

UHC 2030: Building an Alliance to Strengthen Health Systems

Draft Concept Note –17 June 2016

A Timely Opportunity

The Sustainable Development Goals (SDGs) demonstrate a renewed global commitment to health, underpinned by target 3.8 for Universal Health Coverage (UHC) whereby all people and communities have access to needed quality health services without risk of financial hardship.¹ The inclusion of UHC in the SDGs presents an opportunity to promote a comprehensive and coherent approach to health, beyond the control of specific diseases, to focus on how the health system delivers integrated, people-centred health services. The UHC focus aligns with the universalism of the SDGs and their goals and targets, which are relevant across all countries regardless of their level of economic development. However, as the recent health crises including Ebola and Zika make clear, to be relevant UHC cannot overlook growing concerns related to health security. As initiatives of the governments of Germany and Japan have recognized^{2 3}, accelerated progress towards UHC inclusive of health security depends on robust and resilient health systems. This was echoed by the G7 in the recent Ise-Shima Leaders' Declaration.

Over the period of the MDGs, the imperative of evidence for improved functioning of, and innovations in, health systems has been made clear repeatedly. Greater clarity on the composite dimensions of health systems and specific actions to strengthen them - be it in governance, finance, medicines and technologies, information, workforce or service delivery - have helped to strengthen the demand for and supply of knowledge and know-how to strengthen health systems. Yet, despite progress on many fronts, there is a prevailing view that investments in strengthening health systems have fallen well short of what is needed. Moreover, the excessively fragmented global health architecture appears to have slowed rather than accelerated efforts of countries to strengthen their health systems⁴ with calls for better coordination and accountability. Learning from this legacy - both positive and negative - together with the more inclusive global imprimatur of the SDGs and strong demands for action, there is a timely opportunity to review and revitalize our collective efforts to support the development of robust and resilient health systems that can inform the pathways and the pace of progress towards UHC.

Setting up a multi-stakeholder UHC 2030 that builds on the foundations of an existing partnership such as IHP+ (see box below) is seen by many as a good way to proceed. Partner countries are particularly supportive of transforming IHP+, with 87% of respondents in favour of IHP+ expanding its mandate to include issues of coordination, advocacy and accountability in relation to health systems strengthening (HSS) and UHC.⁵ In terms of membership, the transformation of IHP+ to UHC 2030 calls for including a broader range of countries, given the universal nature of the SDGs, and a more diverse mix of constituencies, including civil society, the private sector and parliaments.

Accepting this rationale, this note identifies the objectives, functions and structure of a more concerted and collective global effort to accelerate progress towards UHC through building an alliance and partnership for UHC 2030 (referred to hereafter as "UHC 2030" as a working title).

¹ UNGA. 2015. *Transforming our World: The 2030 Agenda for Sustainable Development*. Resolution A/RES/70/1 point 26

² Warnken, H. 2015. *Health Systems – Healthy Lives: A Global Initiative to Strengthen Health Systems. Presentation by the German Federal Ministry for Economic Cooperation and Development and the WHO*, Geneva: 18th November 2015

³ *Agenda for the International Conference on Universal Health Coverage in the New Development Era: Toward Building Resilient and Sustainable Health Systems*, December 16, 2015

⁴ Hoffman, S.J., Cole, C.B., Pearcey, M. 2015. *Mapping Global Health Architecture to Inform the Future. Research Paper*. Chatham House Centre on Global Health Security, London: 2015.

⁵ The IHP+ core team carried out a survey in March to get views from partner countries signatories on broadening the scope of IHP+. Civil society groups have been equally supportive of the proposal to transform IHP+.

Box 1: The International Health Partnership – what it is and what it does

The International Health Partnership was established in 2007 to promote more effective development cooperation in health. IHP+ signatories commit to support a single country-led national health strategy and move towards using country systems with the view of achieving better results in health reforms.

Some benefits of IHP+

- Advocacy around norms/principles: codifying good practice through the Seven Behaviours
- An open platform for inclusive dialogue and exchange, with greater participation of civil society in health policy processes at country level
- Strong country focus:
 - Accountability for results: focus on results, using shared mechanisms for reviewing performance, and greater mutual accountability by monitoring progress on partners' commitments
 - Practical tools to support alignment in planning, management and monitoring, including guidance for: country compacts; joint Assessment of National Health Strategies (JANS); joint monitoring, evaluation and review of national health strategies; joint assessment of financial management
- Strong government ownership and leadership, translating into greater confidence in national health strategies, improved policy dialogue and partnerships
- Impact of IHP+ principles/seven behaviours beyond aid management: stronger country systems around planning, management and accountability for results, despite little progress in development partners' using country systems
- Feedback from countries: a useful input into multi-stakeholder policy dialogue and a contribution to enhance the profile /quality of performance monitoring

