International Health Partnership for UHC 2030 (UHC2030)
Transitional Steering Committee Meeting

Monday, 12th December 2016
Crowne Plaza Hotel, Geneva

Note for the Record

Introduction

The transitional Steering Committee for the International Health Partnership for UHC 2030 (UHC2030) met for the first time on 12th December 2016 in Geneva to discuss and agree on key adjustments as part of the transformation process. The meeting agenda and list of participants are in Annexes 1 and 2. Related documents and presentations are on the IHP+ website, with links embedded in the Note for the Record (NfR) text. This NfR captures decisions and main issues raised in the discussions.

Summary of decisions and agreed actions

a. Independent rapid review of IHP+

- Core team to discuss with independent review team any final revisions to the report.

b. **Consultation and dissemination of *Health Systems Strengthening for UHC by 2030: Building a shared vision***

The Core Team is requested to:

- Support wider consultation with signatories, constituencies and related initiatives in January, aligned with Global Compact review to ensure consistency on principles.
- Consider role in dissemination/endorsement after G20.

c. **Finalising and endorsing the UHC2030 Global Compact**

The Core Team is requested to:

- Update draft Global Compact to reflect feedback received during Steering Committee meeting.
- Circulate draft Global Compact to signatories for feedback in January.
- Integrate updated principles into shared vision document for G20 health Sherpa feedback.
- Finalise by mid-March for submission to Steering Committee for no-objection approval by end March.
- April onwards: Outreach to existing and prospective signatories for active endorsement:
  - Existing IHP+ signatories will be required to endorse the updated Global Compact by email or other official communication to the Core Team. All existing IHP+ signatories will still be considered signatories of the partnership unless they advise the Core Team otherwise during the period until 31st December 2017.
  - New signatories will endorse the Global Compact by official communication from senior representatives on behalf of the Government (for country constituencies) or the organisation (for other constituencies). Their country or organisation's name/logo will be added to a list of signatories on the UHC2030 website. Once endorsed, any signatory may

initiate or request a high-level signing ceremony, for which a hard copy of the UHC2030 Global Compact can be used and retained by the signatory.

d. Implementing UHC2030 governance arrangements

- ToRs for Steering Committee agreed, including constituencies and seat distribution.
- Co-Chairing arrangement agreed, with county and other constituency Co-Chairs as the preferred option (with options for potential independent chairs to be considered in June).
- Proposal for the Civil Society Engagement Mechanism endorsed.

The Core Team is requested to:

- Indicate guidelines for Steering Committee (SC) representatives in SC ToRs.
- Support implementation of the Civil Society Engagement Mechanism proposal.
- Establish and support the private sector taskforce.
- Initiate constituency discussions to develop constituency ToRs and identify SC representatives.
- Reconvene the Reference Group with refreshed membership
- Identify potential independent chairs for SC consideration in June 2017.
- Develop SC conflict of interest policy for SC consideration in June 2017.

e. **Developing and implementing the 2017 workplan**

The Core Team is requested to:

- Clarify the rationale for existing 2017 workplan priorities.
- Consult with potential new members to identify additional or other priority areas of work and a process for approval/implementation in 2017 (to be discussed by SC on interim call in March 2017).
- Propose a systematic and consultative process to identify workplan priorities annually for Steering Committee consideration in June 2017.
- Implement the 2017 workplan.

Discussions & Decisions

Breakfast discussion: IHP+ Rapid Independent Review – *for information*

Espen Sonderstrup and Louisiana Lush, the consultants who led the review, presented the findings. There was discussion on the methods, including how and why the key informants were selected and whether there was need for any additional interviews, how and why the list of comparator partnerships was determined. There was also some discussion on the review not explicitly acknowledging the importance of leveraging political will to drive behaviour change. Participants referred to examples including the efforts by WHO and World Bank leadership to champion the agenda, and the Global Health Agency Leaders meetings and related deliverables, notably the 100 core indicators. The Intensified Action Working Group (IAWG) confirmed that they had considered the preliminary findings from the review and captured these where appropriate in the governance reforms and draft workplan for 2017.

