UHC2030 STEERING COMMITTEE
3rd Session – 4-5 June 2018
Hotel Novotel
Geneva, Switzerland

NOTE FOR THE RECORD OF THE SECOND STEERING COMMITTEE MEETING

(11 DECEMBER 2017)

For Information ☐   **For Review & Advice** ☐   **For Approval** ☒

Introduction

The Steering Committee (SC) for the International Health Partnership for UHC 2030 (UHC2030) met for the second time on December 11, 2017, before the UHC Forum 2017 in Tokyo (December 12-15). The meeting agenda and list of participants can be found in the Annex. The SC meeting focused on the on the proposed work plan for the years 2018-2019 and the strategy papers developed in the areas of advocacy, accountability, knowledge management (KM) and.

This note for the record captures decisions and main issues raised in the discussions.

Summary of decisions and agreed actions

General conclusions
- Overall good progress in taking the UHC2030 work forward, yet substantial work remains to be done given limited time until 2030.
- Work plan should be organic and leverage opportunities that promote innovations in health in the 21st century.
- The multisectoral perspective (e.g. social protection) needs to be strengthened.
- Include the private sector in SC sooner rather than later.
- Good progress on the Civil Society Engagement Mechanism (CSEM) work acknowledged.
- The importance of continued focus in the workplan and budget on where UHC2030 can add value was reiterated, considering the global health landscape with multiple initiatives.

Summary of recommendations from the discussion

HSS Coordination
- Refine the vision and narrative that binds all countries together in the partnership, emphasising learning from countries that have progressed on UHC, including high income countries, where the focus is on equity and financial sustainability.
- Ensure that the work on health systems strengthening is more forward looking, focusing on the health systems of the future.
- Clarify the roles and responsibilities of the related networks vis a vis UHC2030.
- Maintain focus on effective development cooperation in low-income countries and strengthen synergies with OECD work in this area.
- Include some flexibility in the work plan to adapt to rising needs and refine indicators to monitor progress in work plan implementation.

Accountability
- Make more concrete linkages between the advocacy and accountability strategies.
- Include private sector accountability.
- Include population/citizen responsibilities, and knowledge of their rights.
- Bring greater emphasis on vulnerable population groups including gender equity, including within monitoring efforts.
- Promote regular national monitoring and the institutionalisation of citizen participation in these processes.
- Support the translation of monitoring into policy recommendations for remedy at country and global levels.

- Maintain work on development cooperation accountability, including country level efforts to implement country compacts and domestic advocacy in MICs and HICs, and work closely with the Global Partnership for Effective Development Cooperation (GPEDC).
- Explore a more integrated global independent accountability mechanism for health/SDG3.

Knowledge management
- Use the network of networks principle for the KM function and avoid duplicating knowledge production itself, finding better ways of connecting and making knowledge more readily available.
- Emphasise the focus on practical, 'how-to', tacit knowledge.
- Emphasise in the workplan the quality and relevance of the knowledge outputs and how UHC2030 could do it well.
- Ensure that the feedback loop and better understanding of country demands be a product of the KM work that could be made available to the partner networks.

Advocacy
- Specify the domains of advocacy, building on linkages with the Joint Vision paper.
- Ensure linkage with other sectors.
- Further support advocacy movements relating to global issues that might not arise from the national advocacy agenda.
- Include advocacy towards a core set of agreed indicators which countries can report on and enable global community to track progress towards UHC.

Partnership governance
- Build on the role of WHO in the context of broader reforms taking place in the UN.
- Strengthen the focus on human-centeredness at the core of UHC2030 (UHC2030 narrative and visuals should reflect this).
- Clarify the roles and responsibilities of other initiatives and how this fits with country needs.

Summary of action points

- Strengthen workplan, including measures of success and propose a further Steering Committee review in June.
- Organise a UHC2030 retreat bringing together related networks in early 2018.
- Update strategies to reflect the discussions.
- Provide a budget breakdown (with justification of budget items) for SC review and approval in January.
- Make progress in establishing the private sector constituency.

