
UHC2030 Working Group on UHC in Fragile Settings *Terms of Reference & Workplan 2019*

Contents

Background	1
Aim and objectives.....	2
Membership and ways of working	2
Workplan – 2019.....	4
Annex: Core Group Members	6

Background

The Technical Working Group (TWG) on Universal Health Coverage (UHC) in Fragile Settings¹ was established by the International Health Partnership for UHC 2030 (UHC2030) in 2016. This TWG responds to the protracted poor health outcomes for over a billion people in the world, and the **need for novel approaches** given that traditional forms of assistance are ill-adapted to fragile settings. This will be crucial to advance the Sustainable Development Agenda commitment to leave no one behind.

The **original terms of reference** (ToRs) for the group are available [here](#). The principles outlined in the original ToRs remain valid, acknowledging:

- The diverse nature of countries often referred to as fragile and therefore the importance of context specificity as the point of departure, including regional or local perspectives where conflicts/emergencies are transnational or subnational respectively.²
- That progressive realisation of the right to health through UHC is primarily a national responsibility, assisted through regional and global solidarity, exchange and international cooperation.³
- The reality – in some countries - of a largely dysfunctional or disinterested government, which poses a challenge to traditional approaches for effective development cooperation and requires different ways of working.
- The common challenges of fragmented external assistance and low capacities.
- The importance of well-coordinated health system strengthening, with the integration of health security and all hazard disaster risk management, for managing the health effects of conflict and other emergencies, for preparedness for future events and for sustainable gains.
- The opportunity of the new way of working for the humanitarian-development-peace nexus – as laid out in the [Grand Bargain](#) - and the reality that this is rarely a linear continuum.

¹ This TWG was initially named *Support to Countries with Fragile or Challenging Operating Environments*. This was revised in 2018 on agreement of the Core Group.

² Consistent with this, any guidelines/tools/approaches could provide examples, best practices, things to avoid or options to consider, not a blueprint given the importance of context specificity.

³ As per the [UHC2030 Global Compact](#).

The planned deliverables for the TWG were a literature review, country case studies, guidelines, adapted IHP+ tools, and actions in selected countries on partner coordination and health systems strengthening.

On completion of the literature review as a first deliverable in 2017, the TWG was convened for the first face-to-face meeting in November 2017 to review and update the ToRs for the TWG. This document is the updated ToRs, which were developed as an outcome of that process for 2018-19, and then revised in late 2018 to refine the focus for 2019.

Aim and objectives

The **aim** of this group is to encourage the adoption of better-suited policies and practices in fragile settings to enable and sustain quality health services^[1] that address the health needs of all people living in such contexts, while strengthening health systems and accelerating progress towards UHC.

The **objectives** of the TWG are to:

1. **Strengthen the evidence-base, technical tools/approaches, and knowledge sharing** on specific considerations for policies and programmatic approaches to address the challenges of delivering health services while strengthening health systems and accelerating progress towards UHC in fragile and conflict-affected settings;
2. **Bring these specific considerations to the attention of key stakeholders** for action and financial support; and
3. **Foster and support collaboration** between humanitarian and development action, among local, national and international stakeholders and authorities, including governments, to enhance the appropriateness, effectiveness and efficiency of support for health system strengthening and UHC in selected contexts.

While the potential scope of work is immense, this TWG will initially focus on strengthening multi-stakeholder coordination, applying the humanitarian-development nexus, catalysing multi-stakeholder technical work to address specific challenges for health system strengthening in fragile, conflict affected and vulnerable settings, and advocating for shifts in institutional policies, practices and financing as appropriate (in collaboration with the UHC2030 advocacy workstream).

Membership and ways of working

Membership includes institutions and experts committed to the aim and objectives of this TWG, bringing together humanitarian and development actors with a common interest in addressing the protracted challenge of poor health outcomes in fragile contexts.

