

## **The Knowledge Management Landscape for UHC2030: A Background Study to Inform the Development of a Knowledge Management Strategy**

### ***Introduction***

UHC2030 provides a multi-stakeholder platform to strengthen collaboration and contribute to the movement for resilient, sustainable, and equitable health systems in order to achieve universal health coverage and global health security by 2030. A key lever for this collaboration is knowledge management. The UHC2030 Knowledge Management Working Group (KMWG) is expected to help position UHC2030 to broker knowledge across the HSS and UHC agenda and find and build upon synergies with related networks.

A mapping of existing knowledge management initiatives and some understanding of the country demand for knowledge related to UHC were both needed to inform the development of a knowledge management strategy for UHC2030. In April 2017, KMWG met for the first time and commissioned a stakeholder mapping exercise to understand how networks, alliances, and other initiatives are engaged in knowledge management related to Universal Health Coverage (UHC) and Health Systems Strengthening (HSS). The exercise was completed by a strategic planning consultant in two phases, first to inform preliminary discussions at the UHC2030 Steering Committee Meeting in June 2017, and second to inform the development of a strategic framework for knowledge management.

The stakeholder mapping and KM landscape analysis included three main components:

1. **Completion of a literature review** to capture lessons and promising practices from previous landscaping exercises and efforts to develop and implement a KM strategy for a network or multi-stakeholder initiative.
2. **Mapping of KM engagement related to HSS and UHC** to understand better existing activities and resources and potential synergies among partners. Preliminary interviews and an online survey helped to catalog standard information from networks and initiatives related to the scope of their KM work, technical areas in which the organization is engaged to contribute to UHC/HSS, current methods for sharing knowledge, and the desired roles for UHC2030.
3. **Exploration of country demand** to identify knowledge gaps and current resources serving knowledge needs related to UHC. Semi-structured interviews with country representatives

were conducted to understand how UHC2030 could potentially serve as a knowledge broker, linking the supply and demand and helping to address need.

The following sections explore the current context for knowledge management, provide an overview of networks and initiatives engaged in KM related to UHC and HSS, and discuss the current demand based on experiences in seven countries. Promising practices that were shared through stakeholder documents, peer-reviewed articles, and interviews with five stakeholder organizations are also considered to identify the overall implications for the development of a KM strategy.<sup>1</sup>

### ***The Mandate for Knowledge Management in the Post-2015 Development Landscape***

Complex multi-stakeholder arrangements and initiatives have proliferated with the adoption of the Sustainable Development Goals. For the post-2015 sustainable development agenda, the Secretary-General of the United Nations called for a “transformational approach” that includes “multi-stakeholder, issue-based coalitions” driven by the recognition that “inclusive partnerships must be a key feature of implementation at all levels” (UNGA 2014, pp.16-19). A review of multi-stakeholder partnerships in the post-2015 development era described such arrangements as the “default mode of organization,” established when “a sustainable development issue or goal is sufficiently large, complex, and/or urgent” (AtKisson 2015, p. 7).

Perceptions of global health governance and the right power structures for finding development solutions are also shifting. Traditional geographic and sector boundaries are fading. In exploring institutional innovations related to global health governance, Smith and Lee (2017) noted an increasing focus on “network governance,” where networks “aim to create synergies across different competencies and expertise to deal with complex problems, including mobilization of resources and coproduction of policy interventions” (p. 2). This approach allows for interconnected institutions that span the public and private sectors and civil society. The “new power” reflected by this shift “favors informal, networked approaches to governance and decision making” and places “a special emphasis on collaboration” (Heimans and Timms 2014, p. 7).

Partnerships such as UHC2030 are designed to accelerate progress toward a development goal by pooling resources, including name-recognition and legitimacy. They serve as “an important aggregator and disseminator of knowledge about the issues on which they are focused” (AtKisson 2015, p.5). However, common challenges can impede effective knowledge management if they are not navigated adequately by a knowledge management strategy:

1. *The lack of common definitions.* “Knowledge management” can encompass a range of functions—including generating, capturing, pooling, updating, sharing, and disseminating knowledge. “Knowledge,” in turn, can be differentiated from other concepts related to

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<sup>1</sup> Representatives from five organizations were interviewed during this preliminary phase: Asia e-Health Information Network (AeHIN), the Alliance for Health Systems Policy and Research (AHSPR), Asia-Pacific Network for Health Systems Strengthening (ANHSS), Health Systems Global (HSG), and the International Decision Support Initiative (iDSI).

information and data. Given the diversity of organizations included in partnerships, AtKisson noted the need for a “common ontology” for knowledge management efforts to make sure all members have a shared understanding (p. 20). This dynamic has also been identified across the United Nations System, first in a system-wide review of knowledge management in 2007 and then in a follow-up review of 28 organizations in 2016. The UN experience over this time period provides a useful example for UHC2030, given the markedly different definitions for knowledge management across organizations and the implications for coordination or creating synergies (Dumitriu 2016).

2. *Inadequate investment in KM infrastructure and practices.* Standards, metrics, systems, and incentives among other support are needed for effective knowledge management. Key challenges identified by UN agencies related to KM included the lack of support and sponsorship at the senior level, insufficient staff awareness and organizational culture, inadequate ICT interoperability, and a lack of financial resources (Dumitriu 2016). These deficits worsen when trying to coordinate KM activities across organizations. In *Mapping Global Health Architecture to Inform the Future*, Hoffman, Cole, and Pearcey (2015) found that “few global health actors are involved in the sharing of intellectual property and in harmonized norms, standards and guidelines” (p. 22).

3. *The difficulties of being a knowledge broker.* UHC2030 has entered a crowded field of networks and knowledge initiatives focused on technical areas relevant for HSS for UHC. While there is a clear need to reduce fragmentation and find synergies among partners, stakeholders expressed caution in thinking through the best way that UHC2030 can serve this role (see example in box 1). The lack of adequate trust and credibility by

**Box 1. On Finding the Right Role for UHC2030 as a Knowledge Broker**

“UHC2030 needs to work on the demand side. There is a lot of knowledge available, but the problem is that the knowledge is not known or they don’t know how to use it. The channels for communications and incentives are very different in lower-income and middle-income countries and it is a different environment in which knowledge is developed and used. No Western methodology should be imposed.”

- practitioners and policymakers can “lead to a situation where the brokered evidence is made available (‘transferred’ or ‘translated’) to knowledge recipients without being taken up (‘mobilized’ or ‘implemented’) in practice” (Kislov et al 2017, p. 110).

4. *Inadequate information available about current knowledge sharing practices and opportunities.* A preliminary search for current knowledge management initiatives relevant for UHC2030 surfaced little systematic information about the sharing and coordination among actors in the current landscape. This finding was reinforced by preliminary stakeholder interviews (example in box 2) and by existing reviews of partnerships. AtKisson asserted that “knowledge sharing within partnerships is under-researched” and that “knowledge sharing *among* them...designing purposeful strategies to promote inter-partnership exchange and knowledge use in order to advance a more integrated approach to sustainable development—has not yet been systematically studied” (p.25). This dynamic

signals the value for UHC2030 of not just mapping the current stakeholder KM engagement but also establishing a mechanism in the KM strategy to regularly update the landscape analysis in a rapidly changing field.

**Box 2. On the need to understand current KM activities in the UHC2030 landscape**

“Every partnership is about coordination and collaboration. The trouble is that we don’t even really know what each other is doing, even if we are doing the same things. [Donor] has an objective, and they might fund five different networks. Someone needs to put the networks together, maybe have ad hoc brainstorming once a year, and find out what it is that we are all doing.”

Source: Stakeholder interview

**Lessons and Promising Practices for Effective Knowledge Management**

The initial analytical work and landscaping analysis undertaken by the UHC2030 KM working group provide insights into promising practices that help to address challenges noted above. Most importantly, the foundation for an effective knowledge management strategy should be a clear underlying vision. The review of KM in the United Nations System emphasized “the need for a strategic vision” as “the main common element of a preparedness framework” for planning and implementing effective KM (Dumitriu 2016). This theme also surfaced clearly in the preliminary interviews, with a warning that objectives of partnerships tend to lack clarity and become overlapping (box 3). Stakeholders reflected that the best KM roles for UHC2030 need to be clarified in terms of the extent to which the partnership should facilitate sharing existing knowledge versus actively identifying and addressing knowledge gaps.

**Box 3. On the importance of defining a clear mission for KM**

“We need to define the purpose clearly. There is this danger of mission bleed, where the same people show up in different partnerships and they try to pursue the same objectives each time. Then everyone is trying to do everything with every partnership when a different configuration of people might be better to do different tasks.”

