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UHC2030 ACCOUNTABILITY STRATEGY (2018-19)

For Information For Review & Advice For Approval

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Background

The International Health Partnership for UHC 2030 (UHC2030) promotes the progressive realization of the right to health through universal health coverage (UHC). The following **key principles**¹ guide the action of UHC2030.

- **Leaving no one behind:** *a commitment to equity, non-discrimination and a human rights-based approach*
- **Transparency and accountability for results**
- **Evidence-based health national strategies and leadership,** *with government stewardship to ensure availability, accessibility, acceptability and quality of service delivery*
- **Making health systems everybody's business** – *with engagement of citizens, communities, civil society and private sector*
- **International cooperation based on mutual learning across countries** *regardless of development status and progress in achieving and sustaining UHC, and development effectiveness principles*

A core objective of UHC2030 is **to facilitate accountability for progress on health system strengthening towards UHC, and, through this, to contribute to a more integrated approach to accountability for SDG 3**. The Steering Committee tasked the Core Team to develop a strategy for its work on accountability for review at the December 2017 Steering Committee meeting.

This document sets out the partnership's two-year strategy to strengthen accountability for UHC. A consultative approach was taken to develop this strategy with inputs from a range of stakeholders².

¹ As per the Global Compact (<https://www.uhc2030.org/our-mission/>) and the Joint Vision (<https://www.uhc2030.org/what-we-do/coordination-of-health-system-strengthening/>).

² An expert advisory group was consulted for feedback on two drafts of the strategy, initially in writing and then verbally through a teleconference. This includes the key informants for the initial scoping on accountability conducted by the consultant Louisiana Lush earlier in 2017, with the addition of accountability focal people from relevant initiatives and experts on the topic. Written feedback was received from over 30 respondents and approximately 20 people joined the conference call.

This is envisaged as a first phase in the partnership's work on accountability for UHC, which will continue through the period of implementation of the SDGs. It is complemented by a more detailed one-year implementation plan. This document is not about how the UHC2030 Core Team will be held accountable for delivering the partnership's workplan.

What do we mean by accountability for UHC?

Fundamentally, universal health coverage (UHC) is about the **social contract** between the state and population, and it is both a technical and political agenda. **Country governments** are accountable to their populations for delivering on the right to health and UHC commitments as per the Sustainable Development Goal (SDG) target 3.8. This involves different branches of government, including the head of state and ministries of health and finance, as well as other related sectors including nutrition, water and sanitation, which need to be aligned behind the commitment to UHC. With all countries committed to the goal of UHC and the principle of leaving no one behind, the focus is now on implementation, i.e. sufficient and sustained resource allocation, and robust equitable policies and plans that translate into quality health services that are accessed by populations according to need and not ability to pay. Accountability mechanisms will be crucial to influence the pathway for progress towards UHC by 2030 and influence course correction. Given the inevitable trade-offs on the pathway towards UHC, the important question is who benefits and who misses out from the policy choices pursued.

In addition to country responsibilities, there are also **global responsibilities** for UHC.³ A global social contract is inherent in international agreements including the SDGs and the International Covenant on Economic, Social and Cultural Rights. UHC will not be feasible in low-income countries without sufficient levels of development assistance that are appropriately allocated in adherence with the principles of effective development cooperation (EDC), thereby the accountability of development partners remains crucial for progress towards UHC. UHC2030 will review and build on the IHP+ work of monitoring adherence to EDC behaviours.

Other **non-state actors** must also be held accountable for their respective roles in accelerating progress towards UHC – for instance the accountability of private sector service providers to the populations they serve and to the government for their role in aligning with the national health plan.

Different stakeholders have key **roles** to play in advancing accountability. For instance: the participation of civil society to represent the interests of vulnerable communities, the watchdog role of CSOs and the media, and the formal oversight role of parliaments.

There are various **frameworks** that conceptualise accountability within and beyond the health sector. Nonetheless, there seems to be some convergence: In relation to purpose, Brinkerhoff⁴ identifies financial, performance and political accountability, which is articulated by the Every Woman Every Child movement⁵ (EWEC) as accountability for resources, results and rights respectively. In relation to function, EWEC proposes the interconnected processes of monitoring, review and remedial action,

³ <http://www.who.int/gender-equity-rights/knowledge/anchoring-uhc/en/>.