The TWG is currently comprised of the following stakeholders: governments, bilateral and multilateral development partners, humanitarian assistance organisations, civil society, academics/researchers, and independent experts. The mix of institutional representation (of operational partners and funders) and independent expertise is valued and should be maintained. Members should have technical expertise on this agenda, with sufficient scope to influence the policies and operations of their organisations. Members should also commit to proper handover to prevent the challenges associated with regular staff turnover.

The TWG endeavours to be dynamic and inclusive, with a hands-on Core Group to provide strategic direction and oversee implementation, active time-bound Task Teams to pursue deliverables, Focal People to engage in

^[1] Including preventive, promotive, curative, rehabilitative and palliative services, at community, primary, secondary and tertiary care levels.



other UHC2030 technical TWGs/related networks, and a Wider TWG - or community - to solicit inputs from and disseminate outputs to. The UHC2030 Core Team will support efforts to convene and catalyse technical work, which partners will implement.

Core Group (10-15 people)

The Core Group will be responsible for providing strategic oversight of the implementation of the workplan, including leading on the time-bound Task Teams. They will also mobilise partners to engage in the Task Teams. They will support fundraising for activities as necessary and promote collaboration with relevant initiatives. They will serve as champions for this agenda within their institutions, and advocate donor/funding agency policy review and revision for better alignment with aid effectiveness principles as appropriate.

The Core Group has been established through a transparent process with arrangements for periodic rotation. It is comprised of a range of stakeholders to represent institutional engagement, expertise and operational realities, with a willingness to devote time to engage in this role. Close connections to the field are essential to ensure the work remains relevant and useful for operational purposes. Members of the Core Group are included in the Annex.

Time-bound Task Teams

The time-bound Task Teams have been convened for specific areas of activity, as outlined in the scope of work. The task team has first reviewed what is already being done in relation to the activity area to ensure complementarity and avoid duplication. Each Task Team then refines the necessary activities or transitions to a partner-led arrangement if appropriate. The progress made by the Task Teams is periodically reported to the Core Group.

Wider TWG

The existing TWG members, along with other interested organisations and experts, remain engaged in this TWG, but with less active engagement. Most communication happens through the website, email and webinars, to share updates, solicit participation in activities, and disseminate outputs etc. Over time, this will shift towards more of a loose community of practice, and link with other existing groups/listserves such as the Health Systems Global thematic working group, the Core Group etc. The intention is to be more inclusive with wider reach, linking with other relevant initiatives, for broad engagement and dissemination.

UHC2030 Core Team

The UHC2030 Core Team will provide secretariat support to the Core Group and coordinate the Core Group meetings.