Source: Stakeholder interview

The process of defining clear objectives for KM must also include thinking through the needed investments in systems, processes, and staff incentives within the organization. Kislov et al (2017) emphasized that knowledge brokering, done well, is a “costly and resource-intensive strategy,” that requires “substantial organizational investment and commitment.” The need for adequate financial resources and incentives to shape the right organizational culture for effective KM was identified in the review of the UN system and in guidance from the World Bank on how to become a knowledge-sharing organization (Dumitriu 2016; Janus 2016). A research study exploring the knowledge management practices and challenges in an international NGO network (One World International) underscored the need for adequate support and incentives as part of human resource management. Differences in the KM practices of different One World centers were found to stem from financial constraints and how receptive the local organizational culture was to rewarding knowledge generation and sharing (Smith and Lumba 2008).

A critical KM need for achieving UHC is to better inform health policymaking and health system strengthening with robust research evidence. One promising model emerging to address this need is that of “embedded research,” in which policymakers, program managers, and implementers work directly with researchers to produce evidence relevant for key policy priorities (Langlois et al, 2017). This model, developed and piloted by the Alliance for Health Policy and Systems Research, reflects a growing call for demand-driven KM. However, determining what role(s) UHC2030 should serve in addressing this gap must include a careful consideration of the needed resources (box 4).

Another important message related to knowledge management is the need to establish a “learning loop” for strengthening organizational performance. KM should not just include a range of functions related to generating

**Box 4. On the need for adequate investment to achieve KM objectives**

“They need to do this [KM] right and have the purpose and expectations very carefully considered. If they will be generating policy and planning knowledge, they need to hire lead people who can do this and be very clear for whom they want to generate knowledge...a key issue is that there is a huge trust gap between researchers and policymakers.”

or sharing knowledge about EDC, HSS, and UHC, but it should also include appropriate metrics to assess the extent to which the KM objectives are being achieved and where adaptations might be needed. The KM strategy developed for the Least Developed Countries Fund (LDCF) and the Special Climate Change Fund (SCCF) demonstrates one approach for helping to ensure that KM practices and processes are results-oriented. To ensure that KM is integrated into the overall “results architecture,” the LDCF and SCCF have developed a KM framework directly linked to the overall results framework for both funds. This practice is closely aligned with the knowledge management preparedness framework for the UN System, which calls for the alignment and integration of the knowledge management strategy with any other strategies or plans of actions developed by an organization (GEF 2011; Dumitriu 2016).

Finally, UHC2030 can learn from other organizations in setting up the right knowledge sharing processes for achieving KM objectives. In his assessment of current knowledge sharing practices in multi-stakeholder partnerships, AtKisson (2015) observed that “best practice in knowledge sharing is leaving behind the world of static publications and websites...and moving to more differentiated mixes of contemporary tools and approaches” (p. 18). Some more innovative practices surfacing in the field include databases of tools that practitioners can download and use, visualization platforms and knowledge maps, and interactive modeling platforms that provide automated analysis and diagramming to explain cause-and-effect relationships.

## ***Networks and Initiatives in the UHC2030 Knowledge Landscape***

### **Mapping Knowledge Providers**

Networks and knowledge initiatives selected for stakeholder mapping were identified through a snowball sampling process. A preliminary list of actors was suggested by the Secretariat of UHC2030, the Joint Learning Network for UHC (JLN), Providing for Health (P4H), and the

Alliance for Health Policy Systems Research (AHPSR) and these linked to additional organizations and knowledge resources identified on websites or in interviews to build a master list of 55 stakeholders and KM initiatives relevant for UHC. These included 23 networks and associations; 12 partnerships and global health initiatives; 14 conferences and knowledge initiatives, and 6 observatories.<sup>2</sup>

In September 2017, designated representatives of these networks and knowledge initiatives were invited to participate in an online survey to capture more systematic data about current knowledge management practices and potential roles for UHC2030. Four reminders and customized follow-up to locate alternate points of contact at targeted networks resulted in a dataset that profiles knowledge management engagement at 27 networks.<sup>3</sup> Additional information on the stakeholder mapping methodology and the complete list of organizations identified are in Annex 1. The survey questionnaire is in Annex 2.

Overall, the challenges encountered while identifying and surveying network representatives underscored the extent to which the current landscape is a dynamic one. Contact information for network representatives was often outdated. Some respondents served roles for multiple networks or initiatives and found it difficult to separate out the practices for a specific one given that KM activities often happen through partnerships and collaboration. Respondents for initiatives housed within larger organizations did not necessarily differentiate between the KM practices linked to the specific initiative versus those of the host. Nonetheless, the responses provided useful insights into current KM activities, products and partnerships related to UHC as described below.

### **KM Engagement**

The initial desk review showed that, although KM terms do not have common definitions across stakeholders, all networks and initiatives engage in at least one of the following three KM functions:

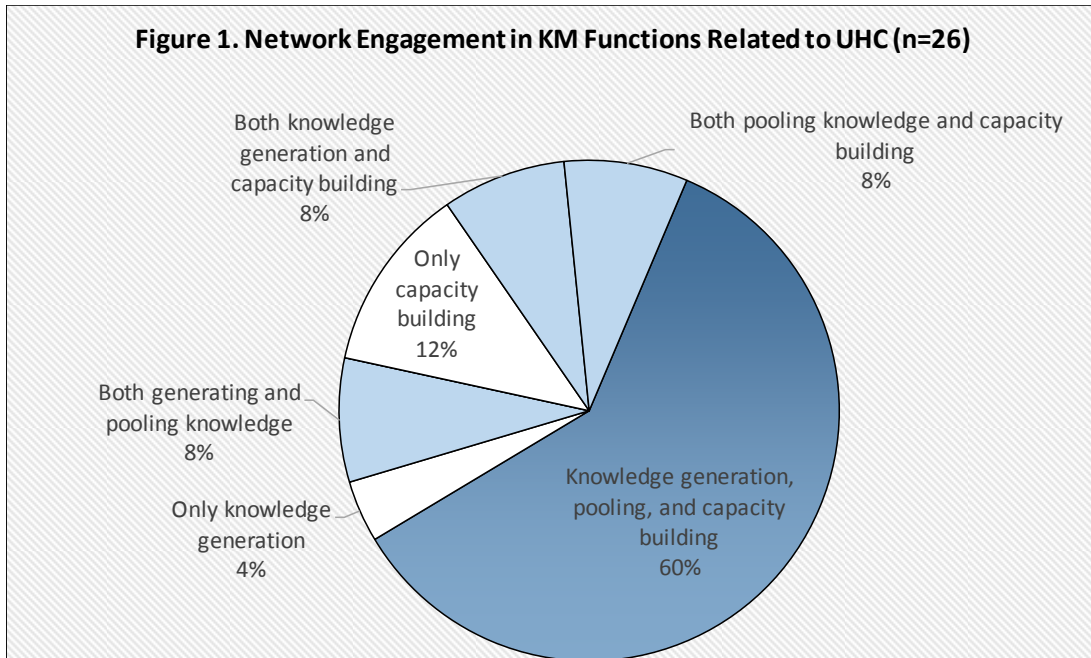
- Generation of knowledge products and services (research, evaluation, analysis);
- Pooling of knowledge resources (serving as information clearinghouse); and
- Capacity building (e-learning courses, peer exchanges, technical assistance, etc.).

Survey responses indicated that networks often serve overlapping KM functions. As shown in Figure 1, more than half (60%) of the responding networks and initiatives reported serving all three functions, and nearly a quarter (24%) reporting serving two of the three functions.

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<sup>2</sup> A list of more than 60 observatories was available via the WHO website, but the ones included in the preliminary list were specifically identified by the UHC2030 Secretariat or in the literature review for KM activities related to EDC, HSS, and UHC.

<sup>3</sup> Incomplete survey responses were augmented through interview data and the review of websites in some cases.

