathien, Senior Adviser, International Health Policy Program, Thailand (VIDEO) Panel: <ul style="list-style-type: none">- Yah Zolia, Dpty. Minister, MOH, Liberia- George Gotsadze, Director, Health Systems Global, Georgia- Lola Dare, President, Chestrad, Nigeria
12:00 – 13:00	Session 3: Civil society engagement mechanism Moderator: Valerie Traore Presentation: Bruno Rivalan, Head, GHA France Panel: <ul style="list-style-type: none">- Guy Tete Benissan, Regional Director, REPAOC- Pallavi Gupta, Programme Coordinator, Oxfam India- Isaac Adams, Director, MoH Ghana- Emanuele Capobianco, Senior Policy Adviser, GFATM- Damon Bristow, Head of Health Services Team, DfID
13:00 – 14:00	Lunch

14:00 – 16:00	<p>Session 4: The role of UHC 2030 in strengthening advocacy and accountability locally and globally</p> <p>Moderator: Mirai Chatterjee, Director SEWA Social Security, India Presentation: Jesse Bump, Lecturer. Harvard Panel:</p> <ul style="list-style-type: none"> - Aminu M Garba, Coordinator, AHBAN, Nigeria - Aleksandra Blagojevic, Program Officer, IPU - Kanitsorn Samriddetchajorn, Director, NHSO, Thailand - Isaac Adams, Director, MoH, Ghana - Brenda Killen, Dpty. Director, OECD <p>Presentation: Ties Boerma, Director, WHO</p>
16:00 – 16:30	Coffee/Tea Break and explanation of reception in the evening
16:30 – 18:30	<p>Session 5: UHC 2030 role in tying together existing partnerships for HSS & UHC and in knowledge management</p> <p>Moderator: Claude Meyer, Coordinator, P4H Presentation: Agnes Soucat, Director, WHO</p>
18:30 – 20:30	<p>Cocktail seminar: What is next? G7 Ise-Shima Vision for Global Health hosted by Japan</p> <p>Moderator: Valerie Traore Opening Remarks: Amb. Koichi Aiboshi, Asst. Vice Minister for Global Issues, MOFA, Japan Speakers:</p> <ul style="list-style-type: none"> - Simon Wright, Head of Child Survival, SCF UK - Leah Sandals, Director, UHC Day Coalition - Satoshi Ezoe, Team Leader, MHLW, Japan - James Campbell, Director, WHO - Taranh Shojaei, Cheffe de Pole, MOFA, France - Heiko Warnken, Head of Division, BMZ, Germany <p>Wrap up: Yah Zolia, Dpty Minister, MoH, Liberia <i>TBC</i></p>

Day 2 – Thursday, 23 June 2016

From 8:00	Welcome coffee
8:30 – 10:00	<p>Session 6: Multi-sector aspects of UHC. The broader context and the potential role of UHC2030.</p> <p>Moderator: Somil Nagpal, Senior Health Specialist, World Bank Overview: Stefan Peterson, Chief Health Section, UNICEF Panel on:</p> <ul style="list-style-type: none"> • Essential Public Health Functions <ul style="list-style-type: none"> - Ed Kelley, Director, WHO - Mirai Chatterjee, Director SEWA Social Security, India • Health security <ul style="list-style-type: none"> - Satoshi Ezoe, Team Leader, MoHLW, Japan - Hossinatu Kanu, Chief Nursing Officer, MoH&S, Sierra Leone • NCDs <ul style="list-style-type: none"> - Katie Dain, Executive Director, NCD Alliance - Somuny Sin, Executive Director, MEDICAM, Cambodia • Environmental Health <ul style="list-style-type: none"> - Kaosar Afsana, Director, BRAC, Bangladesh
10:00 – 10:30	Coffee/Tea Break

