

**International Health Partnership for UHC 2030 (UHC2030)
Transitional Steering Committee Meeting:
Background Document on the Global Compact
Geneva, 12th December 2016**

Contents

Background	1
Updated Global Compact.....	1
Draft Text.....	2
Process for existing and new signatories.....	4
For Decision.....	4

Background

As agreed at the 7th IHP+ Steering Committee meeting in June 2016, the transformation of IHP+ to the International Health Partnership for UHC 2030 (UHC2030) requires a revised Global Compact that is in line with the ambition of the expanded mandate in the context of the Sustainable Development Goals (SDGs).

The existing IHP+ Global Compact was agreed in 2007 as the basis for the Partnership. It sets out the goals and approach of IHP+, specifying partner commitments. All IHP+ partners (partner countries and development partners) are signatories to the Global Compact. No civil society organisations are currently signatories, although they have representation on the Steering Committee.

The Core Team, with the support of the Intensified Action Working Group (IAWG), was asked to prepare draft text for the updated Global Compact, and to propose a process for endorsement for both existing IHP+ signatories and new partners.

Updated Global Compact

The proposed text for the updated Global Compact follows the format and style of the existing IHP+ Global Compact, while being more concise.¹ The updated Global Compact seeks to be applicable to all country contexts and to a wider range of stakeholders as potential signatories. It should reflect the principles of the IHP+ and the ambition of the evolving partnership, and remain valid for the period of implementation of the SDGs. As such, reference to point-in-time issues and initiatives², specific

¹ It is proposed to keep the length of the Global Compact to a maximum of two pages of text.

² Such as Ebola, Zika.

partnership tools³, and partner commitments by constituency⁴, have been deliberately avoided. Text from existing agreements and initiatives has been used widely where appropriate to minimise the potential controversies or disputes that could complicate or delay approval: red text is SDG language, purple is from the IHP+ Global Compact, and green is from the Healthy Systems - Healthy Lives Roadmap. The principles have also been developed with inputs from the shared vision paper drafting team. Please see the draft text for the UHC2030 Global Compact below.

Draft Text

International Health Partnership for UHC 2030

Global Compact for progress towards Universal Health Coverage

This Global Compact reflects our firm support for the aims of the Sustainable Development Goals⁵(SDGs), the Addis Ababa Action Agenda⁶ and the G7 Ise-Shima Vision for global Health⁷, and is consistent with the ambition and commitment of previous inter-governmental agreements and the International Health Partnership Compact⁸.

We reaffirm that the SDGs set a broad and ambitious agenda to ensure healthy lives and promote well-being for all at all ages, leaving no one behind. To achieve this goal, we must achieve universal health coverage (UHC) working together effectively to strengthen sustainable health systems and improve health outcomes in all countries. Progressive pathways towards universality, that endeavour to reach the furthest behind first, are key to ensure no one is left behind.

Universal health coverage, whereby all people and communities have access to needed quality health services without risk of financial hardship, cuts across the health targets and contributes to the implementation of the health-related targets of the SDGs, as well as health security and equity. Countries that progress towards UHC will make progress towards the other health-related targets, and towards the other goals. Good health allows children to learn and adults to earn, helps people escape from poverty, and provides the basis for long-term economic development.

We, the signatories to the International Health Partnership for UHC 2030, commit to work together with renewed urgency to accelerate progress towards UHC, as target 3.8 in the SDGs. This will involve building and expanding robust and resilient national health systems that deliver integrated,

³ Such as the JANS, JAR, coordinated approaches to assessing health system strength and support to countries in transition, as these are yet to be defined and may evolve over time.

⁴ The existing Global Compact specifies collective commitments, and constituency specific commitments (international organisations and bilateral donors, governments, other funders). Without certainty of the range of stakeholders who might join the partnership, and the definition of constituencies, this is deemed premature.

⁵ UNGA. 2015. *Transforming our World: The 2030 Agenda for Sustainable Development*. Resolution A/RES/70/1 point 26

⁶ Addis Ababa Action Agenda of the Third International Conference on Financing for Development, Outcome Document adopted in Addis Ababa, Ethiopia, 13-16 July 2015, and endorsed by the General Assembly in its resolution 69/313 of 27 July 2015: http://www.un.org/esa/ffd/wp-content/uploads/2015/08/AAAA_Outcome.pdf

⁷ G7 Ise-Shima Vision for Global Health, agreed on 27 May 2016: <http://www.japan.go.jp/g7/summit/documents/>

⁸ International Health Partnership, *A global 'Compact' for achieving the Health Millennium Development Goals*, 5 September 2007: <http://www.internationalhealthpartnership.net/en/tools/global-compact/>

comprehensive people-centred and quality health services and financial protection. This should be led by national Governments, and in support of national health policies and plans, building on and strengthening existing sector-wide processes to avoid fragmentation.

Progressive realisation of the right to health through UHC is primarily a national responsibility, assisted through regional and global agenda setting, exchange and cooperation. As countries around the world make efforts to improve domestic resource mobilisation, international development cooperation - including international finance, south-south and triangular cooperation - remains complementary and important in many countries.⁹ We reiterate our commitment to promote adherence to the principles and behaviours of effective development cooperation, maximizing its contribution to sustainable and equitable health systems for progress towards UHC.

In our efforts to strengthen health systems and achieve UHC, we collectively subscribe to the following **core principles**:

- **Equity, human rights and non-discrimination**
- **Transparency and accountability**
- **National and sub-national ownership**, with government stewardship of the health system, including a responsibility for service delivery
- **Evidence-based national health policies, strategies and plans**, that embrace progressive universalism, and include International Health Regulations core capacity interventions and crisis preparedness
- **Alignment and harmonisation** of all stakeholders with national health policies, strategies and plans and **use** of country-owned systems for funding and the deployment of other resources to the extent possible
- Systematic commitment to active citizen, community and civil society **participation**
- **Learning** across countries, regardless of development status in achieving and sustaining UHC.

The approach includes strengthening multi-sectoral and multi-stakeholder policy dialogue and coordination of health system strengthening efforts at global and country levels, which should be reflected in country compacts or equivalents as appropriate; fostering political will, nationally and globally, for sufficient, sustainable and equitable investment in health systems for UHC; and facilitating monitoring and accountability for equitable progress towards UHC so that no one is left behind.

We acknowledge that this movement towards UHC requires multi-stakeholder collaboration, led by national Governments, with partners including, but not limited to, parliamentarians, civil societies, academia, media, the private sector and development partners. As part of this movement, we invite and encourage all stakeholders to join the International Health Partnership for UHC 2030 as an indication of our collective commitment to health systems, UHC, and effective development cooperation.

⁹ As per the Addis Ababa Action Agenda.

The World Health Organisation and the World Bank will support the coordination of the initiative at global and country levels, working with other signatories.

Process for existing and new signatories

Existing IHP+ signatories will be requested to actively 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.

It is proposed that **new signatories** 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. This approach would no longer require a handwritten signature in a book, as per the IHP+ Global Compact.

For Decision

The Steering Committee is requested to consider the following decisions:

- a) Review and approve the updated Global Compact text, agreeing any substantive changes
- b) Approve the proposed process for existing and new signatories to the UHC2030 Global Compact.