Discussions and main decisions

Introduction and objectives of the meeting

Dr Takao Toda, Co-chair from JICA, opened the meeting by welcoming the participants. He noted with satisfaction that since the first SC meeting in June, new representatives for low-income and lower-middle income countries have been identified, including Liberia, Sudan and Vietnam (who would represent this constituency on a rotating basis together with Kenya and Senegal). He regretted the absence of Dr Naoko Yamamoto, the new Assistant Director General at WHO responsible for UHC and health systems, who had been delayed in Geneva and could not attend the meeting.

Dr Toda also announced the nomination of the second co-chair: Mr Ginthiji Gitahi, chief executive officer of AMREF Health Africa. The members of the SC warmly welcomed Mr Gitahi who was selected through an open process conducted by the Core Team in collaboration with the Civil Society Engagement Mechanism, which involved a review of applications of a group of highly qualified and motivated candidates and reference checks of three shortlisted candidates.

In this context, Dr Toda informed the Steering Committee of his interest to continue to serve as co-chair beyond the initial period of one year, beyond June 2018. However, he also mentioned that he would consider stepping down in case other SC members would be interested in the role. He invited them to notify their interest by the end of February 2018, reiterating the importance of gender balance.

Session 1 - Updates

Core Team – overview of progress to date

Marjolaine Nicod provided an update on UHC2030 ([see presentation](#)). She noted that while 2016 had been the year of transformation of IHP+ into UHC 2030, 2017 had been the year of consolidation and implementation. Strategies for accountability, advocacy, communication and knowledge management (KM) were developed through participatory processes involving a range of interested partners and related initiatives. A major achievement is the growing membership base. The civil society platform is now in place (see update below). The partnership has new sources of funding (e.g. Japan, the Rockefeller Foundation). UHC2030 is increasingly recognized as a credible convening platform to forge consensus on a collaborative agenda mobilising stakeholders including from the emergency/preparedness agenda (technical work on fragile states) and disease programmes (technical working group on transition and sustainability). Work has continued at country level, with the signature of new country compacts (Liberia, Côte d'Ivoire, Kyrghyz Republic – work in progress), joint assessments leading to joint financial management arrangements (Sierra Leone, Sudan, Liberia, Senegal, DRC), a growing interest for support to policy dialogue beyond the current 30 countries part of the UHC Partnership and UHC day celebration in 45 countries.

CSEM update

Simon Wright (Save the Children) presented the progress in establishing the CSEM, which was established in June 2017, with a committee of 3 members. Since then an advisory group has been established, consisting of 12 CSO representatives. A first meeting was held in November in Paris to prepare the December SC meeting and the UHC Forum and discuss the expansion of the constituency (around 100 organisations).

In Paris, the CSEM agreed on three main priorities:

1. Leaving no one behind as a high priority objective, and an issue the next UHC Global Monitoring Report should consider;

2. Necessity to increase public health financing to reach UHC – including 5% of GDP of public expenditure as a goal and advocacy message;
3. Efforts to broaden the civil society constituency, including organizations with a specific focus.

Five country consultations have been carried out, in order to understand what the expectations are for UHC2030 and how the dialogue with CSOs in the countries can work.

The situation varies in different countries, but in general, there is a desire to organise at community level, to engage in advocacy and accountability activities and to work with the ministries of health.

It was noted that the shift from the MDGs to SDGs implies that all countries need to contribute to the realization of the goal. Here, however, the 5% goal we seemed to be focusing on the Global South again. There needs to be a balance between a clear advocacy message and the recognition that achieving 5% GDP does not mean UHC is real for everyone in high-income countries.

Overall the CSEM is proud that UHC2030 puts civil society at the heart of its structures, with three representatives in the Steering Committee and one co-chair, and emphasises the importance of holding governments accountable.