IHP+ in figures

- 37 country signatories and 29 health development partners, with CSOs engaging actively
- 50% of countries have developed country compacts after joining IHP+, while another 20% of countries have existing partnership agreements or memorandum of understanding around Sector Wide Approaches (SWAps) which can serve the purpose of a country compact and 14% countries are in the process of developing a compact
- Increased participation in monitoring: 31 countries in 2016, up from 24 countries (2014), 19 countries (2012) and 10 countries (2010)
- The IHP+ monitoring process in 2014 shows that:
 - 94% of IHP+ countries have jointly assessed national strategies (up from 59% in 2005/07)
 - 71% of IHP+ countries involve CSOs in joint annual reviews (up to 8% in 2005/07)
 - 80% of IHP+ countries have a medium-term expenditure framework or a three-year rolling budget/plan for the health sector

Walking the talk in Ethiopia - Aligning behind the national health strategy and country systems

Strong government leadership in Ethiopia has put the principles of effective development cooperation into practice in the health sector, as the first country to sign a Country Compact in 2008. This was followed by a joint financing agreement in 2009, which eventually included 12 bilateral and multilateral development partners, to support the MDG Performance Fund (MDG PF). As an un-earmarked pooled funding mechanism managed by the Ministry of Health, the MDG PF both increased the volume and improved the quality of resources allocated to underfunded health programmes.

Ethiopia has applied IHP+ tools including the joint assessment of national strategies (JANS) to inform the Health Systems Development Plan IV (2010-15) and the current Health Sector Transformation Plan (HSTP), and a collective platform for joint annual review.

Sierra Leone: Developing a harmonized financial management arrangement for the health sector

On request of the Ministry of Health and Sanitation (MoHS) in Sierra Leone, IHP+ organised a series of joint missions in 2012 to assess the strengths and weaknesses of health sector financial management arrangements, consisting of the World Bank, Gavi, the Global Fund and WHO in collaboration with a counterpart country team.

Based on the recommendations of the assessment, a new integrated health projects administration unit was established in the MoHS. The Unit is now operational with initial funding provided by the World Bank and the Global Fund as part of the joint capacity building action plan. Another outcome was the Joint Fiduciary Agreement whereby all signatory development partners commit to strengthen the government's financial management system and use common fiduciary implementation arrangements with other partners.

Leadership by the MOHS has been crucial with proactive engagement of the Ministry of Finance. Together, with development partners, and under IHP+ coordination, the government is setting a good example of financial management harmonization and alignment that promises to minimize fragmentation, reduce transaction cost to both the government and development partners, and enhance transparency and accountability for the use of funds. This delivers on the national priority to improve financial systems, as per the Government's 'Agenda for Change'.

Aim and Objectives of UHC 2030

The overall aim of UHC 2030 would be to support a movement for accelerated, equitable and sustainable progress towards UHC as well as the other health targets in the SDGs, including global security and equity.⁶

The main objectives of UHC 2030 would be to:

- 1) Improve coordination of HSS efforts for UHC at global level, including synergies with related technical networks⁷
- 2) Strengthen multi-stakeholder policy dialogue and coordination of HSS efforts in countries, including adherence to IHP+ principles and behaviours in countries receiving external assistance
- 3) Facilitate accountability⁸ for progress towards HSS and UHC that contributes to a more integrated approach to accountability for SDG3
- 4) Build political momentum around a shared global vision of HSS for UHC and advocate for sufficient, appropriate and well-coordinated resource allocation to HSS

To diminish the possibility of duplication in the crowded field of partnerships in global health, it is important to clarify what the proposed UHC 2030 is *not* aiming to do. UHC 2030 shall not duplicate the functions that its member institutions or countries can perform through current mechanisms, it will not assume the functions of a fundraising or a financing entity for health systems strengthening, nor will it assume the functions of an implementing entity or a technical assistance agency. Furthermore, continuing to promote adherence to the IHP+ principles, including the Seven Behaviours, remains important to improve the efficiency, coordination and alignment of health systems support in countries receiving external assistance.

UHC 2030 Functions

UHC 2030 will be a multi-stakeholder **platform** that will facilitate implementation of the above objectives. It will be the place where a shared global vision for health systems and UHC is nurtured, emerging priorities are framed, bottlenecks identified and recommendations collectively proposed to accelerate progress towards UHC. It will mobilise existing partnerships, alliances and networks (See Annex 2) that are focused on strengthening specific areas of health systems, diseases or populations groups, and broker greater alignment and coordination on common health systems issues.

