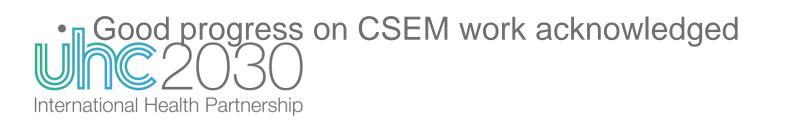
### **General Conclusions**

- Overall good progress in taking the UHC2030 work forward, yet more work remains to be done given limited time to 2030
- Leapfrogging a necessity The work plan should focus more on the health systems of the future
- Opportunities to promote innovations in health to accelerate progress towards UHC- 21<sup>st</sup> century systems
- Include the private sector in SC sooner than later



# **HSS Coordination**

- Specify how the HSS coordination agenda speaks to challenges still faced in high income countries (sustainability, equal access for instance)
- On the other hand, the work on EDC needs to be continued
- Check with other initiatives to make sure there is no overlap
- Align indicators in work plan with SDG3.8, SDG3.8.1 indicators
- Integrate a multisectoral perspective (Social protection for instance)
- Help countries learn from one another
- Make sure we have agreement of other networks to engage International Health Partnership

#### Accountability General

- Link the focus of the strategy around the 3 pillars of UHC Access to health, Quality of health and financial protection.
- In the context of supporting SDG3.8 define synergies with current frameworks to minimize fragmentation – EWEC, citizen platforms etc.
- specify linkages, differences, similarities and gaps that UHC2030 accountability is filling Implementation
- Review and learn from the independent accountability panel approach
- Convening platform for other accountability initiatives Super PAC approach
- Advocate Partner ownership of specific aspects of the Accountability framework GAVI, GF, GFF etc
- Country focus- Suggestion to have country reports on UHC, and advocacy and KM support to help countries promote accountability based on their country circumstances
- > suggestion to have registers at country level showing difficult and vulnerable populations
- Emphasis not only on monitoring and review, but also Acting and Remedying findings
  Designations the talk at the country level- finding ways to minimize deviance in bi-lateral intergolitations in -country

# **Knowledge Management**

- Detailed preparatory work including the landscaping analysis and demand-side study appreciated.
- It was agreed that the KM function should use the network of networks principle, and not duplicate knowledge production itself, but find better ways of connecting and making it more available and useful
- The focus on practical, 'how-to', tacit knowledge was reemphasized, as was the need to ensure multisectorality
- Quality and relevance of the knowledge outputs- and how UHC 2030 could do it well, would need greater efforts in the workplan, going forward
- The feedback loop and better understanding of country demand could itself be a product of the KM WG that could be made available to the partner networks
   Unc 2030
   International Health Partnership

# Advocacy

- Strategy presents a comprehensive definition of UHC as well as goals and audience.
- Specifying the domains of advocacy- Linkages with shared vision paper need to be strengthened for example
- Multi-sector focus needed- Linkage with other sectors such as education should also be used for advocacy
- Need for a core set of indicators where global community supports countries to monitor and build up registers in countries.

