UHC 2030 Alliance Concept Note (draft as of 9th March 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.[i] Building resilient health systems and closing equity gaps will be imperatives for all of the health targets. Besides, the strive towards UHC for all countries - whatever their level of economic development - requires a global inclusive 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 *Healthy Systems, Healthy Lives Roadmap* and *Action Plan*, led by the German government, in collaboration with the World Health Organisation (WHO).[ii] Building resilient health systems for UHC and health security are also a priority for the Japanese presidency of the G7 in 2016.[iii]

The current global health architecture is fragmented with inadequate investment in health systems, domestic as well as external[iv]. 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 delivers integrated, people-centred health services. Accountability - encompassing the interconnected functions of monitoring, review and remedial action[v] - will be critical to inform the pace and pathway of progress towards UHC.

Championed by the German and Japanese initiatives, but also by other groups such as civil society, there is currently a momentum to create an alliance for HSS, UHC and SDG3, with key actors looking to IHP+ to transform into such an alliance, avoiding the creation of a new partnership by making use of the IHP+ "infrastructure", capacity and experience. Consequently there is a window of opportunity for IHP+ to contribute concretely towards the achievement of the SDG3, the UHC target and improved health security, while at the same time reinvigorating the global agenda on effective development cooperation (EDC).

A multi-stakeholder UHC 2030 Alliance, building on the International Health Partnership (IHP+)[1], but expanding its membership beyond the current focus on low to low-middle income countries, can maintain political commitment, advocate for resources and strengthen communication and accountability to guide accelerate progress towards UHC. Furthermore, promoting adherence to the IHP+ principles, including the Seven Behaviours[vi], will improve the efficiency, coordination and alignment of health systems support in countries receiving external assistance.

This paper sets out a suggestion for operationalizing the UHC 2030 Alliance for consideration as part of the *Healthy Systems, Healthy Lives Roadmap* and *Action Plan,* and the G7 Summit in 2016.[vii]

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[1] IHP+ is actually already supported by the WHO-EU-Luxemburg UHC Partnership

Aim and objectives

The overall aim of the UHC 2030 Alliance would be 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.

The main objectives of a UHC 2030 Alliance would be to:
- Consolidate political momentum and convey a shared global vision of UHC
- Advocate for sufficient, appropriate and well-coordinated resource allocation to HSS
- Strengthen accountability for progress towards UHC and SDG3
- Promote coordination in countries receiving external assistance by promoting adherence to IHP+ principles and behaviours

Function and structure of the UHC 2030 Alliance

The UHC 2030 Alliance would be a political and coordination forum to catalyse multi-stakeholder action and deliver on the aim and objectives above. It would be flexible and innovative, bringing together a range of partners from a variety of constituencies and thematic focus areas, with a common interest in accelerating progress towards UHC for equity and health security.
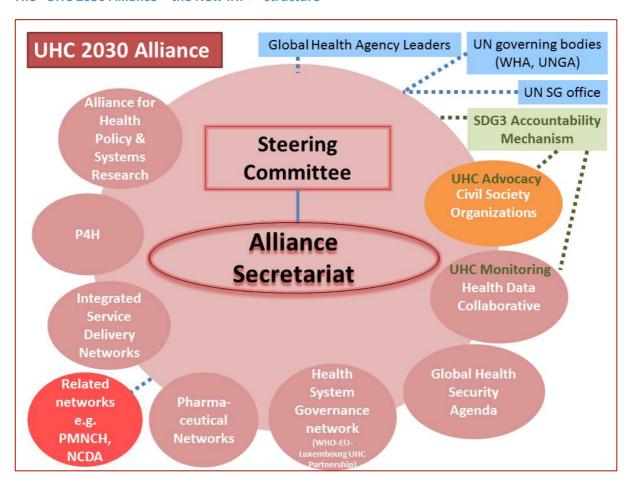
The UHC 2030 Alliance aims to support better global governance for health by developing consensus on guiding principles for both HSS and development cooperation. It will also help minimize the "silos" of interventions, disease as well as cause specific, that constrain efficient and coherent health system performance at the country level. An alliance among governments, international agencies and other domestic and international stakeholders, e.g. CSOs, can take advantage of the SDG agenda; ensure alignment of international and domestic incentives in support of HSS; and strengthen accountability for the delivery of priority services.