⁴ Brinkerhoff, D. 2003. *Accountability and Health Systems: Overview, Framework, and Strategies*. Abt Associates Inc.

⁵ Note that the EWEC framework continues to evolve, from the Commission on Information and Accountability, to the independent Expert Review Group, and the Independent Accountability Panel.

at all levels, while Brinkerhoff focuses on answerability and sanctions. UHC2030 will use these concepts to help frame the partnership's work on accountability for UHC.

While the locus of accountability for UHC rests at country level, international mechanisms provide important opportunities to incentivise political commitment through peer review and pressure. The UN High-Level Political Forum (HLPF) has the central role in overseeing follow-up and review of the SDGs at the global level.⁶ In addition, international human rights treaties and their associated reporting processes provide important mechanisms for holding governments to account for their obligations on health, such as the Universal Periodic Review of the Human Rights Council.

The unique value of UHC2030

As the only multi-stakeholder global partnership with a mandate across the health system, the **unique value of UHC2030** is its diverse stakeholder reach and convening power on the agenda of UHC. As such, the added value of UHC2030 in accountability is particularly in relation to strengthening multi-stakeholder participation in review processes, at global, regional and country levels.⁷ Multi-stakeholder participation is important for various reasons, including giving voice to vulnerable communities, and bringing legitimacy and shared ownership of decisions made. UHC2030 will focus on strengthening public or political accountability primarily, as per the social contract inherent in UHC. In the spirit of partnership, we will endeavour to promote a constructive, collaborative approach to accountability for UHC.

At the global level, UHC2030 provides a platform to broaden engagement, bringing together the voices of government and non-state actors on the agenda of UHC, and helping to bridge the technical and political drivers of progress towards UHC. We can facilitate or strengthen processes for multi-stakeholder participation in reviews of progress towards UHC, highlighting successes and bottlenecks, sharing experience, learning from one another, helping to forge consensus on principles of good practice, and shaping the priorities where further action is needed to accelerate progress towards UHC. In addition, UHC2030 can stimulate greater political ambition and impetus for commitments and remedial action. Close collaboration with the advocacy workstream will be crucial to mobilise political will across the accountability cycle for access to quality data, participatory processes for review and policy and programmatic changes as necessary.

UHC2030 will seek to engage in or influence global accountability mechanisms, such as the High Level Political Forum and mechanisms of the Human Rights Council such as the Universal Periodic Review. In collaboration with regional partners, regional opportunities to facilitate joint review and incentivise political action will be pursued.

⁶ The HLPF has been tasked with providing high-level political guidance on the Agenda and its implementation, identify progress and emerging challenges and mobilize further actions to accelerate implementation.

⁷ The SDG indicators for UHC are set, and mechanisms to track these are underway through the WHO and World Bank global monitoring report. In addition, The Health Data Collaborative emerged from the work of IHP+ and is driving forwards joint approaches to improve health data and build the capacities to track progress towards SDG3, including UHC. UHC2030 will explore how it might complement existing efforts to strengthen monitoring of UHC.

Given the social contract that underpins UHC, UHC2030 will strengthen capacities among civil society⁸ including youth groups, the media and parliamentarians to effectively engage in UHC accountability processes at country and sub-national levels, and facilitate collaborative social accountability efforts for health across sub-sectoral initiatives. This will focus on empowering partners to represent the voices of vulnerable communities, to better interpret and use data to draw policy implications, and to influence duty bearers to affect such change.

UHC2030 will also build on the work of IHP+ to strengthen mutual accountability for the principles of EDC, exploring how to institutionalise mechanisms for monitoring and collective review both in development partner countries, and in low- and middle-income countries.

With the broad system-wide focus, UHC2030 is well placed to convene different health accountability related initiatives that focus on specific populations and health issues to identify opportunities for better alignment and collaboration to reflect the integrated health needs of communities. In doing this, our collective accountability work should learn from and build on what is already underway, and produce greater efficiency in the use of resources, better managing the proliferation of accountability initiatives for health. Leveraging existing opportunities will enable us to achieve greater scale in our work on accountability for UHC. This will be particularly important given the lean nature of the Core Team and the limited resources available.