UHC Forum

Dr Tim Evans (World Bank) provided an overview of the UHC Forum, welcoming the contribution from the UHC2030 partners. The "Tracking universal health coverage: 2017 Global Monitoring Report", which will be released, indicates that we have a long way to go both with regard to service coverage and financial protection. A set of 10 country studies, will be presented at the forum, showing that it there is no one-size-fits-all solution to achieve UHC. The report "Business Unusual: Accelerating Progress Towards Universal Health Coverage" presents the experience of countries that defied the odds and were able to make progress quicker than planned.

The SC members asked for feedback on the status of the "Tokyo Declaration on Universal Health Coverage: All Together to Accelerate Progress towards UHC" that had been prepared for the UHC Forum. Given the interest of SC members to see the latest version of the document, the latest version of the declaration was shared during the day and SC made further suggestions for improvements, building on their contributions to previous versions.

Session 2 - Coordination of Health System Strengthening

Max Dapaah (core team) presented the main areas of the proposed work on health systems strengthening (HSS), beginning with an overview of the process of drafting the work plan, which was a participatory process (see presentation). The work plan focuses on areas in where UHC2030 members deems that the partnership could make a difference, outlining the contribution of the different technical working groups and the activities and outputs planned for the next two years. An important objective was to ensure that all activities are relevant to countries.

The work on coordination for HSS will focus on existing technical working groups (including public financial management, fragile and challenging operating environments, transition and sustainability, health system assessments, multisector action and EDC. EDC is still relevant in many countries, existing IHP+ tools (JANS, JARS, country compacts, mutual accountability frameworks) should be updated, and support in applying those tools provided to countries.

Comments from the SC members included the following:

- We need to sharpen our thinking on how to best harvest the potential of the partnership. There is still scope to sharpen focus on how the UHC2030 is different from the former agenda of IHP+ and define better the vision and narrative that binds all countries together. This could include – how countries best optimize their health systems within the resources available. We can do more in learning from countries that have progressed on UHC, including high income countries, where the focus is moving to how to ensure equity and financial sustainability of their future systems.

- The work on health systems strengthening should be more forward looking. Over the next years country health systems need to adapt to a rapidly changing context, technological advances and models of care will look different and the work plan should reflect actions that can help countries make fast progress on UHC in this context. Some SC members are involved in work related to this that maybe can be helpful. The work plan needs to include some flexibility to adapt to rising needs. A more dynamic process, documenting what has accomplished periodically, would provide a good basis to recalibrate the activities for the future.

- There is need to reflect the private sector engagement more explicitly in the work plan, including how this will be taken forward.

- It is good that the work plan has been developed in a participatory manner. The concept of a network of networks could benefit from greater clarity to better understand possible overlaps and synergies between the networks and how this fits with country needs and the joint vision paper.

- For low income countries continued focus on effective development cooperation remains important and should be reflected. This includes emphasis that priority should be on achievement of results rather than attribution. Development assistance should be aligned with country priorities and we need indicators to reflect partner behaviour on this. Strengthening county systems is of key importance.

- There is a clear unfinished agenda on development cooperation. Country feedback suggest in LIC fragmentation not only persist but increases. DAC donors have recognized this and OECD is keen to work with UHC2030 to bring synergies in the ongoing work.

- A significant amount of work has gone into development of the work plan and it is good to see this includes indicators to monitor progress in implementation. There is however scope to link the indicators better with the SDG framework. It is also important to have some baselines for the different lines of work, as this will strengthen review of progress and accountability.

- UHC2030 members can help link the past and the future better. We as partners and agencies with a HS mandate should review what our core activities are, where we should focus on independently and where real benefit can be achieved by broadening the input by active engagement in the UHC2030 forums and working groups. If we use the platform wisely and reduce our overlaps this partnership can be a huge public good.