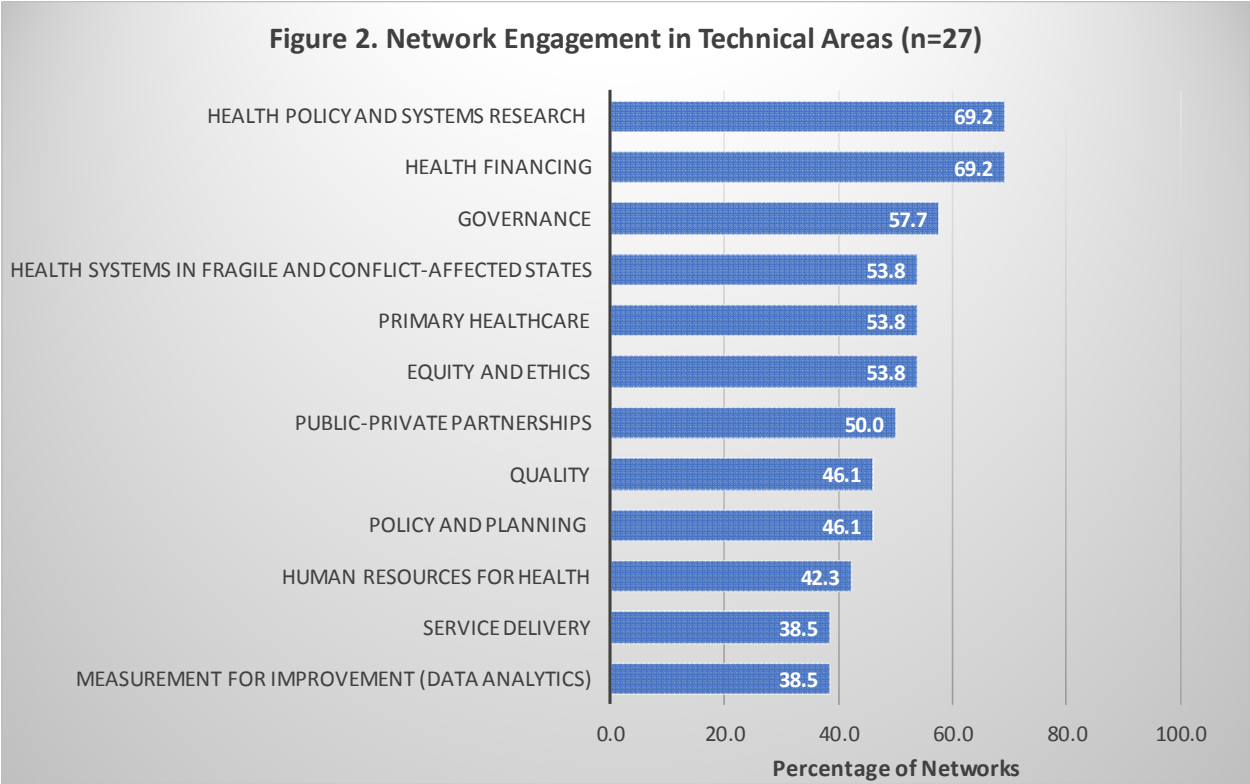


Nearly all responding networks and initiatives also reported actively sharing knowledge with members or with external audiences (both 85%). However, comments provided by respondents underscored the need for a more nuanced understanding of knowledge sharing beyond just an internal versus external distinction. Added definitions for knowledge sharing included:

- Advocacy and culture change activities to enhance the acceptance and application of social innovation approach by all health system players including government to ensure communities are engaged in the process
- Supporting the establishment of platforms and hubs to convene and facilitate dialogue with all actors
- Intersectoral and multidisciplinary approaches with research embedded in the whole process with participation of all actors
- Sharing knowledge with partners and strategic audiences, such as countries and/or providers of technical assistance

Stakeholder organizations and knowledge initiatives related to UHC focus on a range of interconnected and overlapping technical areas. While there were some differences in the exact labels used by each organization, the desk review identified 16 common topics used by multiple stakeholders in their KM activities. This list provided the basis for a closed-ended survey question to explore how many stakeholders in the KM landscape have been engaged in each technical area related to health systems strengthening and universal health coverage during the past 12 months.

The original rationale for including this question was to map the main content providers active in each technical area. However, survey findings showed that networks tend to have a crosscutting interdisciplinary approach to knowledge management, with networks rarely focused on just one or two content areas. Figure 2 shows the top 12 areas of engagement, with more than two thirds of the responding networks reporting some focus in health policy and systems research or health financing (both 69%). More than half of the responding networks also focused on governance (57%), health systems in fragile and conflict-affected states (54%), primary healthcare (54%), and equity and ethics (54%).



Overall, the analysis of networks by technical area spotlighted broad engagement by 10 of the surveyed networks and initiatives, each active across 10 or more technical areas. These networks and initiatives are listed in Box 3.<sup>4</sup>

<sup>4</sup> Note that the survey question asked simply “in which technical areas does [Network Name] focus?” The responses therefore do not provide information on the intensity or quality of engagement in each area.



Technical areas listed in the survey that recorded the lowest levels of engagement among networks included information and communication technology (35%), health economic analysis

**Box 3. Networks and Initiatives Reporting the Broadest Engagement Across Technical Areas**

- Action for Global Health
- Africa Health Leadership and Management Network with AMREF Health Africa
- African Health Economics and Policy Association
- Communities of Practice hosted by Collectivity (thecollectivity.org)
- Gavi, the Vaccine Alliance
- Global Health Workforce Network
- Health Data Collaborative
- International Decision Support Initiative
- Joint Learning Network for UHC
- Social Innovation in Health Initiative

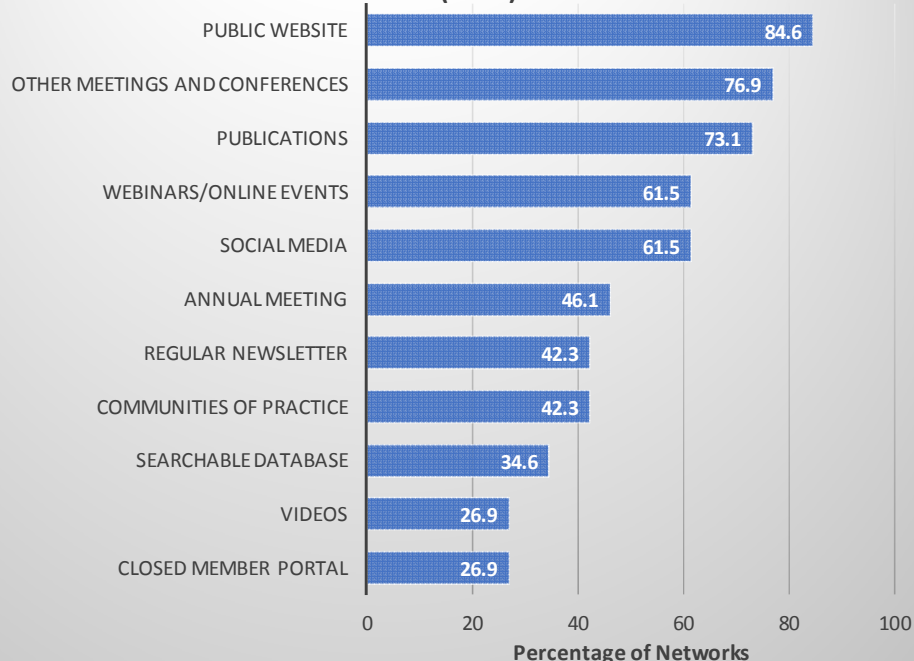
and research (35%), and medicines in health systems (27%). Respondents also identified a long list of “other” technical areas, underscoring the inherent challenges of building a common taxonomy. Some terms added clear, separate content areas to the list (e.g., health technology assessment, demand promotion) whereas others were overlapping but not the same as the listed topics (e.g., Data management, leadership management and coordination, etc.).

In addition, responding networks and initiatives indicated how they had shared knowledge related to UHC and HSS in the past 12 months. As shown in Figure 3, more than three-quarters shared knowledge via a public website (85%) or through meetings and conferences other than an annual meeting (77%). They also commonly issued publications (73%), held webinars or other online events (61%) or used social media (61%).

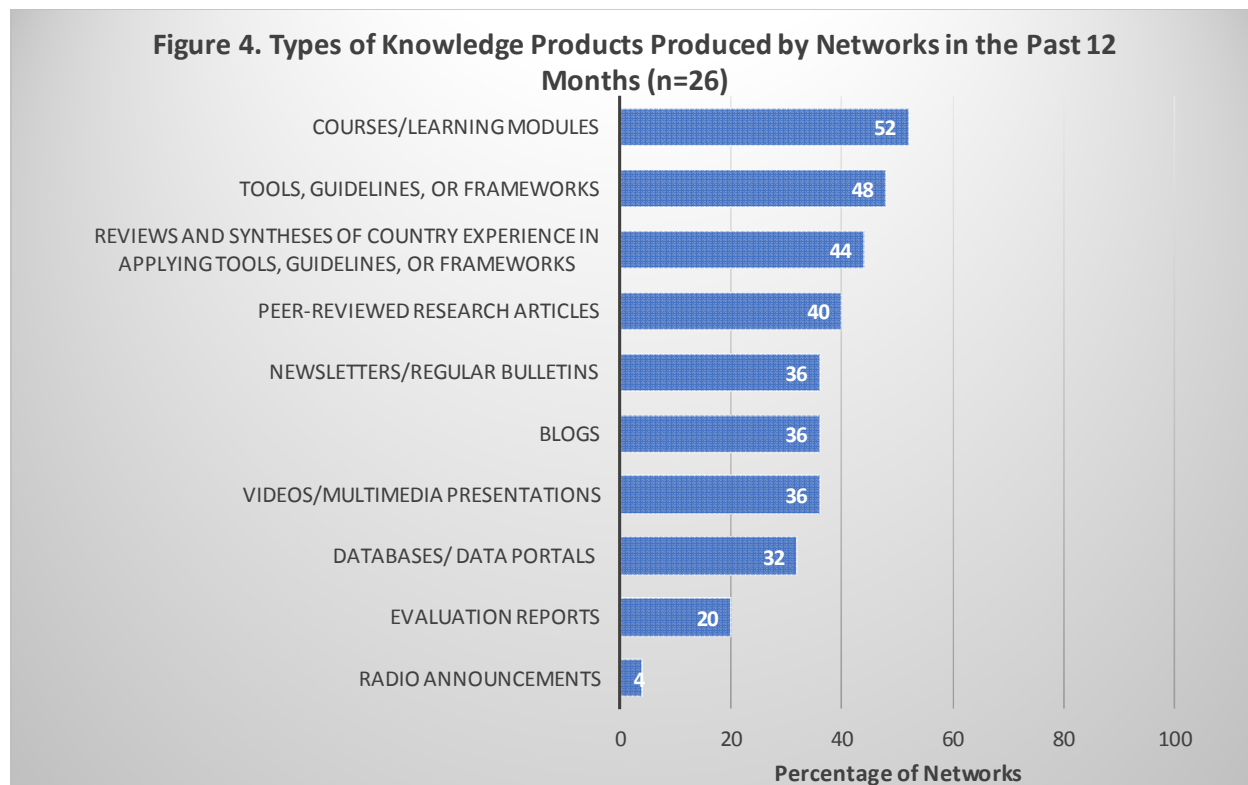
**Knowledge Products and Partnerships**

To help capture a snapshot of the current KM activity in the UHC2030 landscape, the survey