Pillars of the UHC2030 accountability strategy

The ambition of UHC2030's accountability work is to ensure progressive realisation of UHC happens at country level, with participatory processes in place to identify emerging challenges and corrective actions, and we will work through partners to affect this.⁹ We will work closely with existing working groups and initiatives to avoid duplication and leverage collective action. We will seek to complement what other partners are doing on accountability, and forge synergies for health system wide efforts.

By the end of 2019, UHC2030's work to strengthen accountability will contribute to:

1. **Empowering a range of stakeholders - including civil society and young people, parliaments, and the media - to hold governments¹⁰ accountable** at all levels for sufficient investment, robust policies and plans, and timely and effective implementation to leave no one behind in pathways towards UHC¹¹
2. **Supporting countries to institutionalise and strengthen participatory processes** for coordination and accountability in the health system¹²

⁸ Working closely with the Civil Society Engagement Mechanism.

⁹ Partners include individual organisations and related networks or initiatives.

¹⁰ Including Heads of State, Ministries of Health and Finance.

¹¹ This is consistent with the UHC2030 Global Compact which specifies: "Progressive pathways towards universality that endeavour to first reach the most vulnerable and marginalised population groups are key to ensure no one is left behind." UHC2030 Global compact for progress towards universal health coverage, available at: <https://www.uhc2030.org/news-events/uhc2030-news/article/new-uhc2030-global-compact-406552/>.

¹² Whether this happens at national or sub-national level will depend on factors including an assessment of where decision-making happens, as well as partners' priorities and capacities.

3. **Empowering governments, civil society and the media to hold development partners accountable for sufficient, appropriate and well-coordinated investment in HSS and UHC, and adherence to the principles of EDC¹³**
4. **Facilitating synergies and better alignment** across sub-sectoral health accountability initiatives – *this is cross-cutting.*

We acknowledge that accountability of the private sector is neglected in this strategy. While this is a critical issue for progress towards UHC, we propose that private sector accountability receives greater focus in a subsequent UHC2030 accountability strategy once the private sector constituency is operational and these other foundational efforts to strengthen public accountability have advanced.

Strategic approach

The strategic approach outlines how UHC2030 will work to contribute to the pillars outlined above. It is indicative rather than comprehensive of all of the activities UHC2030 will undertake to strengthen accountability, as these will be detailed in the annual implementation plan which will regularly evolve as a working document. As a partnership with a lean Core Team, UHC will bring together partners working on similar efforts to facilitate a more coherent approach, particularly at country level.

As mentioned above, UHC2030 will take a **phased approach** to strengthening accountability for UHC. In this first phase, the partnership will focus on laying the ground for strengthened accountability. This will involve: developing the community and establishing a collaborative approach; identifying and addressing evidence gaps on what works and why for accountability, documenting and disseminating experiences and facilitating peer exchange and learning; strengthening the capacities of stakeholders to effectively engage and drive action at country level, with the provision of catalytic grants; exploring regional and global processes to better understand how these can be leveraged for accountability for UHC; and convening a range of stakeholders to review progress and forge consensus on principles and priority actions for UHC. This first phase will also focus on the accountability of government and primarily bilateral and multi-lateral development partners, while acknowledging that holding the private sector and other non-state actors to account requires urgent attention. This is could be explored once the UHC2030 private sector constituency is operational.

UHC2030 will convene partners (including country level stakeholders and other global health accountability efforts) to identify **common priority knowledge gaps** which should be addressed to inform ongoing approaches to strengthen accountability for UHC. For instance, further work is needed to better define what is meant by progressive realisation of UHC in practice, and how stakeholders can assess the extent to which this is being done. Another example of potential knowledge work is a toolkit for country level partners to better understand how accountability works in their context, as a negotiated concept that is contextually defined, identifying who is involved (as well as who isn't but should be), what roles they play, how to influence decision makers, what information exists and where the gaps lie. It may also be helpful to undertake a mapping of existing social accountability tools with a view to helping civil society navigate what exists and when/how to use it.

¹³ This is consistent with mutual accountability, as government accountability is covered in the first pillar.

This conceptual and evidence track will be pursued with relevant partners, such as the Governance Collaborative and Health Systems Global, as well as the knowledge sharing workstream of UHC2030, and facilitate peer exchange and learning between countries. An example of joint work with the Governance Collaborative could be a lab looking at what works and what doesn't in building institutions for more effective accountability for UHC, or lessons from country experiences on effective participation of marginalised and vulnerable groups.