It was agreed that the work plan document is a good starting point but would need to be reviewed by the SC in June. The SC adopted the proposed work plan Area 1 – Coordination of HSS, under the following conditions:

- Define better the vision and narrative of what brings all countries together in the partnership.

- Systematize better discussions on progress in the work plan implementation and adaptations including strengthening forward looking orientation of the work.
- Clarify better roles and responsibilities of the related networks vis a vis UHC2030 and avoid duplication of efforts.
- Strengthen synergies with OECD work on effective development cooperation.
- Refine indicators to monitor progress in work plan implementation
- Specify the actions covered by the budget and break it down for the SC review and approval in January 2018).

Session 3 - Knowledge management

Dr Rozita Halina Tun Hussein (JLN Convener, Ministry of Health, Malaysia) presented the draft strategy on KM, (see presentation). Milestones to develop the strategy through an ad hoc working group included: a desk review and interviews, a mapping of 27 networks, partnerships and knowledge initiatives, and interviews with 7 country representatives (Chile, Ghana, Indonesia, Kenya, Mexico, Nigeria and Thailand).

It is proposed that UHC2030 assume the following KM functions:

- To serve as a knowledge hub, providing connections to existing resources and initiatives and becoming recognized as the go-to resource for both providers and users of UHC knowledge resources.
- To provide a "rallying cry" to leverage knowledge for making evidence-based policy decisions. Better KM could 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. UHC2030 could serve not only as a central clearinghouse for knowledge but also collect feedback about knowledge use and implementation experiences.

Therefore, actions for the next two years are organized under two pillars:

1. Serve a connector role as UHC knowledge hub, providing interface for navigating existing platforms and portals. Proposed activities include the development and continuous update of an inventory of UHC-related initiatives, and the creation of a central health system knowledge hub.
2. Align KM with country demand. The continued of channels for tracking country needs and effective dissemination mechanisms to broaden stakeholder would fall under this pillar.

Feedback from participants confirmed that KM is one of the areas where UHC2030 can make a difference. The discussion can be summarised as follows:

- UHC2030 also needs to think about how to organize a platform of knowledge. Sharing the experience of P4H, Claude Meyer noted that P4H has created a digital platform which enables everybody to participate and to share knowledge. However, non-digital means to capture people's attention and exchange, such as in-person meetings, remain useful. Some participants also suggested to consider moving away from centralised ways of sharing information and look at other sectors for innovative ways of sharing information.
- A suggestion was made to organize the areas of KM following the framework of the "Healthy systems for universal health coverage: a joint vision for healthy lives" (i.e. equity, quality, responsiveness, efficiency and resilience and/or service delivery, health financing and governance).

- There were discussions on the topics that should be covered by UHC2030 KM efforts, with many participants agreeing with the idea that KM initiatives should reflect the multisectoriality of UHC and include other initiatives (e.g. social protection, education, labour, etc).
- The SC also emphasised the importance of having tools and methods to best respond to the countries' demands and considering innovative ways of sharing information beyond a central repository. Several members of the SC pointed to the fact that there is a disconnection between the knowledge that is available and the implementation of that knowledge; policies are not necessarily evidence-based. Documenting examples of evidence-based reforms can help other countries improve the decision-making process.
- Participants agreed that one critical dimension to consider is tacit knowledge "what is learned by doing". UHC2030 should help disseminate that knowledge. The quality and relevance of information is key; UHC2030 should therefore attempt to build living knowledge resource into the consolidated knowledge tools. UHC2030 should promote knowledge from countries experiences, and share it with other networks and partners, as it is in itself a public good.

The SC adopted the proposed work plan Area 2– Knowledge Management, provided that comments from this meeting are integrated into the draft strategy.