**Figure 3. Knowledge Sharing Channels and Tools Used by Networks in the Past 12 Months (n=26)**



asked respondents to indicate which types of knowledge products they had produced related to UHC and/or HSS in the past 12 months. As shown in Figure 4, about half had offered courses or learning modules (52%) or tools, guidelines, or frameworks (48%). The networks and initiatives also commonly offered reviews and syntheses sharing the experience of countries applying tools, guidelines, or frameworks (44%) and peer-reviewed research articles (40%). More than a third produced newsletters or bulletins, blogs, and videos or other multimedia presentations (all 36%).



In theory, the brief survey was designed to provide an overview of which networks were providing which types of knowledge products related to specific technical areas. However, given the broad engagement of respondents across technical areas, this level of analysis was not possible.<sup>5</sup>

Information on the types of knowledge products was supplemented by qualitative descriptions of specific knowledge products and key partnerships. Descriptions do not provide an exhaustive list, but they do illustrate the types of collaboration and KM engagement across the landscape. Most of the described KM activities serve overlapping functions, but they can be categorized in terms of a dominant function as demonstrated by the following examples related to pooling knowledge resources, joint knowledge generation, capacity building and peer exchange, and the growing number of initiatives designed to reduce fragmentation and increase strategic collaboration.

<sup>5</sup> The survey questionnaire was short to limit response burden (7-10 minutes) and increase response rates during this exploratory phase. UHC2030 could use a more detailed data collection mechanism going forward to have networks list knowledge products by technical area(s).

### *Pooling Knowledge Resources*

- The Center for Health Market Innovations (CHMI) CHMI provides free access to the world's most comprehensive database of health market innovations in developing countries, serving as a backbone for in-country activities to catalyze new partnerships and opportunities to take promising innovations to scale. The CHMI database provides information on over 1,400 innovative health enterprises, nonprofits, public-private partnerships, and policies in low and middle income countries that are making quality healthcare affordable and accessible to the world's poor.
- The IntegratedCare4People web platform (<http://www.integratedcare4people.org>) supports knowledge exchange and interaction among stakeholders around the five strategies proposed by the WHO Framework on integrated people-centered health services. The platform has a growing repository of WHO documents, scientific publications, implementation reports, toolkits, multimedia and other resources with information and insights about integrated people-centered health services.
- Health Technology Assessment International (HTAi) provides free access to published papers of the HTAi Policy Forum and hosts a searchable HTA Vortal (<https://vortal.htai.org>). The vortal (vertical industry portal) is a product of the HTAi Interest Group on Information Retrieval (IRG) designed to organize all information of interest about HTA including all HTA producers and networks.
- The global network for health financing and social health protection, Providing for Health (P4H), has established a new web portal designed to empower members and stakeholders in accessing, diffusing, sharing knowledge. Community of users own their dashboard to define the areas of knowledge they are interested to follow, international health professionals and organizations they want to interact and collaborate with, and what countries and regions they want to be involved with.

### *Joint Knowledge Generation*

- The Alliance for Health Policy and Systems Research (AHPSR) regularly works with partners to develop knowledge products. Some examples include the development of 20 country case studies on primary healthcare in collaboration with the Bill and Melinda Gates Foundation; a World Report on HPSR with WHO; collaboration with Pan American Health Organization (PAHO) to produce a special issue of Revista on embedded research; work with UNICEF for research calls on embedded research; and work with the Doris Duke Charitable Foundation for case studies on the demand for and use of evidence in Ghana, Mozambique and Ethiopia.
- INDEPTH Network was funded by the Rockefeller Foundation to research into access to health insurance by the poor and vulnerable in Ghana and Vietnam where national health insurance schemes exist. INDEPTH is currently funded by the Gates Foundation to look at household out-of-pocket expenditures in Ghana, Vietnam and Burkina Faso. The research is based on health and demographic surveillance systems.

- The USAID funded Health Finance and Governance (HFG) project and the Applying Science to Improve Systems (ASSIST) project, along with the Joint Learning Network for UHC (JLN), Institute for Healthcare Improvement (IHI), and WHO are working to provide practical tools to be used by country practitioners to improve governance to enable, foster, and ensure quality health services. This effort includes reviewing and documenting global experiences in institutional relationships for governing quality in the health sector and providing guidance on success factors in structuring institutional roles, responsibilities, and relationships.
- Health Systems Global (HSG) works closely with AHPSR to engage HSG members in knowledge production related to the health policy systems research field and to disseminate knowledge products broadly. HSG also has formal journal partnerships with HPP, BMC Health Services Research and BMJ Global Health to facilitate the generation and dissemination of knowledge.
- The International Network of Agencies for HTA (INAHTA) collaborated with Health Technology Assessment International (HTAi) to develop a white paper describing the important role that HTA can play in decisions about health policy and practice in developed and developing countries. HTA is presented as a tool for bridging the know-do gap in health care management, recognizing common and contrasting challenges of improving the use of HTA in developed and developing countries.

#### *Capacity Building and Peer Exchange*

- The Asia Pacific Network for Health System Strengthening (ANHSS), with support from USAID and the World Bank, delivers a flagship course for the Asia Region. For 2018, this course is “The Challenge of Universal Health Coverage – Health System Strengthening and Sustainable Financing,” scheduled to take place in Negombo, Sri Lanka, from March 5-9th, 2018. The course builds on the three previous regional courses held in Bangkok (2014), Colombo (2015), and Siem Reap (2016).
- Healthcare Information for All (HIFA) has 16,000 members from 175 countries active in five different online discussion forums on themes related to UHC. HIFA plans to have forums in all six United Nations languages (English, French, Spanish, Arabic, Russian and Chinese) as well as Portuguese.
- The Universal Health Coverage Partnership (UHC Partnership) supports policy dialogue on national health policies, strategies and plans, health financing, and effective development cooperation, with a view of promoting universal health coverage in about 30 selected countries. Since 2011, the UHC Partnership is supported and funded by World Health Organization, European Union and Grand Duchy of Luxembourg. It is a country-level resource for UHC2030, providing the vehicle for actors to build country capacity in strengthening health systems and ultimately achieving health-related sustainable development goals.
- WHO recently launched the first e-learning course on health financing policy for universal health coverage. The course includes six modules to cover the core functions of health

financial policy: overview, revenue raising, pooling revenues, purchasing, benefit package design, and summary.

*Initiatives Designed to Reduce Fragmentation and Increase Strategic Coordination*

- The Social Innovation in Health Initiative and TDR, the Special Program for Research and Training in Tropical Diseases, are working with the Essence on Health Research Initiative (<http://www.who.int/tdr/partnerships/essence/en/>), which allows donors and funders to identify synergies, bring about coherence and increase the value of resources and actions for health research. Specifically, Essence works to facilitate enhanced policy dialogue between the funders of research for health; pilot innovative approaches to achieve harmonization and the optimization of resources; promote the development and implementation of national strategies for research; and improve monitoring and evaluation to track inputs, process, outcomes and the impact of investment in capacity development.
- In an effort to coordinate and harmonize efforts across global actors working in health policy and systems research (HPSR), a Learning Engaging and Advocating for Policy and Systems Research (LEAP) Forum was launched in Stockholm, Sweden in April 2017. LEAP is an international network of organizations who have come together to coordinate efforts in generating and using policy and systems knowledge to share lessons learned and promote research that is embedded in health systems to enhance its use in decision-making. LEAP is comprised of the following founding institutions: AcademyHealth; the Alliance for Health Policy and Systems Research; The Cochrane Collaboration, Doris Duke Charitable Foundation; Health Systems Global; the European Observatory on Health Systems and Policies; the Evidence-informed Policy Network; InterAcademy Partnership; Sax Institute; World Heart Federation; World Organization of Family Doctors and UNICEF Innocenti Research Centre.
- The Health Data Collaborative is a joint effort by multiple global health partners to work alongside countries to improve the availability, quality and use of data for local decision-making and tracking progress toward the health-related Sustainable Development Goals (SDGs). The aim is to build on existing efforts by establishing a network of working groups that develop standards, indicators and other tools to help countries collect, analyze and use good health data. The working groups are time-limited groups of technical experts from partners, countries, academia and civil society that are brought together to work collectively on specific deliverables of the Collaborative's work plan. This could entail the development and harmonization of standards and tools to strengthen country health information systems and capacities.
- Collectivity ([www.thecollectivity.org](http://www.thecollectivity.org)) is a collaborative platform designed to bring together people involved in the design, implementation and evaluation of policies. Partners include the Institute of Tropical Medicine Antwerp, Health Harmonization for Africa, NORAD, and Blue Square. Separate communities of practice engage in joint knowledge generation and skills development related to specific technical areas.