Session 1: Introductions & objectives of the day – *for discussion*

Co-chairs: Jennifer Adams, USAID, and Dr Samuel Sheku Kargbo, Ministry of Health and Sanitation, Sierra Leone.

The **objectives** of the UHC2030 transitional Steering Committee meeting were to:

- Discuss the uses and implications of the Paper on 'Health Systems Strengthening for UHC by 2030: Building a shared vision'
- Agree on the new Global Compact for UHC2030, the composition of the Steering Committee and governance arrangements for UHC2030
- Approve the UHC2030 2017 Workplan

In addition to the Steering Committee members, the transitional SC included observers from potentially interested MICs (Chile, Indonesia, South Africa, Thailand), an HIC (Ireland), the OECD, the Rockefeller Foundation, the UN Foundation and the World Economic Forum, as well as other existing signatories. The full list of participants is available in the Annex.

Session 2: *Health Systems Strengthening for UHC by 2030: Building a shared vision – for discussion*

Matthias Reinicke, EC, gave a presentation on the background to and the outline of the *Health Systems Strengthening for UHC by 2030: Building a shared vision* paper. This is being produced by WHO, the World Bank, Germany and Japan, to provide the basis for a common framework among UHC2030 constituencies and a broader reference for collaboration on HSS and UHC. It is not intended as a blueprint or workplan for countries. The discussion included feedback on the content and questions about the purpose and use of the paper, which have been shared with the drafting team. Many stakeholders welcomed a common narrative given the proliferation of initiatives and resulting duplication and confusion. A process was determined to allow wider consultation and to ensure consistency between the paper and the UHC2030 Global Compact principles (please see Global Compact section).

Session 3: UHC2030 Global Compact – *for decision*

The Core Team summarised the background paper and there was first a discussion on the content of the text, then a discussion on the process for endorsement. On the content, the discussion noted the importance of consistency of the principles section with the shared vision paper. Specific comments were made, proposing edits to the text, and these have been incorporated into the existing draft. There were requests for further consultation among the Steering Committee and signatories, and a timeline laid out for this process:

- 16th January: Global Compact and shared vision paper to Steering Committee members, signatories and related initiatives for feedback by 3rd February (note that the principles language will be consistent across these two documents).
- 10th February: Revised shared vision paper presented to G20 Health sherpas including updated principles (aligned with the Global Compact), for feedback by 10th March. Note that any comments on the principles should be considered in the Global Compact.
- 17th March: Final Global Compact text for no objection approval by Steering Committee.
- 31st March: Signatories and interested partners initiate endorsement process for Global Compact.
- TBC: Finalised shared vision paper from lead partners presented to UHC2030 for dissemination and use.

On the process for endorsement, there was discussion about which rank and which agency within governments should sign. It was agreed that most senior level endorsement is necessary, and that each country should decide which government department acts as representative with the partnership. The following process for endorsement was approved:

- Existing IHP+ signatories to actively endorse updated Global Compact (by email/official communication). Considered signatories until end 2017 unless advise otherwise.
- New signatories to endorse by official communication from senior representatives. Name/logo to be added on website.
- Any signatory can request a high-level signing ceremony.

Session 4: UHC2030 Governance arrangements – *for decision*

The Steering Committee went through the following components of the governance arrangements, with the Core Team presenting a summary from the background paper followed by Steering Committee discussion:

Engagement with related initiatives – for discussion

In summary, 'related initiatives' involve partnerships, networks and alliances with a focus on health systems and broader health agendas that relate to the mandate of UHC2030. Engagement is voluntary and open, and should happen at the strategic, operational and secretariat levels of UHC2030, as per the related ToRs for the Steering Committee, Reference Group, Working Groups and Core Team.

The discussion included a request for further clarity on what constitutes an initiative, understanding that both self-selection and proactive outreach will be necessary. This will be addressed in the workplan activity to map related initiatives with the development of a rationale for engagement. There was also a request for a UHC2030 Steering Committee representative to be invited to attend the equivalent governance body meetings of the related initiatives.

Civil Society Engagement Mechanism (CSEM) – for decision:
Bruno Rivalan, the northern CSO representative, gave a presentation on the CSEM proposal, which was followed by a discussion.