Session 4 - Accountability

Marjolaine Nicod presented the UHC2030 accountability strategy and work program (see presentation). Accountability in the strategy does not refer to the accountability of UHC2030 but how UHC2030 can strengthen accountability for progress on HSS towards UHC. She notes that accountability is a very complex agenda, vast and political topic and is defined differently by different stakeholders. The strategy represents the unique value of UHC2030 which includes our diverse stakeholder reach, convening capacity , and potential to bridge the technical and political agendas, bringing a more integrated sector-wide health system approach. UHC2030 can encourage synergies and collaboration across different health accountability efforts. The presented strategy is for two years and it identifies four pillars on public accountability focusing on the role of civil society, media and parliaments; participatory governance mechanisms; effective development cooperation; and a cross cutting objective to improve alignment across sub-sectoral health initiatives (see presentation) Areas of activity include addressing knowledge gaps, capacity strengthening with catalytic grants for implementation, global advocacy and events. UHC2030 will work closely with the Governance Collaborative regarding the role of ministries of health for accountability, and with the Health Data Collaborative on how to complement their work to strengthen information for accountability. Two questions were posed to the SC for discussion:

1. In the strategy, we state that our unique value at UHC2030 is for multi-stakeholder review, with the first phase of our work focused on preparing the ground by building capacities of stakeholders to engage and promoting space for multi-stakeholder participation. Do you agree?
2. How can the SC, and UHC2030 more broadly, provide a global platform for honest dialogue and peer pressure on challenges in progress towards UHC and EDC?

The discussion can be summarised as follows:

- The participants discussed broadening the concept of accountability of governments towards a whole government approach (targeting related ministries beyond MoH, such as Ministries of Social Affairs or Ministries of Finance etc.).
- Some called for all actors in the health system to be held accountable, not only governments but also the private sector, non-state providers, purchasers and citizens.

The responsibilities of the population to engage in healthy behaviours, pay their taxes and know their rights was also raised.
- Concrete linkages with the advocacy strategy should be made. Advocacy on SDG indicators should link with the accountability strategy.
- It will be important to learn from past experience, including accountability in the MDGs, and Every Woman Every Child's efforts to strengthen accountability.
- It will be crucial to look at specific vulnerable populations with sufficient emphasis on gender issues. Monitoring should measure what matters, assessing progress across the three dimensions (population, services and financial protection), with sufficient emphasis on coverage for vulnerable groups.
- Improved country monitoring will be key, with citizens demanding regular national reports, unpacking who is benefitting from progress and who is left behind. This should be context adapted. Measurement should be translated into policy interventions for remedy at country and global levels.
- Space for civil society participation is key, and sustainable mechanisms to have people's voices heard should be strengthened and institutionalised for a bottom-up approach to planning and review.
- It might be helpful to break down what accountability for UHC means by different actors, perhaps linking with the Joint Vision. The vision for UHC should be future looking and facilitate exchange.
- Participants noted the ongoing importance of issues related to effective development cooperation, such as fragmentation, lack of alignment or use of country systems, and the need for indicators that measure progress on this, with emphasis on the implementation of Country Compacts. UHC2030's work on EDC should include domestic advocacy in middle- and high-income countries, and link with the Global Partnership for Effective Development Cooperation, which is currently updating their monitoring framework.
- The strategy should reference SDG 17. UHC2030 should facilitate exchange of best practices, ensure country ownership of accountability processes, and explore how to move away from fragmented global accountability to achieve one integrated health independent panel.

The SC adopted the proposed work plan Area of work 3 - Accountability for progress towards HSS and UHC, provided that comments from this meeting are integrated into the draft strategy.