## Engagement with UHC2030

The survey asked respondents to indicate their current level of interest for becoming a UHC2030 partner or associated network along a closed-ended rating scale.<sup>6</sup> However, only 21 of the 27 networks and initiatives provided a response to this item, with four of those indicating they were “not familiar with UHC2030.” Of the remaining 17, more than half (9) were already a UHC2030 partner, and the rest were divided between “very interested” (4) and “somewhat interested” (4).

Open-ended comments highlighted the difficulties of responding to this survey question. Reasons why respondents chose not to select a rating included that they would need to do consultations within their own organization to learn about the current level of interest, that their initiative was part of a larger organization (such as WHO or the World Bank) that would hold responsibility for such a partnership decision, or that their organization was currently undergoing a transition in leadership or focus.

Perhaps more interesting were the detailed suggestions for what roles UHC2030 could serve related to knowledge management for UHC and HSS. Recurring themes from responding networks and initiatives framed six interrelated potential roles:

- *Virtual host and convener for communities of practice.* UHC2030 could be the go-to place for virtual discussion forums in all technical areas related to UHC. A joint initiative with HIFA could mobilize multilingual forums to run thematic discussions with worldwide participation. Communities of practice (CoPs) previously hosted by HHA and now part of Collectivity could be linked to UHC2030.
- *Digital platform to host existing tools.* Web platforms and knowledge portals are proliferating in efforts to coordinate KM activities. UHC2030 could serve as a knowledge clearinghouse for existing knowledge products available online, with an ongoing communications campaign to establish the UHC2030 platform as the go-to resource for addressing knowledge needs.
- *Coordinator and connector.* UHC2030 could facilitate connections between networks and knowledge initiatives with objectives in common. The ability to identify these synergies would require a more detailed inventory of KM engagement, perhaps by creating a central registry where interested networks can record their current activities and products and express interest in potential areas of collaboration.
- *Amplifier of current efforts.* UHC2030 could broaden the stakeholder engagement in and dissemination of current KM initiatives. This role would likely happen naturally in

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<sup>6</sup> Ratings were along a 4-point continuum: 4. Already a UHC2030 partner (have signed the UHC2030 Global Compact) or an associated network; 3. Very interested—leadership is seriously discussing or has started the process to join UHC2030; 2. Somewhat interested—some members or leaders are promoting joining UHC2030, but there is not adequate consensus to support this decision; and 1. Not interested—joining UHC2030 does not seem relevant to our organization at this time. Respondents also had the option to select “not familiar with UHC2030—it is not clear what joining UHC2030 would entail and how this would benefit our organization.”

conjunction with other functions (i.e., serving as coordinator, establishing digital platform, etc.) in cases where networks are willing to share products beyond their own membership.

- *Galvanizer of political will.* UHC2030 could help to communicate the importance of making evidence-based policy decisions to achieve and track progress toward UHC.
- *Funder and supporter.* Some networks suggested that UHC2030 should serve as a funding platform and/or a source for capacity building to increase the scope and effectiveness of existing efforts in the field.

Each of these suggested roles has implications for KM engagement, but in some cases they also relate to other work streams under UHC2030 focused on communication, advocacy, and coordination. To explore the potential value of these suggestions offered from a supply side perspective, qualitative interviews were conducted with country representatives to understand better the demand for KM activities and services related to UHC.

### **Country Demand**

In October 2017, a preliminary exploration of the country demand for knowledge related to UHC was conducted through seven semi-structured interviews with representatives from Chile, Ghana, Indonesia, Kenya, Mexico, Nigeria, and Thailand.<sup>7</sup> Representatives invited to participate in interviews were identified based on their affiliation with the JLN Steering Group or UHC2030 Steering Committee. Themes explored during these discussions included how countries engage with the global development community to gain or develop knowledge related to UHC, current knowledge gaps and challenges, and recommended roles for UHC2030 from the country perspective.

### **KM Engagement with the Global Development Community**

The country representatives who were interviewed described a variety of ways that countries get help from the global development community to compile the knowledge they need related to UHC. In general, countries do not have a country-level mechanism to coordinate knowledge requests even though the preferred practice noted in theory would be to have requests filtered and coordinated by the Ministry of Health or other central entity. Two exceptions were Chile and Kenya. In Chile, the Ministry of Health facilitates international relationships and often works through PAHO when international support is needed. In Kenya, the Country Core Group established for the JLN includes the major UHC stakeholders and increasingly serves this coordination function more broadly than just for JLN engagement.

Across the seven countries, representatives shared examples about how international support can help to advance progress toward UHC. These descriptions highlighted the following recurring themes.

- *Co-producing knowledge products.* Through collaboration with one or more international organizations, country stakeholders help to develop knowledge resources that are directly

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<sup>7</sup> Additional representatives from South Africa, the Philippines, and Mongolia expressed interest in the demand study but were unable to participate in interviews in the short timeframe given their travel schedules and/or last-minute schedule conflicts.

relevant for the country context. For example, the Ghana representative described the process for learning to use electronic data more effectively to inform policymaking and program implementation. An important early step was to collaborate with the JLN in developing *Using Data Analytics to Monitor Health Provider Payment Systems: A Toolkit for Countries Working Toward Universal Health Coverage* (JLN 2017). Similarly, Mexico worked to advance reforms across a fragmented health system by working closely with the Organisation for Economic Cooperation and Development (OECD) to produce detailed reviews and recommendations (OECD 2016).

- *Finding the right network for practical development solutions.* In-country stakeholders develop their own networks of trusted resources and draw on these as needed to address challenges. This sometimes involves collaboration to co-develop resources as noted above but more broadly reflects a pattern of returning to known sources for development solutions related to specific technical areas. The JLN featured prominently in examples, with Indonesia using the JLN costing manual to set the capitation rate for primary care, Kenya consulting with the JLN related to health financing, and Chile enlisting the help of the JLN for finding a different way of allocating resources and paying providers.<sup>8</sup> Other network examples also surfaced such as Thailand working closely with HTAsiaLink to strengthen the methodologies and use of health technology assessment and Kenya working with the Health Data Collaborative to integrate health data systems.
- *Bilateral collaboration.* Representatives valued learning from the experiences of other countries and cited the importance of knowing whom to reach out to either in the region or more broadly for relevant cases. For example, Thailand described providing advice for Laos to advance progress toward a national health insurance scheme and working with other countries in the region to build health policy systems research capacity. Mexico sought advice from Chile regarding national health insurance, and Indonesia found that Denmark provided a useful example of a social health insurance system.
- *Finding an in-country champion to coordinate efforts.* Achieving progress can be hindered by “too many experts,” with different agencies engaged in different but sometimes overlapping initiatives. An ideal scenario is to have one stakeholder serve as the point of contact to shepherd development assistance and knowledge management related to a specific reform. The success of this approach was spotlighted particularly in Ghana, where a coordinated approach led to major advances in the management and use of electronic data. An early step was the collaboration with JLN on data analytics noted above, and subsequent progress was achieved by enlisting the help of Health Systems Global (HSG) to develop an interactive membership database and dashboard which allows for the analysis of data by subpopulation and district. Similar work is now underway for the national claims registry.

Overall, the descriptions of countries’ efforts to acquire knowledge from the global development community outlined clear successes but also conveyed a fragmented approach.

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<sup>8</sup> There was some bias toward focusing on JLN examples given that this ‘light touch’ study used the JLN Steering Group list to identify country representatives for interviews.



Stakeholders do not necessarily know what resources have been developed or whom to consult for the most relevant guidance.

### **Knowledge Gaps and Challenges**

All the country representatives interviewed provided examples of knowledge currently needed to advance UHC reforms that they had been unable to find in a usable format. These knowledge gaps included the limited availability of content in some technical areas, the lack of practical resources that could be readily applied in the country context, and the nearsighted nature of international development assistance.

