



**UHC2030 STEERING COMMITTEE**  
**6<sup>th</sup> Session – 10-11 December 2019**  
**Albert Borschette Conference Centre**  
**European Commission**  
**Rue Froissart 36, Brussels**

## **DRAFT NOTE FOR RECORD**

**For Information**  **For Review & Advice**  **For Approval**

## NOTE FOR THE RECORD

### Summary of agreed action and recommendations from the discussion

#### Key Asks

- Use the Key Asks as a basis for our advocacy efforts and coherent messaging beyond UN HLM, and reconfirm decision not to reopen key asks discussion this stage.
- Reaffirm SC's e-mail based endorsement in mid-May of explicitly promoting gender equality for UHC achievement as a cross-cutting commitment across the Key Asks and action agenda, as described on the updated Key Asks document.

#### Political Declaration – specific points to promote with member states

##### Targets by 2030:

- Maintain ambitious spending targets while making sure that existing resources are used well (equity and efficiency).
- Strengthen financial protection targets to protect the underserved population from health-related poverty by adding another target on health impoverishment.

##### Follow up actions:

- Articulate clear linkage to existing formal accountability mechanisms, such as HLPF voluntary national reviews and FfD Forum to make more robust follow up actions.

##### Key elements:

- Articulate political messages in a clearer and simpler way as outlined in the UHC Key Asks to make political declaration easy to communicate and remember for heads of states level audience.
- Emphasize the importance of UHC as a social contract, social accountability mechanisms, equity, focus on populations in fragile settings, financial support to civil society, digital health, stigma reduction and gender equality.

##### Next steps:

- Send co-chair letters to incoming PGA and UNSG to offer UHC2030's continuing support to the preparation and implementation of UN HLM outcomes.
- Send co-chair letter to Group of Friends of UHC suggesting to reinforce content of the Political Declaration in selected areas discussed in the session 1.1 using agreed language from the Key Asks.

#### Monitoring and accountability

- Leverage the HLM to advocate for social accountability across health and commitment to funding for civil society and community engagement.
- Explore flagship report on state of UHC commitments and actions but need more strategic thinking on the value added: bringing to the fore the voices of those at risk of being left behind and reflecting the principle of working together.

##### Next steps:

- Mobilize range of partners during the HLM to articulate our approach on inclusive social accountability and secure support to take forward the HLM outcomes at country level, focusing on community engagement.
- Feed into the public consultation for the SDG3 GAP regarding possible joint support to strengthen coordinated country level advocacy efforts and social accountability.

#### Multistakeholder statement on private sector

- Develop private sector statement which provides a useful reference point for a shared vision for how the private sector contributes to UHC, with focus on equity and a people-centered approach.

##### Next steps:

- Take the time to agree on common language and include all voices, and release it after the HLM in response to the political declaration.

**Global architecture and coordination**

- GAP increasingly emphasizes using and building on existing mechanisms including UHC2030.
- UHC2030 can play role in GAP post-September – overall alignment, multistakeholder engagement - & focus on PHC, civil society, and possibly financing accelerators.
- UHC2030 has important roles in bringing in different voices, and promoting ways of working (“7 Behaviors”) which most GAP agencies signed up to.

*Next steps:*

- Feed into the on-line consultation, using the key asks to identify aspects that are missing or need strengthening: e.g. financing vs. funding, consistent/adequate inclusion of LNOB.
- Propose to GAP how we can help (signed by co-chairs and GAP agencies on the Steering Committee); articulate UHC2030 contribution (“7 behaviors” plus selected accelerators) – & call on UHC2030 members in GAP to promote using UHC2030 where relevant.
- Explore strategic joint discussion on global coordination roles, UHC2030 & GAP, alongside December SC.
- More broadly – promote use of UHC2030 platform and make it work better for relevant global coordination functions, incl. new initiatives (e.g. as option in G7 PHC knowledge platform proposals).

**UHC2030 country offer: alignment and coordination**

- Unfinished – and evolving – agenda around coordination and alignment.
- Country level: governments in charge of coordination – collective responsibility to support
- 7 Behaviors remain relevant & important, & UHC2030 role as “guardian” of them. Promote, document actual practice, share lessons; review for SDG context (with guidance if needed).
- Champion involvement of all partners in country mechanisms – civil society, private sector
- Learning beyond knowledge hub – platform for exchange, south-south learning, triangulation.
- Broad support for proposed approach (in concept note), i.e. champion 7 Behaviors and work closely with/through UHC-Partnership and UHC2030 members for country level action.