This section outlines proposed functions for UHC 2030⁹:

1) Reinforcing and complementing principles for coordination

Building on the IHP+ platform, UHC 2030 will review and reinforce the IHP+ principles, and explore complementary principles for more effective support to HSS towards UHC. This will draw on lessons from IHP+ on what has worked well and what has not, including how to better promote adherence. These principles will be anchored in country ownership and will guide the actions of all partners towards

⁶ The name has yet to be decided based on further consultations. The Steering Committee (SC) decided at its 8 April meeting to recommend to the IHP+ Signatories to broaden the scope of IHP+ to include facilitating better coordination of HSS for UHC and offer participation to a broader range of partners.

⁷ This includes networks, alliances and partnerships (See Annex 2 and Figure 1).

⁸ UHC 2030 will need to define the parameters for its work on accountability, complementing and not duplicating the existing landscape. This should learn from the experience of accountability mechanisms during the Millennium Development Goals, support the SDG follow-up and review processes, and promote a more integrated approach to accountability for health in the SDGs.

⁹ These will be refined following the consultation and independent review (see Annex 3), which will take place between June and October 2016 and inform the updated 2017 work plan.

more effective and aligned efforts towards UHC. They will also serve as a reference for country-specific application.

UHC 2030 will continue to pay particular attention to country contexts where the alignment and coordination of global partners around country leadership is critical but not a given, particularly in post-conflict and fragile contexts. It will build on the experience of the country compacts or partnership agreements that IHP+ signatories have in place.

2) Strengthening monitoring, review and remedial action

UHC 2030 will convene key stakeholders to take stock of progress on health systems and UHC. It will bring together existing global monitoring efforts¹⁰ to provide a narrative on the rates and distribution of progress on HSS and UHC. The goal of this inventory and stock taking is to develop a bigger picture assessment that would help to share lessons related to success and failure, highlight common challenges, and identify opportunities for improvement amongst diverse stakeholders. This assessment process should inform intergovernmental and multi-stakeholder agendas, including the High-Level Political Forum, the World Health Assembly, the UN General Assembly, as well as relevant regional platforms.

In collaboration with the Health Data Collaborative, UHC 2030 will support countries to strengthen multi-stakeholder and multi-sector review to influence policy and planning processes. UHC 2030 will consider how to maintain and institutionalise the monitoring of IHP+ principles and behaviours in countries receiving development assistance.

The UHC 2030 civil society engagement mechanism will complement these efforts to strengthen accountability for health systems and UHC, mobilising citizen engagement and advocacy to drive political and policy change.

3) Knowledge management

The UHC 2030 will improve knowledge management on health systems and UHC, facilitating partners to share experiences, promote learning with a view to informing policy. UHC 2030 will explore how to best streamline access to knowledge products, mechanisms for exchange and communication tools to improve policy coherence and reduce inefficiencies associated with fragmentation. This will complement efforts by international and national technical agencies, academia and other stakeholders, and leverage relevant initiatives¹¹.