The need for content in the following technical areas was emphasized by three or more of those interviewed:

- *Population coverage*—how to expand coverage given the country context, such as the geographic challenges of Indonesia as an island country or the presence of a large informal workforce in Nigeria.
- *Monitoring and evaluation*—including guidance for developing integrated M&E systems to assess implementation and progress, more robust M&E for pilots to facilitate learning, and increasing the use of a management information system to inform decisionmaking.
- *Domestic resource mobilization*—with examples of innovative financing and guidance for how to get the Minister of Finance to understand what the MoH is saying about adequate provisions for healthcare.
- *Quality*—including how to maintain or promote quality while increasing access and how to shift the concept of quality to focus on the patient perspective.
- *Primary health care*—how do countries successfully shift from a focus on financing hospital care to paying for primary care; how do countries introduce the practice of preventative care without increasing unnecessary visits to health facilities.
- *Designing a benefit package*—with guidance for the actuarial analysis to determine the real cost of care and funds required and considerations on price regulation for pharmaceuticals.
- *Health workforce and deployment*—how to promote and assess better performance and increase gender responsiveness.
- *Governance*—how to create better coordination across a fragmented health system and provide a more active role for civil society.

Those interviewed underscored the importance of developing practical examples to “keep it real.” Simple case studies, toolkits, peer exchanges and other forms of clear how-to guidance are the most useful. Some representatives expressed frustration with the current supply of knowledge resources, noting that they focus only on what works elsewhere and that a stronger culture for embedding research is needed to inform local adaptation. Some existing toolkits are potentially useful, but countries find them difficult to implement given cost restraints.

Finally, country representatives expressed caution about focusing too much on current knowledge gaps. The health sector is rapidly changing. Some ministries of health are working to transition from a main focus on communicable diseases to more chronic conditions such as obesity and diabetes. Others are striving for a multi-sectoral approach to address challenges related to aging and traffic accidents. Information and communication technology, particularly mobile health applications, are rapidly changing the healthcare landscape and the distribution of and demand for services. Many of the knowledge solutions developed for today's problems are likely to be obsolete when they are ready for use, so the global development community needs to strategize more with a vision of the future and help countries "leapfrog" into the 21<sup>st</sup> century.

### **Requested roles for UHC2030**

Better synergy is needed among stakeholders working toward UHC, and all the country representatives interviewed indicated that UHC2030 could serve valuable roles related to knowledge management. Suggested roles focus on connection and coordination rather than knowledge generation. Three functions surfaced as a starting point:

- To serve as a knowledge hub, providing connections to existing resources and initiatives and becoming recognized as the go-to resource for UHC for both providers and users.
- To provide a "rallying cry" to leverage knowledge for making evidence-based policy decisions. This component would help countries to plan for continuity, develop a more coordinated approach to UHC at the country level, and strengthen the link between technical know-how and political will.
- To create a cycle of learning what works. UHC2030 could not only serve as a central clearinghouse for knowledge but also collect feedback about knowledge use and implementation experiences.

To effectively serve any of these roles, UHC2030 will need to effectively register current demand. Channels for keeping track of country needs could include linking to academia and CSOs for regular communication, establishing a formal link to policymakers such as through the MoH or through an established leadership body such as the JLN Country Core Group, and periodically surveying users of knowledge products or participants in UHC2030 events.

### ***Implications for the UHC2030 Knowledge Management Strategy***

This analysis of the current dynamic landscape for knowledge management related to UHC revealed a rich collection of networks, initiatives, and other knowledge providers that form partnerships and continually adapt their workplans to respond to funding opportunities and country demands. Some of the organizations, such as AHPSR or the JLN, have produced dozens of knowledge products across multiple technical areas. The snapshot of knowledge providers developed for this study does not provide an adequate directory of activities for mapping areas of specialization and potential synergies across networks. Instead, the findings provide guidance for establishing a more detailed mechanism within UHC2030, in which partners and affiliated networks could register products and services related to specific technical areas and provide periodic updates.

A comparison of the input from networks and knowledge initiatives with the brief input from country representatives highlights some key potential gaps between the supply of and demand for knowledge related to UHC. More practical how-to guidance, frameworks, and tools are needed for countries to adapt and use to address local challenges. Some of the content areas noted to be in high demand by countries received little to no mention in the survey of networks. For example, relatively few providers mentioned any focus on population coverage, ICT, or data analytics.

Overall, findings from the desk review, survey of networks, and country interviews pointed to four potential functions for UHC2030 to serve related to knowledge management. These are listed below with a cursory description of the types of activities that the function might entail.

1. Serve a connector role as a network knowledge hub, providing an interface for navigating existing platforms and portals.
  - a. Identify synergies among existing platforms and portals
  - b. Pool and archive digital knowledge resources produced by partners (if not captured in existing platform(s))
  - c. Link users to digital knowledge through directory guidance, help desk function, etc.
2. Align KM engagement more closely with country demand to reduce knowledge gaps related to UHC.
  - a. Refine understanding of gaps—knowledge content and services countries need that are not currently provided by global development community
  - b. Facilitate joint knowledge generation of country experience on UHC to address gaps
3. Leverage knowledge for galvanizing political will to make evidence-based policy decisions to achieve and track progress toward UHC.
  - a. Establish and support a continuous cycle of learning what works, sharing cases and lessons
  - b. Contribute to evidence base in close coordination with advocacy workstream to help strengthen the link between technical know-how and political will
4. Amplify current knowledge sharing efforts to accelerate progress toward UHC.
  - a. Broaden stakeholder engagement in existing initiatives and disseminate knowledge products more effectively to potential users
  - b. Provide a space (working groups, meetings) for the dialogue on the future of health development cooperation “beyond aid” and for the dialogue on global governance of UHC.

Promising practices identified during this review highlight the importance of articulating a clear vision for UHC2030 related to knowledge management and investing adequate resources to support the vision. The formulation of strategic pillars and an associated workplan for knowledge management should be coordinated closely with the other UHC2030 workstreams. Together, the workstreams can effectively strengthen multi-stakeholder policy dialogue and advance policy reforms to accelerate progress toward UHC.

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*Note:* The list below reflects publications cited from the literature review. It does not include the many documents and publications developed and shared by UHC stakeholder organizations on their websites that were reviewed during this preliminary stage.

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## **Annex 1 : Stakeholder Organizations and Knowledge Initiatives with a Focus on UHC**

Understanding the current landscape is important for identifying how UHC2030 can add value regarding knowledge management, ensuring complementarity and reducing fragmentation. Guidelines for stakeholder mapping were designed to provide a logical approach for navigating a rapidly growing field of organizations and initiatives focused on some aspect of KM for UHC.

- Selection criteria were established to determine how broad the scan would be. The initial vision of UHC2030 as a knowledge facilitator, broker, and hub led the following determinants for inclusion:
  - UHC2030 will serve as a network (or “hub”) of networks, alliances, knowledge initiatives, and conferences. The mapping exercise therefore focused on collaboration, so individual development agencies, NGOs, universities, and scholarly journals were not included.
  - Selected organizations are currently active and expected to continue engaging in KM activities.
  - Each organization or initiative has an online presence, with detailed information and documentation available via a website in English.
  
- Categories were established for the organizations and initiatives that were included. A recent rapid assessment of the organizations and platforms facilitating learning to improve health systems noted that, “the international environment is ‘messy’ with numerous overlapping ways of categorizing organizations” and proposed a useful classification system that was adapted for this exercise (Witter et al 2017, p.4).

Based on these guidelines, a preliminary scan identified a total of 55 stakeholder organizations and knowledge initiatives currently active and relevant for UHC2030. These included 23 networks and associations; 12 partnerships and global health initiatives; 14 conferences and knowledge initiatives, and 6 observatories. Those initially suggested by the Secretariat of UHC2030, JLN, P4H and AHPSR were included if they are currently active. The full list is presented below.