*Next steps:*

- Refine proposal and actions to reflect SC feedback.

**Membership and constituencies**

- Need to improve the functioning of constituencies to ensure we have good representation and do not miss any voice (youth groups, not for profit providers, faith-based organizations, parliamentarians, unions, etc).
- SC approved proposed governance arrangements for private sector and 2 seats going forth

*Next steps:*

- Every constituency to review its arrangements, share feedback with the Core Team and identify possible options for governance adjustment by end September.
- Review private sector categories and inclusion criteria to ensure relevant membership (e.g. whether to include different categories/representation of providers).
- Present new SC representation arrangements in December 2019.
- Collect feedback and finalize simple conflict of interest policy.

**Use us or lose us**

- Important for every constituency to help identify ways to address the funding gap and mobilize resources not just to carry out activities but to support UHC2030 as a platform

*Next steps:*

- Consolidate results framework with feedback of members received so far and use it for reporting on implementation and developing work plan 2020-2021.
- Establish SC subgroup on fund raising and explore options, incl. an overhead budget line in programmatic support and a trust fund for greater flexibility in mobilizing funding from new donors or private organizations.

## Welcome and opening remarks

Dr. Githinji Gitahi and Ilona Kickbusch, co-chairs of the UHC2030 Steering Committee, opened the fifth session of the UHC2030 Steering Committee (SC) by welcoming participants and highlighting the objectives of the two-day session. New SC members included: Ilse Hahn, Head of Division, Policy Issues of Displacement and Migration, BMZ, Germany; Kate Dodson, Vice-President, Global Health, UN Foundation, represented this time by Jillian Foote, Gates Foundation; Dr Jadej Thammatacharee, Deputy Secretary General, National Health Security Office, Ministry of Public Health, Thailand, Kyoko Odaka, Deputy Director, Global Health Division, Ministry of Foreign Affairs, Japan; Viviana Mangiaterra, Senior Coordinator, RMNCH and health systems, Global Fund, sitting for Susan Brown, GAV. One observer from the Private Sector Constituency attended the meeting: Fumie Griego, International Federation of Pharmaceutical Associations (IFPMA), as well as Claude Meyer, Coordinator, P4H.

Dr Anu Radha, Deputy CEO, GAVI, welcomed the participants in the Global Health Campus, with GAVI and Global Fund hosting this meeting. She commended UHC2030 for the work on the UHC key asks which provided a good basis to communicate clear and sharp messages that resonate with political leaders. She emphasized the importance of primary health care as a stepping stone towards UHC and suggested a stronger focus on a progressive realization of UHC.

## Session 1 – Getting our asks adopted: leveraging the full potential of the UN-HLM

### Sessions 1.1 Promoting our key asks in the political declaration and 1.4 Communicating a clear UHC2030 offer around the HLM and follow-up

#### UHC Key Asks

The Key Asks from the UHC Movement (UHC Key Asks) received positive feedback from member states and other partners during and after the interactive Multi-Stakeholder Hearing in New York in April 2019. 2019 provides major opportunities to mobilize Heads of State, Health Ministers and Finance Ministers through G7, G20 and UN high-level meetings but clear messages are critical to mobilize political leaders to invest in health outcomes. Moving from Asks to action will be the most important next step.

The SC confirmed the e-mail based endorsement from mid-May to explicitly promote gender equality for UHC achievement as a cross-cutting commitment across the Key Asks and action agenda, as described on the updated Key Asks document. The Steering Committee (SC) agreed to use the Key Asks as a basis for our advocacy efforts and coherent messaging beyond the UN HLM, and not to reopen the discussion on the Key Asks at this stage.

#### UHC Political Declaration

The SC discussed how the Key Asks are reflected in the current draft of the Political Declaration and suggested to promote specific three points with member states: 1. targets by 2030, 2. follow up actions, 3. key elements.

#### Targets by 2030:

Pete Salama, WHO, Executive Director, UHC and Life Course, updated on the monitoring progress of UHC. Tracking trends since 2000, service coverage is improving, however financial protection needs more improvement. Considering the current trend, we will not reach UHC target by 2030. We need to redesign our policy and strategy to leave no one behind, paying attention to global inequalities, and addressing fragility.