10:30 – 12:00	<p>Session 7: Harmonisation and common approach for assessing country health systems – the way forward</p> <p>Moderator: Agnes Soucat, Director, WHO Presentation: Dheepa Rajan, Technical Officer, WHO Respondent: Bob Fryatt, Director, Health Finance & Governance Project, Abt Associates</p> <p>Panel:</p> <ul style="list-style-type: none"> - Yah M Zolia, Dpty. Minister, MOH, Liberia - Md. L. Yansane, Health Policy Adviser, Guinee - Hossinatu Kanu, Chief Nursing Officer, MoHS, Sierra Leone - Jodi Charles, Senior Health Systems Adviser, USAID - Magnus Lindelow, Practice Manager, World Bank - George Shakarishvili, Senior Technical Advisor, GFATM
12:00 – 13:00	Lunch
13:00 – 14:00	<p>Session 8: UHC 2030 role in effective development cooperation (EDC)</p> <p>Moderator: Aida Liha-Matejicek, Head of Unit, DEVCO, EC Presentation: Marjolaine Nicod (WHO) & Max Dapaa (WB), IHP+ Core Steam Co-leads</p> <p>Panel:</p> <ul style="list-style-type: none"> - Lola Dare, President, Chestrad/GHS, Nigeria - Isaac Adams, Director, MoH, Ghana - Or Vandine, Director General Health, MoH, Cambodia - Heiko Warnken, Head of Division, BMZ
14:00 – 15:00	<p>Session 9: Areas where we need to develop better practice for EDC and HSS technical support I: Transition from low to middle income countries - smoothing the transition</p> <p>Moderator: David Evans, Consultant, WB Presentation: Ariel Pablos-Mendez, Assistant Administrator, USAID <i>TBC</i></p> <p>Panel:</p> <ul style="list-style-type: none"> - Jonna Jeurlink, Senior Manager, Gavi - Michael Borowitz, Chief Economist, GFATM - Magnus Lindelow, Practice Manager, , World Bank - Caroline Mweni, Dpty Head Aid Effectiveness, National Treasury, Kenya - Ikuo Takizawa, Dpty. DG, JICA - Aminu Magashi, Coordinator, Africa Health Budget Initiative, Nigeria
15:00 – 15:30	Coffee/tea break
15:30 – 17:00	<p>Session 10: Areas where we need to develop better practice for EDC and HSS technical support II: Approaches to development cooperation for effective HSS in fragile states & countries under stress</p> <p>Moderator: Brenda Killen, OECD Presenter: Nigel Pearson, Consultant, UK</p> <p>Panel:</p> <ul style="list-style-type: none"> - Agnes Soucat, Director, WHO - Md. Yansane, Health Policy Adviser, Guinee - Emanuele Capobianco, Senior Policy Adviser, GFATM
17:00 – 18:00	<p>Session 11: Conclusions and Recommendations</p> <p>Moderator: Valerie Traore Introduction: Marie-Paule Kieny, ADG, WHO Presenter: Max Dapaah, World Bank Co-lead, IHP+ Core Team Closing Remarks: Ariel Pablos-Mendez, Asst. Administrator, USAID</p>

All sessions will involve plenary discussions and some also breakout groups

Overall facilitator: Valerie Traore, Executive Director, NIYEL, Senegal, assisted by Irmin Durand, Facilitator, NIYEL.

Annex 2: List of Participants

UHC 2030 Multi-stakeholder Consultation Building a Partnership to Strengthen Health Systems 22-23 June 2016, Hotel Intercontinental, Geneva, Switzerland

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Annex 3: Links to key background documents

UN SDGs: Goal 3: Ensure healthy lives and promote well-being for all at all ages:

<http://www.un.org/sustainabledevelopment/health/>

G7 Ise-Shima Vision for Global Health: <http://www.mofa.go.jp/files/000160273.pdf>

Background information on Healthy Systems – Health Lives:

http://health.bmz.de/what_we_do/hss/Publications/Healthy_Systems_Healthy_Lives/index.html

IHP+ Key Issues: SDGs & UHC: <http://www.internationalhealthpartnership.net/en/key-issues/sustainable-development-goals-and-universal-health-coverage/>

Transforming IHP+: <http://www.internationalhealthpartnership.net/en/about-ihp/transforming-ihp/>

IHP+/International Health Partnership for UHC2030 website, in English:

<http://www.internationalhealthpartnership.net/en/> and in French:

<http://www.internationalhealthpartnership.net/fr/accueil/>

Health Data Collaborative: <http://www.healthdatacollaborative.org/>

Annex 4: Persons involved in arranging the Consultation

Thanks goes to all those that contributed, including the people mentioned below, the moderators, presenters and panellists (see the Agenda in Annex 1), as well as all participants.