<b>Name</b>	<b>Website</b>	<b>Location of Headquarters</b>	<b>Technical Areas Listed in Survey</b>
<b>Networks and associations</b>			
Action for Global Health (AfGH)	<a href="http://www.actionforglobalhealth.eu/">http://www.actionforglobalhealth.eu/</a>	UK	Equity and ethics; governance; health financing; human resources for health; medicines in health systems; policy and planning; primary healthcare; public-private partnerships; quality; health systems in fragile and conflict-affected states; other—UHC + different health priority areas (e.g., malaria, AMR, etc.)
African Health Economics and Policy Association (AfHEA)	<a href="http://afhea.org/en/">http://afhea.org/en/</a>	Ghana	Equity and ethics; health financing; health economics; health economic analysis and research; health policy and systems research; human resources for health; policy and planning; primary healthcare; public-private partnerships; quality; service delivery

Name	Website	Location of Headquarters	Technical Areas Listed in Survey
African Health Leadership and Management Network	<a href="http://www.ahlmn.org/">http://www.ahlmn.org/</a>	Kenya	Governance; health policy and systems research; human resources for health; ICT; measurement for improvement (data analytics) medicines in health systems; primary healthcare; public-private partnerships; quality; health systems in fragile and conflict-affected states
Asian eHealth Information Network (AeHIN)	<a href="http://www.aehin.org/">http://www.aehin.org/</a>	Hong Kong	ICT
Asia-Pacific National Health Accounts Network (APNHAN)	<a href="http://www.apnhan.org/">http://www.apnhan.org/</a>	Sri Lanka	No response
Asia-Pacific Network for Health Systems Strengthening (ANHSS)	<a href="http://www.anhss.org/">http://www.anhss.org/</a>	Hong Kong	Equity and ethics; governance; health financing; health policy and systems research; measurement for improvement (data analytics); public-private partnerships; other--hospital reform
Equinet-European Network of Equality Bodies	<a href="http://www.equineteurope.org/">http://www.equineteurope.org/</a>	Belgium	No response
Global Health Workforce Network (GHWN)	<a href="http://www.who.int/hrh/network/en/">http://www.who.int/hrh/network/en/</a>	Switzerland	Equity and ethics; governance; health financing; health economics; health economic analysis and research; health policy and systems research; human resources for health; ICT; measurement for improvement (data analytics); medicines in health systems; policy and planning; primary healthcare; public-private partnerships; quality; service delivery; health systems in fragile and conflict-affected states
Global Network for Health Equity (GNHE)	<a href="http://gnhe.org/">http://gnhe.org/</a>	Mexico, South Africa, and Sri Lanka	No response
Guidelines International Network	<a href="http://www.g-i-n.net/">http://www.g-i-n.net/</a>	UK	No response
Harmonization for Health in Africa/ Collectivity	<a href="http://www.healthfinancingafrica.org/">http://www.healthfinancingafrica.org/</a>	Belgium	Governance; health financing; health economics; health economic analysis and research; health policy and systems research; ICT; measurement for improvement (data analytics); policy and planning; service delivery; health systems in fragile and conflict-affected states
Harnessing Non-state Actors for Better Health for the Poor (HANSHEP)	<a href="http://www.hanshep.org/">http://www.hanshep.org/</a>	UK	Equity and ethics; health financing; health policy and systems research; policy and planning; public-private partnerships; service delivery
Health Systems Action Network (HSAN)	<a href="http://www.hsnet.org/">http://www.hsnet.org/</a>	USA	No response (skipped question)

Name	Website	Location of Headquarters	Technical Areas Listed in Survey
Health Systems Global (HSG)	<a href="http://www.healthsystemsglobal.org/">http://www.healthsystemsglobal.org/</a>	Georgia	Equity and ethics; governance; health financing; health policy and systems research; human resources for health; medicines in health systems; public-private partnerships; quality; health systems in fragile and conflict-affected states
Health Care Information for All (HIFA)	<a href="http://www.hifa.org">www.hifa.org</a>	Switzerland	Primary healthcare; ICT; health policy and systems research
INDEPTH Network	<a href="http://www.indepth-network.org/">http://www.indepth-network.org/</a>	Ghana	Equity and ethics; health economic analysis and research; measurement for improvement (data analytics)
International Health Economics Association (iHEA)	<a href="https://www.healtheconomics.org/">https://www.healtheconomics.org/</a>	South Africa	Equity and ethics; health financing; health economics; health economic analysis and research; measurement for improvement (data analytics)
International Network of Agencies for Health Technology Assessment (INAHTA)	<a href="http://www.inahta.org/">http://www.inahta.org/</a>	Canada	Health economics; health economic analysis and research; health policy and systems research; medicines in health systems; other—health technology assessment
Joint Learning Network for UHC	<a href="http://www.jointlearningnetwork.org/">http://www.jointlearningnetwork.org/</a>	USA	Governance; health financing; health policy and systems research; ICT; measurement for improvement (data analytics); policy and planning; primary healthcare; public-private partnerships; quality; service delivery
Medicus Mundi International Network (MMI)	<a href="http://www.medicusmundi.org/">http://www.medicusmundi.org/</a>	Germany	Governance; human resources for health; service delivery; health systems in fragile and conflict-affected states; other—development cooperation and HSS/UHC
P4H (Global Network for Health Financing)	<a href="http://p4h-network.net/">http://p4h-network.net/</a>	USA	Health systems in fragile and conflict-affected states; policy and planning; health policy and systems research; health financing; equity and ethics
People's Health Movement (PHM)	<a href="http://www.phmovement.org/en/about">http://www.phmovement.org/en/about</a>	South Africa, India	No response
RedETSA- Health Technology Assessment Network of the Americas (Red de Evaluación de Tecnologías en Salud de las Américas)	<a href="http://redetsa.org/wp/home-2/">http://redetsa.org/wp/home-2/</a>	Brazil	No response
The International Information Network on New and Changing Health Technologies-Euroscan	<a href="https://www.euroscan.org/">https://www.euroscan.org/</a>	Germany	No response
<b>Partnerships and alliances for global health initiatives</b>			



Name	Website	Location of Headquarters	Technical Areas Listed in Survey
Alliance for Health Policy and Systems Research (AHPSR)	<a href="http://www.who.int/alliance-hpsr/about/en/">http://www.who.int/alliance-hpsr/about/en/</a>	Switzerland	Governance; health financing; health policy and systems research; human resources for health; primary healthcare; health systems in fragile and conflict-affected states
CSO Engagement Mechanism for UHC2030	Not available	Switzerland	No contact information available
Gavi, the Vaccine Alliance	<a href="http://www.gavi.org/">http://www.gavi.org/</a>	Switzerland, USA	Equity and ethics; governance; health financing; health economic analysis and research; health policy and systems research; human resources for health; measurement for improvement (data analytics); primary healthcare; public-private partnerships; quality; service delivery; health systems in fragile and conflict-affected states; other—supply chain, data management, demand promotion; leadership management and coordination, sustainability and political will
Health Data Collaborative	<a href="https://www.healthdatacollaborative.org/">https://www.healthdatacollaborative.org/</a>	Switzerland	Equity and ethics; governance; health financing; health economics; health economic analysis and research; health policy and systems research; human resources for health; ICT; measurement for improvement (data analytics); medicines in health systems; policy and planning; primary healthcare; public-private partnerships; quality; service delivery; health systems in fragile and conflict-affected states
International Decision Support Initiative (iDSI)	<a href="http://www.idsihealth.org/">http://www.idsihealth.org/</a>	UK	Governance; health financing; health economics; health economic analysis and research; health policy and systems research; medicines in health systems; policy and planning; primary healthcare; public-private partnerships; quality; and health systems in fragile and conflict-affected states
Japan-Thailand UHC Partnership	<a href="https://www.jica.go.jp/english/low/news/press/2015/160128_01.html">https://www.jica.go.jp/english/low/news/press/2015/160128_01.html</a>	Japan, Thailand	No response
Partnership for Maternal, Newborn, and Child Health (PMNCH)	<a href="http://www.who.int/pmnch/en/">http://www.who.int/pmnch/en/</a>	Switzerland	No response
Roll Back Malaria Partnership	<a href="http://www.rollbackmalaria.org/">http://www.rollbackmalaria.org/</a>	Switzerland	No response
Rotterdam Global Health Initiative	<a href="http://www.rotterdamglobalhealthinitiative.nl/">http://www.rotterdamglobalhealthinitiative.nl/</a>	Netherlands	No response

Name	Website	Location of Headquarters	Technical Areas Listed in Survey
Social Innovation in Health Initiative (SIHI)	<a href="http://socialinnovationinhealth.org">http://socialinnovationinhealth.org</a>		Equity and ethics; governance; health financing; human resources for health; measurement for improvement (data analytics); policy and planning; primary healthcare; public-private partnerships; quality; service delivery; health systems in fragile and conflict-affected states
The Global Fund to Fight AIDS, Tuberculosis, and Malaria	<a href="https://www.theglobalfund.org/en">https://www.theglobalfund.org/en</a>	Switzerland	No response
Universal Health Coverage Partnership	<a href="http://uhcpartnership.net/">http://uhcpartnership.net/</a>	Switzerland	Governance; health financing; health policy and systems research; policy and planning; health systems in fragile and conflict-affected states
<b>Conferences and knowledge initiatives</b>			
Annual Universal Health Coverage Financing Forum	<a href="http://www.worldbank.org/en/events/2017/04/20/second-annual-universal-health-coverage-financing-forum">http://www.worldbank.org/en/events/2017/04/20/second-annual-universal-health-coverage-financing-forum</a>	USA	No response
Asia-Pacific Academic Consortium for Public Health (APACPH) Conference	<a href="http://www.apacph.org/wp/">http://www.apacph.org/wp/</a>	Korea	No contact information available
Center for Health Market Innovations (CHMI) Innovations Database	<a href="http://healthmarketinnovations.org/">http://healthmarketinnovations.org/</a>	USA	Health policy and systems research; primary healthcare; public-private partnerships; quality
Consortium of Universities for Global Health (CUGH) Conference	<a href="https://www.cugh.org/">https://www.cugh.org/</a>	USA	No contact information available
Emerging Voices for Global Health	<a href="http://www.ev4gh.net/">http://www.ev4gh.net/</a>	India, Belgium, South Africa, and China	No response
Health Policy and Systems Research Database	<a href="http://courses.healthsystemsglobal.org/">http://courses.healthsystemsglobal.org/</a>	Georgia	No response
IntegratedCare4People Web Platform	<a href="http://www.integratedcare4people.org/">http://www.integratedcare4people.org/</a>	Switzerland, Spain	Equity and ethics; primary healthcare; quality; service delivery; health systems in fragile and conflict-affected states
International Society for Quality in Healthcare (ISQua) Conference	<a href="http://www.isqua.org/home">http://www.isqua.org/home</a>	UK	No response
Primary Health Care Performance Initiative	<a href="http://www.phcperformanceinitiative.org/">http://www.phcperformanceinitiative.org/</a>		No contact information available