The UHC 2030 Alliance will be supported by strong technical partnerships. To this end, the UHC Alliance 2030 secretariat will make explicit linkages, coordinate and draw on the expertise of existing technical partnerships, such as P4H, Health Data Collaborative, the Alliance for Health Policy & Systems Research, WHO-EU-Luxembourg UHC Partnership and others. It will also ensurwe linkages with other networks and partnership, such as PMNCH and NCDA.

While UHC 2030 Alliance together with respective technical partnerships will coordinate the political and technical aspects of global health systems, strengthening health system platforms at country level through effective implementation of the IHP+ principles will be also critical. Thus, the Alliance will maintain a clear focus on countries and a strong commitment to country ownership. This should result in an aligned approach among development partners for supporting "hardware" (commodities & infrastructure) and "software" (systems) in countries in a way that will catalyse existing and additional domestic funding.

The Alliance would be overseen by a Steering Committee, and supported by a Secretariat.

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

In addition, the Alliance would include an accountability framework for UHC as follows:
- An **independent review mechanism**, which would be part of the overall SDG3 accountability mechanism, to periodically critically review progress, thereby facilitating global and in-country dialogue on moving forward on achieving UHC
- A **civil society engagement mechanism** on accountability and advocacy for UHC[2]
- A **monitoring mechanism** producing an annual progress report on UHC, building on the framework and first report by WHO and the World Bank, supported by a technical advisory group, all facilitated by the Health Data Collaborative (HDC)

In addition, the UHC 2030 Alliance will maintain active communication with global leadership and governing bodies. The **Global Health Agency Leaders** meetings would continue to facilitate agency adherence to IHP+ principles thereby promoting better coordination of HSS in countries receiving external assistance, and would provide advice to the UHC Alliance. The Alliance would be contributing to

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[2] Building on the current IHP+ Civil Society engagement, and a proposal for how this could work is being developed within civil society following the Montreux meeting "Speaking with one voice, stronger together" in December 2015.

progress on the existing Every Woman Every Child initiative, for which HSS and UHC are crucial. The Alliance would provide inputs into meetings of governing bodies of member states such as the World Health Assembly and UN General Assembly as relevant.

A Secretariat will be responsible for the day to day operational activities of the Alliance; taking instructions from the Steering Committee. The Secretariat of the new UHC 2030 Alliance 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 Alliance Secretariat, with expanded staffing as well as broadened to include staff from existing partnerships and networks within the area of HSS[3], and possibly some of the health related SDGs would be closely linked to the Alliance by having one member of their respective secretariat be part of the UHC Alliance Secretariat and/or by interaction with the Steering Committee. This should allow for a coherent coordination of work programs and the setting of priorities.

The core functions of the **UHC 2030 Alliance Secretariat** would include:

- Supporting the Alliance Steering Committee
- Communication and information sharing with Alliance signatories, related initiatives and the broader public
- Implementing the UHC 2030 Alliance Work Programme, which would include the current IHP+ Work Programme (2016-2017). A strong element of this would be catalysing coordinated and aligned support in countries.
- Facilitating a global accountability framework for UHC based on a monitoring mechanism through the global Health Data Collaborative (HDC), including a CSO engagement mechanism and linked to an independent review mechanism (for SDG3)
- Facilitate a similar accountability mechanism at country level
- Convening an annual forum on UHC
- Based on further mapping of initiatives, partnerships, and networks active in HSS and in health security, to establish specific linkages with related initiatives, including P4H, the Health Data Collaborative etc, as well as those active in relation to the SDG3 (e.g. PMNCH, NCDA), and mapping what each initiative, partnership, or network is doing in relation to HSS as well as UHC and health security

Operationalizing the "UHC 2030 Alliance– the new IHP+"

This concept note proposes a UHC 2030 Alliance that is based on the IHP+ principles. This option builds on an existing systems oriented multi-stakeholder global partnership with a strong focus on the country context and prevents the creation of a new initiative.