Session 5 - Advocacy

Ms. Rosemary Mburu presented the UHC2030 advocacy strategy, which presents a comprehensive definition of UHC as well as advocacy goals and potential audiences (see presentation). The strategy provides a framework for advocates on all levels. According to the strategy, UHC2030's role in promoting a strong value case for UHC on global and country level is coordinating, strengthening and guiding – not duplicating – partner activities. The strategy identifies three pillars for action on global and country level:

1. Build political support and grassroots demand for UHC at the country level to motivate policies and investments that aim to leave no one behind
2. Develop national action plans, define measurable results and steps forward
3. Support a broad, inclusive and cohesive advocacy community to maximize reach, coordination and impact of UHC advocacy

The principles of the strategy are based on the Joint Vision paper. It provides a guide to prioritising opportunities for maximizing advocacy impact, such as identifying the biggest health system gaps or possibilities for joint action with other advocates. Practical examples for advocacy as well as a list of key dates support advocates in taking action. UHC2030 wants to

support country advocates with materials and envisions the strategy to be a truly public document that should provide a framework for countries and global advocates and therefore provides room for advocates to identify country priorities.

Comments from the SC included:

- The part of the strategy regarding political will could be strengthened. Although it is contextual, a list of tangible outcomes that can be achieved, such as resource mobilisation could make it more concrete.
- Broadening the scope of the advocacy strategy could make it more effective; using not only UHC entry points for advocacy but other channels such as women representatives, inclusion movement or other sectors (education, women's rights etc.). UHC2030 should further support advocacy movements relating to global issues that might not arise from the national advocacy agenda.
- There is a need for advocating for improved reporting and monitoring of UHC progress in countries, most importantly advocating for countries to report on indicator 3.8.1 and 3.8.2 and international statisticians (i.e. IAEG-SDGs and UN Statistics Commission) accept indicator 3.8.1 as a relevant indicator of SDGs (i.e. upgrading tire category from three to two or one).
- Messages to advocate for UHC should be carefully chosen, for instance, advocating for increased expenditure on health without ensuring efficient spending, is not advantageous; advocacy efforts should be focused on outcomes.

The SC adopted the proposed work plan Area 4– Advocacy, provided that comments from this meeting are integrated into the draft strategy.

Extra session- Tokyo Declaration

The SC discusses the last draft of the Tokyo declaration and participants' comments were taken note of. Participants welcomed the quality of the Declaration and suggested changes to reflect inclusion of all people (not just citizen) and greater focus on non-discrimination of certain group, an explicit reference to on increasing public funding and reducing out-of-pocket payments, the importance of data disaggregation and policy coherence.

Session 6 - Governance and UHC2030

As there had been already some discussion on UHC2030 as a network of networks and a request to present a more detail breakdown of the overall UHC2030 budget for 2018-19 during session 2 and limited time left at this point, Dr Toda proposed to keep the session short, inviting participants to provide final feedback. In doing that, he suggested that UHC2030 needs an organic approach to planning , in order to remain flexible and able to adjust to changes. Given the changes in WHO leadership and new programme of work (GPW 13 still being under preparation) prioritising UHC, there would be some welcome opportunities for UHC2030 to identify synergies and play a complementary role by the time of the next SC meeting. Dr Godelieve van Heteren, senior advisor, Health Systems Governance Collaborative, shared some thoughts from the day's discussions and presented a proposal for the way forward (see presentation): to involve the related initiatives explicitly (with budget against performance contracts) and let them take over a part of the work of convening, connecting and deep diving.

The session concluded (see presentation) that a retreat of UHC2030 with the related initiatives is planned in the beginning of 2018. It was suggested that UHC2030 emphasises people's focus and reflects this in its narrative and illustrative diagram. And the Core Team confirmed that it would share the breakdown of the budget (with justification of budget items) to the SC in due time. Moreover, the importance of sharing documents in a timely manner was reiterated to facilitate SC members to comment and prepare accordingly.

UHC2030 Steering Committee

2nd Session - 11 December 2017

Tokyo Prince Hotel

Takasago Room 11th floor

TOKYO, JAPAN

Objectives

- Take stock of progress to date in taking forward the UHC2030 work.
- Review and approve the UHC2030 workplan for 2018-19 and agree on where more attention is needed in going forward.
- Review and approve the UHC2030 budget and discuss approach to fund raising.