Questions included how is civil society defined, what is the role of grassroots/community and ethnic health organisations, how is this different from civil society engagement under IHP+, how this could leverage the existing CSO constituencies in other global health initiatives, and the extent to which the CSEM would work on demand creation. Bruno Rivalan responded that civil society is defined to include non-state not-for-profit stakeholders that interact directly with communities on service delivery and policy agendas. The proposal includes a concerted effort to engage community- and citizen-led organisations. The broader mandate of UHC2030 requires civil society engagement across the work of the partnership on coordination, accountability and political momentum. Proactive efforts are being made to build linkages with the CSO constituencies of other related initiatives in health, including a meeting that would be held on the 13th December. The CSEM proposal includes activities for social accountability, but not necessarily broader demand creation work.

There were also questions about the need for a funded secretariat and risks of a potential conflict of interest given the watchdog role that CSOs play, as well as questions about the estimated budget. Various participants noted the importance of civil society engagement for UHC and the partnership.

The feedback was noted and the CSEM proposal approved.

Steering Committee ToRs – for decision
The Steering Committee should have a maximum of 20 members, with reconfigured constituencies and seat distribution. Two options for Co-Chair arrangements were proposed: two constituency Co-Chairs (one from the country constituency and one from another constituency on rotation), or one independent Co-Chair with a country Co-Chair. A conflict of interest policy for the Steering Committee is recommended, to be developed for consideration in June 2017.

Regarding the constituencies and seat distribution, the discussion included the expectations for rotation, which is recommended as a minimum of one year with the option for annual renewal by the constituency up to a total of three years. It was clarified that there is no association between seats and financial contributions to UHC 2030. Constituency ToRs should specify how constituencies operate, including nomination processes and expectations for consultation. The potential for additional constituencies such as professional associations or scientific medical societies was also raised, with some discussion on the potential for their involvement in the civil society constituency. It was agreed that the Steering Committee composition should remain flexible, with the option for adjustments as the partnership evolves. It was proposed that the Steering Committee ToRs should

indicate basic guidelines for all constituencies on representativeness and a commitment to constituency consultation.

On Co-Chair arrangements, it was agreed that Co-Chairs would continue to be identified from existing constituencies (including one from a country constituency). The Core Team was requested to identify options for potential independent Chairs for discussion at the next Steering Committee meeting.

The Core Team was asked to prepare the Steering Committee conflict of interest policy for consideration at the June 2017 Steering Committee meeting.

ToRs for the Reference Group, Working Groups, Core Team – for decision

The main differences in the revised ToRs were highlighted by the Core Team: The Reference group would be open to senior technical representatives from any signatories and related initiatives, meet quarterly, and operate as a sounding board for updates on UHC2030 workplan implementation with the opportunity to identify potential priorities for further collaboration. The Working Groups will involve technical expert members from signatories, related initiatives and relevant stakeholders, with each group developing ToRs for the Steering Committee to approve. The Core Team ToRs reflect the mandate of UHC2030 and Core Team responsibilities as per the governance arrangements.

The Steering Committee approved these amended ToRs without further discussion.

ToRs for the Private Sector taskforce – for decision

In summary, the recommendation was to establish a time-bound taskforce, with potentially interested private sector stakeholders, and representatives from the IAWG and Core Team, to develop the ToRs for the constituency and make it operational by June 2017.

This was approved by the Steering Committee, requesting the Core Team to proceed with establishing the taskforce, and to consider how to identify private sector representatives and maintain objectivity, as well as any implications of Framework of Engagement with Non-State Actors (FENSA) and WHO's existing private sector constituency. The World Economic Forum indicated interest in engaging in this process.

Session 5: UHC2030 2017 workplan – *for decision*

The 2017 workplan was presented in brief, outlining proposed activities on health systems strengthening coordination, accountability, political momentum/advocacy, knowledge management, and governance, oversight and operations. The workplan was informed by the original UHC2030 concept note priorities, in-person and online consultations including the broader meeting on UHC2030 held in Geneva (22-23 June 2016), and the independent review of IHP+.