4) Providing tools

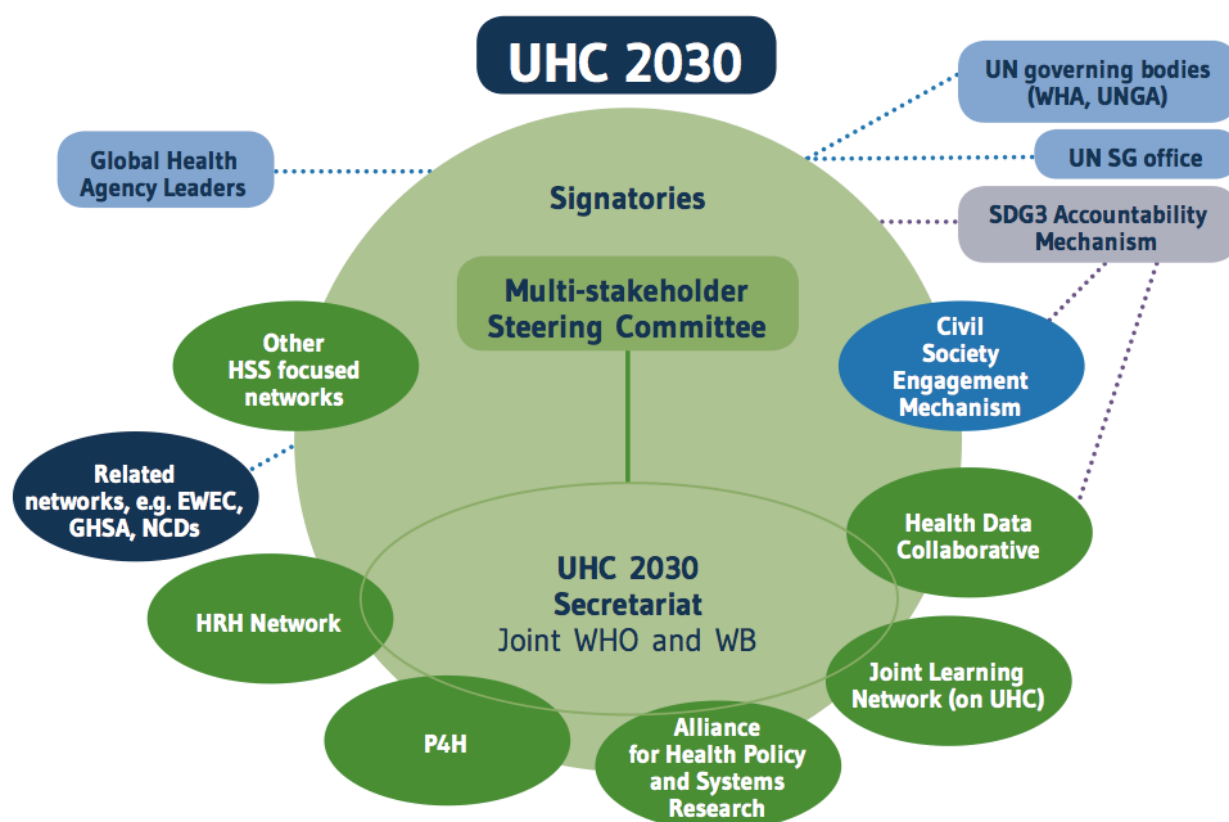
UHC 2030 will continue to update existing tools (such as the JANS and JAR) and consider the development of new tools to assist countries in translating the principles of strengthening health systems for UHC into practice. Potential tools could include a common approach to health systems strengthening in fragile contexts, a common approach to health systems performance assessment and a joint approach to transition planning (see possible list in Annex 1).

¹⁰ These include the WHO/WB UHC monitoring framework, the SDG monitoring report, the AU/Global Fund scorecard on health financing, and sub-sectoral monitoring efforts.

¹¹ Such as the Joint Learning Network, Alliance for Health System Research, Health Systems Global, Providing 4 Health.

UHC 2030 Structure

Figure 1: UHC 2030 – the new IHP+ structure



The UHC 2030's **Steering Committee** would have senior political representation from key constituencies. This body would set the direction for UHC 2030 and agree on its strategy, work plan and budget. Like the IHP+ Steering Committee, the UHC 2030's Steering Committee could meet twice a year.

In addition, UHC 2030 will maintain active communication with global leadership and governing bodies of member states such as the World Health Assembly, the UN General Assembly and particularly the High-level Political Forum on Sustainable Development, which is the UN central platform for follow-up and review on the 2030 Agenda for Sustainable Development. UHC 2030 would continue to leverage the Global Health Agency Leaders meetings.

A **Secretariat** will be responsible for the day-to-day operational activities of UHC 2030, taking instructions from and reporting to the Steering Committee. The Secretariat of UHC 2030 would, as the current IHP+ Core Team, be co-lead by WHO and the World Bank, and co-located in the two institutions. The IHP+ Core Team would evolve into the UHC 2030 Secretariat, with expanded staffing.

In view of the numerous other "secretariats" supporting related health networks, specific mechanisms such as shared staffing and coordinated Steering Committee meetings will be considered in order to align work programs and avoid the unnecessary proliferation of meetings and costs.

What would UHC 2030 success look like?

Longer-term success for UHC 2030 would entail:

- A shared vision of HSS for UHC with broadly recognised principles for sufficient, appropriate and well-coordinated resource allocation to HSS
- Improved country-led coordination of health systems strengthening efforts in support of UHC and integrated approach by development partners
- Increased focus on results and measurement of progress to inform country-led multi-stakeholder review and remedial action for accelerated progress towards UHC
- Convergence towards a single and strengthened accountability mechanism for progress towards UHC, linked to the UN established process for the SDGs.