PROVISIONAL AGENDA *(Rev.2)*

Time	Agenda Item	Presenter	Action / Document
8:30 - 9:00	***Welcome and registration***		
9:00 - 9:30	**Introduction** - Welcome and opening remarks - Objectives of the meeting - Announcements	Co-Chairs	For adoption: Agenda *UHC2030/SC2/2017/01*
9:30 - 10:30	**Session 1 - Updates** **Secretariat** - Objectives, scope and value added of UHC2030: progress to date (including action since last SC meeting, overview of working groups and feedback from recent catch up calls with constituencies) **Civil Society Engagement Mechanism** - Recent developments	Core Team and CSEM representative	For information: Presentation from the Core Team *UHC2030/SC2/2017/04* For decision: Approval of the Note for the Record of previous SC meeting *UHC2030/SC2/2017/04*
10:30 - 10:45	***Coffee break***		
10:45 - 11:45	**Session 2 – Coordination of Health Systems Strengthening** - Overview of HSS coordination work program	Core Team SC	For decision: Approval of proposed HSS work plan areas *UHC2030/SC2/2017/05 - Area 1*

Time	Agenda Item	Presenter	Action / Document
	Issues for discussion: • Does the HSS area of work provide a good basis for pursuing work on improved coordination of HSS strengthening for UHC as well as building on the effective development cooperation agenda?		
11:45 - 12:30	**Session 3 – Knowledge management** • Overview of UHC2030 KM strategy and work program	Core Team SC	For decision: Approval of KM strategy and proposed work plan areas *UHC2030/SC2/2017/07* *UHC2030/SC2/2017/05 - Area 2*
	Issue for discussion: • Will knowledge sharing on UHC be transformed or catalyzed by the KM strategy's ideas? • How can UHC2030 position itself as a knowledge broker and connector?		
12:30 - 13:30	*Lunch*		
13:30 - 14:30	**Session 4 - Accountability** • Overview of UHC2030 Accountability strategy and work program	Core Team SC	For decision: Approval of Accountability strategy and proposed work plan areas *UHC2030/SC2/2017/08* *UHC2030/SC2/2017/05 - Area 3*
	Issue for discussion: Does the strategy provide an understanding of what UHC2030 Accountability is about, and also provide guidance to countries on how to hold their constituencies accountable for achieving UHC?		
14:30 - 15:15	**Session 5 - Advocacy** • Overview of Advocacy strategy and work program	Core Team SC	For decision: Approval of Advocacy Strategy and proposed work plan areas *UHC2030/SC2/2017/09* *UHC2030/SC2/2017/05- Area 4*
	Issue for discussion: • How will UHC2030 SC members and partners ensure that the Advocacy strategy becomes a reference tool for in country action and for alignment on core principles at global level? • How can the UHC2030 platform be best used to convey people's voices and main concerns to the global political dialogues?		
15:15 - 15:30	*Coffee*		
15:30 - 17:00	**Session 6 - Governance and UHC2030 Budget** **Part 1** • Overview of how existing networks and collaboratives work together on the UHC2030 platform.	Core Team SC	For decision: approval of proposed work plan areas *UHC2030/SC2/2017/05 – Area5*

Time	Agenda Item	Presenter	Action / Document
	Issue for discussion: • What progress have we make in consolidating UHC2030 as a network of networks? • What are the opportunities to strengthen UHC2030 as platform to convene stakeholders, facilitate interconnection and organise deep dives to accelerate progress towards UHC and show progress in certain areas?		
	Part 2 • Overview of UHC2030 governance, budget for 2018-19 as well as approach for fund raising	Core Team SC	For decision: Approval of overall workplan 2018-2019 and budget and recommendation for approach to raising funds for Secretariat support *UHC2030/SC2/2017/05*
	Issue for discussion: • How can we move to mobilising resources jointly by the co-hosts of the UHC2030 secretariat to support the operations of the partnership?		
17:00 - 17:30	**Summary of conclusions and next steps**	Core Team	

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