Workplan – 2019

Pillar	Task Team	CT Focal Person	Activity	Timeline	Estimated Budget (USD)	Status
1. Health System Assessment (HSA) for fragile settings guidance	Andre Griekspoor, WHO & Karl Blanchet, LSHTM lead with advisory group: Barbara Profeta, SDC Nigel Pearson Lara Ho, IRC TBC, UNICEF A Vaiffee Tulay, MoH Liberia Kanitsorn Sumriddetchkajorn, MoH Thailand Sophie Witter, ReBUILD Sameera Al Tuwaijri, WBG Xavier Modol Paul Spiegel, JH-CHH	SD/RG	Draft consultant report to advisory group++ for feedback Meeting to finalise consultant report and plan for pilots Consultant report finalised Pilot implementation in 2-3 countries (led/funded by WHE with partners) Guidance revised based on pilots, including alignment with HSG TWG terminology/structure, and adapted format Translation Dissemination plan E-learning?	Jan/Feb 18 th March End March April-September October-December December	5,000 TBC TBC	Face-to-face meeting held on March 18. Consultant report almost finalised. Case studies being planned in several countries / settings. UHC2030 role to convene partners to agree format for guidance materials and develop guidance materials in Q4.
2. Scoping on the interface of health humanitarian and development coordination	Andre Griekspoor, WHE Amy Kay, USAID Karl Blanchet, LSHTM Hala Abou-Taleb, WHO EMRO Barni Nor, SDC Ben Lane, WHO Linda Doull, WHE Olga Bornemisza, GFATM Dirk Horemans, WHO Renee van de Weerd, WHE	SD/RG	Consultant contracted Deliverable schedule TBC	April	TBC	RFP being completed, with co-funding from WHE and HGF/JWT. Next step to convene advisory group and consultants to begin implementation.
3. Advocacy for political commitment, shifts in institutional policies and practices and increased and amended modalities for financing UHC in fragile settings	Barni Nor, SDC Andre Griekspoor, WHE Ben Lane, WHO Jacob Hughes, MSH Tim Martineau, LSTM/HSG Egbert Sondorp, KIT/HSG Nick Hooton Afifah Rahman-Shepherd, Chatham House Mehr Shah, PMNCH Lasha Gogvadze, IFRC Paul Spiegel, JH-CHH Hyo-Jeong Kim, WHO Barbara Profetti, SDC Davide Mosca, UCL Desta Lakew, AMREF Elina Dale, WHO	KI (in collaboration with the UHC2030 advocacy workstream)	Develop consolidated feedback on the draft UHC2030 Key Asks for the UN HLM on UHC Collaboration with and support for Switzerland and Afghanistan on follow-up to the Call to Action on UHC in Emergencies Support Switzerland-Afghanistan-CAR for the WHA side event (subject to approval of their application) Outreach to a wider group to solicit being a champion at their respective agencies/institutions to promote the UHC2030's Key Asks, with special	March Ongoing May April-Sep	20,000 events (WHA, UNGA) (Total for 2019: 20,000)	Submitted the consolidated Key Asks specific to UHC in Fragile Settings, most of which have been incorporated into the UHC2030's Key Asks and submitted to the PGA and the co-facilitators on March 29. Explore opportunities to link with the SDG3 Global Action Plan Accelerator 7 on innovative programming in fragile and vulnerable states and for disease outbreak responses

	Irina A. Nikolic, The World Bank Group Matthew Jowett, WHO Miriam Orcutt, UCL Robert Verrecchia, Chatham House Robert Yates, Chatham House		attention to the ones for UHC in fragile settings Co-organize with the UN Foundation the mission expert brief on UHC in fragile and conflict-affected settings	May September June (TBC)		
Misc – Core Group operations	N/A	KI, SD/RG	Input to the updating of IHP+ tools to be relevant and applicable in fragile settings Organize webinars on UHC in fragile settings-related themes Outreach with related initiatives to explore potential collaboration/joint deliverables Face to face meeting to take stock of progress, re-strategise and discuss a workplan 2020 or an exit plan	TBC Ongoing Ongoing TBC	TBC TBC	The webinar for consultation on WHO’s draft Health Financing in FCAS papers on March 5.

By end 2019, KPIs:

- HSA in FS guidance developed and informed by country pilots
- Review with case studies on stakeholder coordination and potential product discussed/conceptualised
- High-level meeting declarations such as HLM-UHC include content on UHC in fragile settings with concrete political commitments and operational actions

Annex: Core Group Members

Name	Organisation
Amy Kay/Sonia Walia	USAID/OFDA
Andre Griekspoor	WHO WEP
Barni Nor	SIDA
Claudia Vivas	UNICEF
Dirk Horemans/Ben Lane	WHO
Egbert Sondorp	Royal Tropical Institute, KIT & Health Systems Global Thematic Working Group on Health System in FCAS
Emanuele Capobianco	IFRC
Fiona Campbell	DFID
Hala Abou-Taleb/Ali Ardalan	WHO/EMRO
Harriet Adong	Foundation for Integrated Rural Development – CSEM representative
Jacob Hughes	MSH
Karl Blanchet	LSHTM
Marwin Meier	World Vision – CSEM representative
Olga Bornemisza	The Global Fund
Tim Martineau	Liverpool School of Tropical Medicine
<i>Abir Shady/Diana Estevez</i>	<i>PMNCH observers – for coordination purposes</i>