The transformation would require the following reforms:

- An expanded mandate of the IHP+ to include advocacy for UHC and promotion of coordination of political and financial[4] support for UHC mainly through HSS and strengthening accountability
- A new name to reflect the UHC and SDG focus and broader mandate, "UHC 2030 Alliance" has been proposed
- Adaptation of the IHP+ Global Compact to reflect a focus on health systems toward UHC for equity and health security in the context of the SDGs, to be applicable to all stakeholders. This will become the UHC 2030 Alliance Global Compact

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[3] P4H, HDC, etc
[4] While promoting more and aligned resources for HSS, the UHC Alliance will not be a funding mechanism for HSS

- Diversification and expansion of membership[5], inviting a broader range than the present IHP+ Global Compact Signatories to sign the UHC 2030 Alliance Compact
- Reconfiguration of the current IHP+ Steering Committee

The current, and newly agreed IHP+ Strategic Directions and Work Programme 2016-17, is expected to be part of the UHC 2030 Alliance strategy, work plan & budget, addressing the issues pertaining to EDC and partner alignment in countries receiving external assistance. In addition it would be important to ensure that the fact that the new UHC 2030 Alliance builds on and in important areas continues the work of IHP+ is well understood among all stakeholders.

Budget implications

The current staffing of 5 P-staff and 1 G staff in WHO and one part-time staff in the World Bank, is expected to be increased by 4 P staff in WHO.[6]

Budget implications, including staffing cost, is estimated at an additional 5.7 mill USD[7] (added to the current IHP+ budget of 9.9 mill USD) for the biennium 2016-17.

These figures are very rough, and obviously depend on elaborating more specific tasks for the UHC 2030 Alliance over the coming months. While they therefore provide only an indication of the magnitude it should be noted that the cost of establishing a UHC Alliance will be substantially less when building on the IHP+, providing synergies and an existing platform, than if it were to be established independently.

Time frame in 2016

- Mid February: The outline of the Alliance is discussed among the G7 health experts in Tokyo
- Mid March: UN Statistic Commission launch of Health Data Collaborative in NYC
- End March: The Alliance is further discussed among the G7 health experts in Tokyo
- 8th April: IHP+ Steering Committee discussion of changing the IHP+ to the UHC Alliance, resulting in an updated and more detailed UHC Alliance Concept Note
- Mid April: WHO and World Bank write to the 66 IHP+ Signatories to get their acceptance in principle of this change
- Mid April: Global Health Leaders' Meeting in Washington DC supports creating the UHC Alliance
- Early May: Agreement/no objection from IHP+ signatories[8]
- 4th week of May, WHA: UHC Alliance discussed during the Technical Briefing on the SDGs; and the HSS roadmap 1.0 announcement
- End-May: Creating the UHC Alliance is recommended at G7 Ise-Shima Summit
- June: Proposal including change of name, revised Global Compact and governance arrangements, as well as a strategy & work plan (including budget) is submitted to the IHP+ Steering Committee
- End June (TBD): HSS/UHC Forum/conference, WHO, Geneva
- End-September: "UHC 2030 Alliance – the New IHP+" launched during UNGA in NYC (unless this took place during the UHC Forum in June).

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[5] The current 65 signatories are developing countries and development partners, with civil society being part of the IHP+ Steering Committee and other bodies. This needs to be expanded to a broader range of countries (low to high income countries) and civil society as well as other stakeholders given that the SDGs, including the UHC goal, are applicable to all countries.

[6] The staff from related partnerships that will be part of the Alliance Secretariat is not included in this figure nor in the budget, as they are not expected to be financed by the Alliance

[7] To be discounted as the UHC Alliance is not starting January 2016

[8] This is obviously based on an assumption, but so far no signatory has expressed disagreement with the proposed change.

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

[ii] 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.

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

[iv] 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.

[v] As per the Commission on Information and Accountability's framework: http://www.who.int/woman_child_accountability/about/coia/en/index5.html

[vi] http://www.internationalhealthpartnership.net/en/about-ihp/seven-behaviours/.

[vii] It incorporates key messages from existing documents and presentations, including: WHO. 2015. Sustaining universality and security through Health Systems Strengthening: An agenda for attaining the SDGs: 2015-2030. *Working paper;* Kieny, M-P. 2015. Health System Strengthening for Universal Health Coverage and Health Systems Resilience. *Presentation by WHO to the IHP+ Steering Committee*, Geneva: 18th November 2015; 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; Schaferhoff. M., Suzuki, E., Angelides, P., Hoffman, S. 2015. Rethinking the Global Health System. Research Paper. Chatham House Centre on Global Health Security, London: 2015.