It will be crucial to evaluate the added value of UHC 2030 in providing a platform for improved coordination of health systems strengthening, advocacy, knowledge sharing and accountability for UHC. To this effect, a results framework will be included in the updated work plan for 2017. **Indicative milestones for 2017** could include:

- The UHC 2030 Global Compact is agreed, reflecting IHP+ behaviours and UHC 2030 principles to guide accountability for progress in strengthening health systems towards UHC
- Signatories to the UHC 2030 Global Compact include middle-income countries, civil society organisations and the private sector
- A joint approach to health systems performance assessment is developed and ready for use by countries
- Documentation of lessons for harmonisation and the costs of fragmentation in transition planning is produced and a joint approach to transition planning is agreed
- Guidance for harmonised HSS in conflict affected and fragile contexts is developed addressing resilience in situations where it is needed most
- An approach to capacity building for civil society and other key stakeholders is developed to strengthen advocacy for health systems and UHC
- An annual forum is held to review and share experience on UHC progress and bottlenecks, identifying common priorities and proposed remedial actions to accelerate progress.

ANNEXES

Annex 1: Overview of possible activities for UHC 2030

The IHP+ Steering Committee approved a work programme for 2016-17 that will need to be updated to reflect the broadened scope of IHP+ to become UHC 2030. It is proposed to submit an updated work programme for 2016-17 to the transitional Steering Committee towards the end of 2016/early 2017.

Below are some possible products that UHC 2030 could consider developing to provide practical guidance to countries and help them strengthen coordination around health systems strengthening. Some of the products listed as bold are already included in the current IHP+ workplan, while those in bold italics are indicative of the shift from IHP+ to UHC 2030:

- A common approach to HSS in conflict affected and fragile contexts, including good practice principles for consistent and responsible engagement to build resilience
- Global EDC monitoring report and institutionalised country monitoring of IHP+ behaviours
- Adaptation of JANS and JARs
- Case studies / lessons on south-south cooperation
- ***A common approach to assess the performance of country health systems***
- ***A common approach to transition planning for countries moving from low income to middle income status, including good practice guidance drawing on current approaches to transition from external assistance***
- ***PFM: extend assessment to a different range of countries (beyond current IHP+ signatories)***
- ***Approach to Multi-stakeholder capacity strengthening on accountability for HSS and UHC (including civil society, media and parliamentarians)***
- ***An annual forum on UHC progress***
- ***Additional products to be identified in UHC 2030 programme of work for 2017, in collaboration with other partnerships/networks – e.g. guidance on multi-sector engagement, guidance on development cooperation investments in health infrastructure.***

The balance between IHP+ focus and UHC 2030 will evolve over time determined by country demand and pace in shifting from IHP+ to UHC 2030 agenda. It is anticipated that this will begin with particular emphasis on countries receiving development assistance, and progressively shift to a more balanced distribution of work in middle-income countries.

Annex 2: List of possible Partnerships/Technical Networks for UHC 2030 Coordination

The below networks or partnerships are involved in systems strengthening and or UHC work and hence the opportunity exists better coordinate and synergize their work under UHC 2030. The list is not exhaustive and could change as the formation of UHC 2030 evolves.

- Joint Learning Network (JLN)
- Providing for Health (P4H)
- Health Data Collaborative
- Human Resource for Health Network (HRH Network)
- Alliance for Health Policy and Systems Research
- Every Woman Every Child (EWEC)
- Global Health Security Agenda

Annex 3: Proposed approach for a rapid independent IHP+ review

Purpose:

In response to discussions at the last Steering Committee meeting of 8 April and emerging questions on how best to operationalise UHC 2030, the IHP+ Core Team is commissioning a light-touch independent review of IHP+ to learn from past experience. This will build on previous assessments to analyse what has worked well, what has not, and why, with a brief review of a selected number of other similar partnerships and related initiatives, and identification of recommendations.

The review results will inform planning for the proposed UHC 2030 by providing input to help articulate the added value for its creation.

Methodology:

This review will involve a mixed methods approach along the following lines of enquiry:

1. What have been the main achievements of the IHP+ since its launch in 2007 and why? What is the comparative experience of other similar partnerships and related initiatives?
2. Where has progress been more difficult and why?
3. How have IHP+ structures and operations, and other contextual factors enabled/constrained IHP+ achievements? What is the comparative experience of other similar partnerships and related initiatives?
4. What lessons can be learned for future operations of UHC 2030?

The work plan and detailed methodology will be approved by the Core Team before implementation of the review commences.

Deliverables:

| Deliverable | Due date |
|--|------------------|
| 1. Work plan and detailed methodology for review, including a list of the main documents for the desk based review, key informants to be interviewed, the comparable partnerships and initiatives that will be covered, and key questions | Mid-July 2016 |
| 2. Report including executive summary, findings, conclusion and recommendations (max. 20 pages) | End October 2016 |
| 3. Presentation to UHC 2030 Steering Committee | December 2016 |