While UHC2030 is not a research hub, we can help to identify common key research questions, advocate for these gaps to be addressed, facilitate peer learning, package evidence for different audiences and disseminate findings to a wide range of stakeholders through UHC2030 and via partners at regional and country levels.

As we learn from existing efforts, UHC2030 will **strengthen people and communities' voices** by empowering CSOs to hold government to account. This will allow for more meaningful multi-stakeholder engagement in reviews of progress and dialogues for remedial action at sub-national, country, regional and global levels. Work to strengthen communities' voices will be done in close partnership with the Civil Society Engagement Mechanism (CSEM) and the UHC2030 advocacy working group. This could be pursued through activities such as training and capacity strengthening on social accountability tools, as well as technical training on health systems, the development or refining of toolkits promoting common approaches to social accountability across sub-sectoral agendas. We will explore how to achieve greater scale through these efforts, perhaps through identifying regional trainers of trainers. A collaborative activity could be support to sector-wide citizens' hearings at sub-national level, rather than focusing on a specific health issue, or joint health budget advocacy trainings with a common approach to understanding and analysing health spending, and coordinated messaging on sector resource allocation.

To improve **adherence to the principles of effective development cooperation** we will develop a toolkit and facilitate exchange between governments on institutionalising processes to hold development partners to account. We will develop the conceptual linkages between EDC, HSS and UHC to bolster the investment case for adherence to the principles of EDC. In collaboration with the Advocacy Working Group, we will support advocacy for sufficient and appropriate donor investment in health systems for UHC.

UHC2030 will **engage with and build on existing processes and platforms** for accountability at global, regional and country levels. The intention is to promote country ownership and strengthen national health processes for health sector situational analysis, planning and review, without creating a separate siloed approach for UHC, and to help to institutionalise multi-stakeholder processes for coordination and accountability rather than support isolated ad hoc activities. UHC2030 will promote synergies and alignment of the multiple sub-sectoral accountability platforms at various levels, which should reduce transaction costs and leverage mutual benefits that go beyond siloed approaches. We will explore how to strengthen the formal SDG accountability processes, including voluntary national reviews at the High Level Political Forum, and advocate for a health sector-wide global panel for independent review. Other regional and global opportunities for multi-stakeholder review will be identified and pursued, such as the World Health Assembly and the UHC Forum.

Across this work, we will **convene other health related global accountability efforts** (e.g. Health Data Collaborative, Governance Collaborative, Every Woman Every Child's unified accountability framework and the Global Financing Facility, NCDs Global Coordination Mechanism, Gavi and the Global Fund), and co-strategise to seize opportunities for better coordination and collaboration at strategic and operational levels. This will be crucial to avoid the proliferation of population and disease specific siloed initiatives for accountability at country level. We could also look to learn from other sectors beyond health.

The accountability workstream will work closely with the UHC2030 advocacy working group and CSEM, and ensure linkages with work on knowledge sharing and communications to mobilise the expertise and resources of UHC2030 more broadly and ensure clear, coherent communication on accountability.

We will also work to explore the implications of strengthening accountability in different contexts, such as fragile, conflict-affected and vulnerable contexts, and countries transitioning from low- to middle-income status, in collaboration with the relevant technical Working Groups of UHC2030.

Finally, we will support the review and updating of IHP+ tools such as the guidance for country compacts, JANS and JARS from an accountability perspective, as a cross-cutting endeavour to be undertaken by UHC2030.

Implementation arrangements

The UHC2030 **Core Team**, will be responsible for developing and implementing the strategy and workplan, in close collaboration with a range of stakeholders, related initiatives and other areas of work within UHC2030.

The Core Team will establish a **structured process for regular sharing with the secretariats of related initiatives** that have a clear focus on accountability to allow for a regular flow of information, to facilitate learning from one another, and to identify opportunities to work together. These could include the Health Data Collaborative, the Governance Collaborative, the accountability working group within PMNCH, the Global Fund, Gavi, OECD, and Scaling Up Nutrition.

A broader **Community of Practice** will be developed to engage a wider group of partners in our accountability work and to allow for the exchange of information and tools, using existing networks or listserves where appropriate.

In addition to providing strategic guidance and oversight, the **Steering Committee** will also serve as a platform for multi-stakeholder review and dialogues on political and institutional issues emerging from the accountability work supported by the partnership.