Name	Website	Location of Headquarters	Technical Areas Listed in Survey
Prince Mahidol Award Conference (PMAC)	<a href="http://www.pmaconference.mahidol.ac.th/">http://www.pmaconference.mahidol.ac.th/</a>	Thailand	No response
Universal Health Coverage Day	<a href="http://universalhealthcoverageday.org/welcome/">http://universalhealthcoverageday.org/welcome/</a>		No response
WHO Country Planning Cycle Database	<a href="http://nationalplanningcycles.org/">http://nationalplanningcycles.org/</a>	Switzerland	No response
WHO Health Financing e-learning course	<a href="http://www.who.int/healthfinancing/training/e-learning-course-on-health-financing-policy-for-uhc/en/">http://www.who.int/healthfinancing/training/e-learning-course-on-health-financing-policy-for-uhc/en/</a>	Switzerland	Health financing
World Bank Universal Health Coverage Study Series (UNICO)	<a href="http://www.worldbank.org/en/topic/health/publication/universal-health-coverage-study-series">http://www.worldbank.org/en/topic/health/publication/universal-health-coverage-study-series</a>	USA	Equity and ethics; governance; health financing; health economics; health policy and systems research; human resources for health; policy and planning; primary healthcare
<b>Observatories</b> (note: WHO lists more than 60 active observatories, but the ones below were identified by the UHC2030 Secretariat and in the literature review)			
African Health Observatory	<a href="http://www.aho.afro.who.int/">http://www.aho.afro.who.int/</a>		No response
African Health Workforce Observatory (AHO)	<a href="http://www.hrh-observatory.afro.who.int/">http://www.hrh-observatory.afro.who.int/</a>	Congo	No response
Asia Pacific Observatory on Health Systems and Policies	<a href="http://www.wpro.who.int/asia_pacific_observatory/en/">http://www.wpro.who.int/asia_pacific_observatory/en/</a>	India	No response
European Observatory on Health Systems and Policies	<a href="http://www.euro.who.int/en/about-us/partners/observatory">http://www.euro.who.int/en/about-us/partners/observatory</a>	Belgium	No response
Global Health Observatory	<a href="http://www.who.int/gho/en/">http://www.who.int/gho/en/</a>	Switzerland	No response
PAHO Regional Observatory on Human Resources for Health	<a href="http://www.observatoriorh.org/">http://www.observatoriorh.org/</a>	USA	No response

## Annex 2. Knowledge Management Survey for UHC2030

Note: Survey administered online via SurveyMonkey to designated networks, alliances, and KM initiatives.

Potential respondents were contacted via a customized email with a unique URL.

*UHC2030 is mapping current knowledge management efforts related to universal health coverage (UHC) and health systems strengthening (HSS) to identify potential synergies among networks and to define better its own roles related to knowledge management. Please respond to the questions below. If you need to pause during your session, please simply click NEXT to save any data on the current page. You can then resume completing the questionnaire at your convenience.*

### I. Respondent Information

1. Your name: \_\_\_\_\_
2. Your title (professional role within the organization): \_\_\_\_\_
3. Name of organization (network, alliance, or knowledge initiative): \_\_\_\_\_
4. What type(s) of members are served by your organization? *Check all that apply.*

<input type="checkbox"/> No members (not a membership organization)	<input type="checkbox"/> Multilateral organizations
<input type="checkbox"/> Academic institutions (universities, research centers, etc.)	<input type="checkbox"/> Foundations
<input type="checkbox"/> Government agencies	<input type="checkbox"/> Countries
<input type="checkbox"/> Civil society organizations	<input type="checkbox"/> Private sector organizations
	<input type="checkbox"/> UHC2030 related networks
	<input type="checkbox"/> Other ( <i>specify</i> ): _____

### II. KM Engagement [Piping used online to fill in Network Name for remaining questions]

5. In which knowledge management functions related to UHC or HSS is [Network name] engaged? *Check all that apply.*

<input type="checkbox"/> Generation of new knowledge (research, evaluation, analysis)
<input type="checkbox"/> Pooling of knowledge resources (serving as information clearinghouse)
<input type="checkbox"/> Capacity building (peer-to-peer learning, training, technical assistance)
<input type="checkbox"/> Sharing knowledge with members
<input type="checkbox"/> Sharing knowledge with external audiences
<input type="checkbox"/> Other ( <i>specify</i> ): _____

6. In which technical areas does [network name] focus? *Check all that apply.*

*Note: The overlapping and non-exhaustive list of topics below was compiled based on a preliminary scan of networks. Please specify other categories as needed to refine the taxonomy.*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Equity and ethics                     | <input type="checkbox"/> Health policy and systems research           | <input type="checkbox"/> Policy and planning                                    |
| <input type="checkbox"/> Governance                            | <input type="checkbox"/> Human resources for health                   | <input type="checkbox"/> Primary healthcare                                     |
| <input type="checkbox"/> Health financing                      | <input type="checkbox"/> Information and communications technology    | <input type="checkbox"/> Public-private partnerships                            |
| <input type="checkbox"/> Health economics                      | <input type="checkbox"/> Measurement for improvement (data analytics) | <input type="checkbox"/> Quality  |
| <input type="checkbox"/> Health economic analysis and research | <input type="checkbox"/> Medicines in health systems                  | <input type="checkbox"/> Service delivery                                       |
| <input type="checkbox"/> Other ( <i>specify</i> ):             |   | <input type="checkbox"/> Health systems in fragile and conflict-affected states |

7. How does [network name] share knowledge related to UHC and HSS? *Check all the knowledge sharing channels or tools that were used or active during the past 12 months.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Annual meeting                 | <input type="checkbox"/> Public website      | <input type="checkbox"/> Social media                    |
| <input type="checkbox"/> Closed member portal           | <input type="checkbox"/> Publications        | <input type="checkbox"/> Videos                          |
| <input type="checkbox"/> Communities of practice        | <input type="checkbox"/> Regular newsletter  | <input type="checkbox"/> Webinars/online events          |
| <input type="checkbox"/> Other meetings and conferences | <input type="checkbox"/> Searchable database | <input type="checkbox"/> Other ( <i>specify</i> ): _____ |

8. What types of knowledge product(s) did [network name] produce related to UHC or HSS during past 12 months? *Check all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Tools, guidelines, or frameworks   | <input type="checkbox"/> Evaluation reports              |
| <input type="checkbox"/> Reviews and syntheses of country experience in applying tools, guidelines, or frameworks | <input type="checkbox"/> Databases/ data portals         |
| <input type="checkbox"/> Courses/learning modules   | <input type="checkbox"/> Videos/multimedia presentations |
| <input type="checkbox"/> Peer-reviewed research articles  | <input type="checkbox"/> Radio announcements             |
| <input type="checkbox"/> Other ( <i>specify</i> ):  | <input type="checkbox"/> Blogs                           |
| _____   | <input type="checkbox"/> Newsletters/regular bulletins   |

9. Which formal partnerships have helped you to develop and/or share knowledge related to UHC or HSS? *List partnerships and briefly describe resulting knowledge product or activity, if relevant.*

10. What role(s) could UHC2030 serve that would help your organization to achieve its objectives related to UHC? *Be as specific as possible in your suggestions.*

11. What is the current level of interest at [network] for becoming a UHC2030 member or associated network? *Select one option below that best reflects the current status of your organization.*

- Already a UHC2030 member (have signed the UHC2030 Global Compact) or an associated network
- Very interested—leadership is seriously discussing or has started the process to join UHC2030
- Somewhat interested—some members or leaders are promoting joining UHC2030, but there is not adequate consensus to support this decision
- Not interested—joining UHC2030 does not seem relevant to our organization at this time
- Not familiar with UHC2030—it is not clear what joining UHC2030 would entail and how this would benefit our organization

Comments (optional)—*Use this space to explain your rating above if desired.*