Overall responsible for the consultation:

Marjolaine Nicod (WHO) and Max Dapaah (World Bank), IHP+ Core Team Co-leads.

In charge of developing the agenda and organising the consultation:

Finn Schleimann, IHP+, assisted by Victoria Pascual, IHP+;

supported by a Working Group on the UHC 2030 Consultation: Finn Schleimann, IHP+ ; Lara Brearley, IHP+ ; Lola Dare, CHESTRAD ; Mekdin Enkossa, FMOH Ethiopia ; David Evans, World Bank ; Dirk Horemans, WHO ; Kamiar Khajavi, USAID ; Mikael Ostergren, WHO ; Denis Porignon, WHO ; Matthias Reinecke, EC ; Alastair Robb, WHO ; Ikuo Takizawa, JICA ; Holger Thies, GIZ ; Tatsuhito Tokuboshi, JICA ; Valerie Traore, Niyel ; Akihito Watabe, WHO ; and Simon Wright, SCF UK ;

Group leads and members responsible for preparing the different sessions:

Session 1: Finn Schleimann, IHP+, with Akihito Watabe, WHO, and Valerie Traore, Niyel.

Session 2: Lara Brearley, IHP+, with Simon Wright, SCF UK, Alastair Robb, WHO, Finn Schleimann, IHP+, and Valerie Traore, Niyel.

Session 3: Bruno Rivalan, GHA France, with Lola Dare, CHESTRAD, and Lara Brearley, IHP+

Session 4: Lara Brearley, IHP+, with Lola Dare, CHESTRAD, Alastair Robb, WHO, Akihito Watabe, WHO, and Finn Schleimann, IHP+.

Session 5: Holger Thies, GIZ, with Claude Meyer, P4H, Finn Schleimann, IHP+, and Lola Dare, CHESTRAD.

Reception Seminar: Akihito Watabe, WHO, with Fumi Kitagawa, MoFA Japan, Simon Wright, SCF UK, Guy Bloembergen, (Global Health Strategies), and Finn Schleimann, IHP+.

Session 6: Kamiar Khajavi, USAID, with Alastair Robb, WHO, Dirk Horemans, WHO, and Katie Dain, NCD Alliance.

Session 7: Gerard Schmets, WHO, with Dheepa Rajan, WHO, Bob Fryatt, Abt ass, Jodi Charles, USAID, and Jeremy Veillard, World Bank.

Session 8: Maria Skarphedisdottir, IHP+, with Marjolaine Nicod, IHP+, Mekdim Enkossa, FMOH Ethiopia, and Max Dapaah, IHP+.

Session 9: David Evans, World Bank.

Session 10: Maria Skarphedinsdottir, IHP+, with Cornelius Oepen, EC, and Denis Porignon, WHO.

Session 11: Marjolaine Nicod, IHP+, with Max Dapaah, IHP+, and Valerie Traore, Niyel.

Note takers:

Session 1: Finn Schleimann, IHP+.

Session 2: Lara Brearley, IHP+.

Session 3: Sam Ogillo, APHFTA Tanzania

Session 4: Lara Brearley, IHP+.

Session 5: Ann Lion, PMNCH, Caroline Dzame Mweni, Treasury Kenya, Jacques Mader, SDC.

Reception Seminar: Fumi Kitagawa, MoFA Japan.

Session 6: Kamiar Khajavi, USAID.

Session 7: Dheepa Rajan, WHO, Gerard Schmets, WHO.

Session 8: Maria Skarphedisdottir, IHP+.

Session 9: David Evans, World Bank.

Session 10: Maria Skarphedinsdottir, IHP+.

Session 11: Lara Brearley, IHP+.

Facilitators:

Valerie Traore assisted by Irmin Durand, both from Niyel