The discussion included a question of the balance of work between global and country focus, recognising that this is a global mechanism, we should not seek to substitute, but help to accelerate, country processes. Strategic prioritisation and catalytic contributions will be important given the modest budget. Other potential areas of work were mentioned, including models for the delivery of

care, financing drugs as high cost drivers of the system, and how to effectively manage the different incentives and objectives of the public and private stakeholders in the health system. There was interest in further definition of results, acknowledging that this was captured by deliverables for the time being. For the effectiveness of the partnership, it will be important to better understand the incentives for development partner behaviours and willingness to change. It was acknowledged that the health systems coordination component of the workplan is currently skewed to the IHP+ mandate and low-income country contexts, and this should change to reflect the broader range of countries involved in the partnership. The Core Team was asked to document more explicitly the rationale for the workplan priorities and proposed activities, and to develop a process for how future workplans should be developed, including a landscape analysis to show relative need and the opportunity for UHC2030 to add value, as well as consultation with countries and other constituencies.

There was also a discussion in relation to the budget, which has a total of USD 6.175 million for 2017 (including the IHP+ budget of USD 4 million with an additional USD 2.176 million for the broadened scope of work). This does not include the substantial in-kind contributions by the WHO and World Bank as hosting agencies or in-kind contributions of other members. The importance of flexibility was noted in order for the partnership to be responsive to needs and demands in implementation. This was agreed to be a modest budget.

The 2017 workplan was approved by the Steering Committee, with a request to the Core Team to provide a more explicit explanation for how existing 2017 workplan priorities were identified, to consult with potential new members to identify priority areas of work for approval by the Steering Committee during an interim call in March 2017, and to propose a systematic and consultative process to identify workplan priorities annually for consideration in June 2017.

Annex 1

UHC 2030 Transitional Steering Committee Meeting

12 December 2016

Hotel Crowne Plaza, *Av Louis Casai, Geneva, Switzerland*

Agenda

Objectives

- Discuss the uses and implications of the Paper on 'Health Systems Strengthening for UHC by 2030: Building a shared vision' for UHC2030
- Agree on the new Global Compact for UHC2030, the composition of the Steering Committee and governance arrangements for UHC2030
- Approve the UHC2030 2017 Workplan

Agenda

Time	Agenda Item	Presenter	Action/ *Documents*
08:00–08:10	**Welcome and overview of the day**	Co-Chairs	
08:10–08:45	**Breakfast discussion: IHP+ rapid independent review** • Presentation (15 mins) • Questions and answers (20 mins)	Lead consultant	For information *IHP Independent Review*
09:00–09:45	*Opening session of broader UHC2030 meeting*		
10.00–10.30	**Introduction and objectives of the day** • Introduction and objectives (10 mins) • Comments from transitional observers (20 mins)	Co-Chairs	For discussion *UHC2030 TSC Agenda*
10:30–11:15	**'Health Systems Strengthening for UHC by 2030: Building a shared vision'** • Presentation (15 mins) • Discussion (30 mins)	Matthias Reinicke	For discussion *HSS for UHC by 2030*
11.15-12.30	**UHC2030 Global Compact** • Text content (30 mins) o Discussion o Decision • Process for endorsement (45 mins) o Discussion o Decision	Co-Chairs	For decision *UHC2030 TSC Global Compact*
12.30-14.00	*Lunch*		
14.00-15.50	**UHC2030 Governance arrangements** • Discussion on engagement with related initiatives (15 mins) • Presentation on Civil Society Engagement Mechanism (CSEM), discussion and decision (25 mins) • Discussion and decision on ToRs for Steering Committee (30 mins)	Co-Chairs CSEM: Bruno Rivalan	For decision *UHC2030 TSC Governance Arrangements*

	• Discussion and decisions on ToRs for Reference Group, Working Groups, Core Team (30 mins) • Discussion and decision on ToRs for Private Sector taskforce (10 mins)		
15.50-16.00	*Coffee/Tea*		
16.00-17.30	**UHC2030 2017 Workplan** • Discussion o By Objectives (50 mins) o Budget (30 mins) • Decision (10 mins)	Kamiar Khajavi	For decision *UHC2030 TSC 2017 Workplan (Word & Excel)*
17.30-17.45	**Summary of conclusions and next steps**	Core Team	

Annex 2

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