WHO also share the latest evidence underpinning health expenditure targets, notably government spending as a percentage of gross domestic product (GDP). According to WHO, increasing government spending on health to 5% of GDP is not realistic in most low and middle-income countries and will crowd out spending on other SDGs. On average, government spending on health was 1.5%, 2% and 3% of GDP in low, lower-middle, and upper-middle income countries

respectively in 2016. The target of 5% of GDP is dramatically more ambitious than the Abuja commitment of African Heads of States, which was 15% of overall government spending to be allocated to the health sector. Reaching 5% of GDP would require more than 20% of government spending in more than 70 countries in 2016. Therefore, to achieve this 5% spending target would mean cutting other public investments, which also contribute to health.

Current available resources are neither distributed equitably nor used efficiently, therefore addressing how money is spent is as important as how much is spent on health. More resources alone, without changing resource allocation, will not solve existing problems. Therefore, WHO proposed an additional 1-2% of GDP for primary health care (PHC) instead of 5% of GDP. By 2030, most countries would be able to realize this PHC funding goal. For high income countries this can be achieved by shifting public spending from tertiary care to primary care even without an increase in the government budget's share on health. For low income countries this could be reached by increasing domestic and external funding with a greater focus on PHC. For middle income countries this could be done through an incremental shift to PHC and more public spending on health. With an additional 1-2% of GDP on PHC, all countries, no matter rich or poor, can improve equity and system efficiency.

SC members welcomed the explanations provided by WHO and concurred that what matters is to reduce out of pocket spending in health by mobilizing public resources for health. However, one civil society SC representative emphasized the importance of promoting 5% of GDP as an ambitious political target, mentioning that some member states already supported this target. In addition to the target on catastrophic health expenditure, several SC members suggested to include the health impoverishment target that would cover pro-poor distribution of health resources and dimension of equity and vulnerability in health. The UHC monitoring report covers such aspects although they are not included in the SDG indicator 3.8.2 (and SDG indicator 1.1.1 covers international poverty line in general terms). It was also suggested that the political declaration should include ambitious financial commitments (e.g. references to the overall tax agenda and improvement of government tax capacity in line with the financing for development agenda).

**Follow up actions:** the Secretariat proposed the following potential role of UHC2030 to support the implementation of the Political Declaration: i) cross-programmatic advocacy efforts with UHC2030 partners and related initiatives to amplify key messages of the political declarations both at global and country levels; ii) strategic approach to coordinate efforts of various existing initiatives and UN HLM follow up mechanisms by 2023 under the UHC umbrella; iii) joint approach to address funding gap and investment fragmentation in health; and iv) contribution to monitoring and accountability.

SC members acknowledged the proposed potential role of UHC2030 to support follow up actions. It was also emphasized that robust follow-up actions should build on the existing formal SDG reporting mechanisms (e.g. HLPF voluntary national reviews and the Financing for Development Forum) and link to other initiatives more strategically (e.g. Global Action Plan for Healthy Lives and Well-being for All). For UHC2030, the political declaration will be an opportunity to strengthen social accountability and multi-stakeholder dialogue in countries. See Session 2 for more details on the discussion about country actions and global architecture.

**Key elements:** UHC2030 has promoted convergence by developing the UHC Key Asks. It was suggested to keep the narrative in the Political Declaration focused and simple to make it easy to communicate and remember. In addition to strengthening political messages targeting heads of state level audience, SC members suggested to emphasize the importance of UHC as a social contract, social accountability mechanisms, equity, focus on populations in fragile settings, financial support to civil society, digital health, stigma reduction and gender equality.

#### **Conclusions and decision points**

- Agreement to send co-chair letters to the incoming President of the General Assembly and UN Secretary General to offer UHC2030's continuing support to the preparation and implementation of UN HLM outcomes.

- Agreement to send a co-chair letter to the Group of Friends of UHC, with suggestions to reinforce the content of the Political Declaration in selected areas based on the current discussion.
- Since it would be difficult to get consensus on new elements (e.g. 5% GDP for health or 1-2% of GDP for PHC, use only previously agreed language as stated in the UHC Key Asks. See letters attached in Annex.

## Session 1.2 What monitoring and accountability do we want to see

Toomas Palu, UHC2030 core team gave a short overview on the contribution of UHC2030 with a publication that could be released around UHC day each year to complement the technical UHC monitoring report developed by WHO and the World Bank. The report would draw on UHC2030 as a multi-stakeholder platform and the institutional capacities of the various UHC2030 members. There would be more of a qualitative focus, which could provide the basis for follow up on the UN HLM political declaration, using this and the UHC Key Asks as a framework. This would allow to establish a connection between the political process and the various operational workstreams working towards UHC objectives, the SDG3 global action plan, principles of good practice, social accountability, etc. We could draw on data from different actors, including WHO, the World Bank, civil society partners, and many others.

### **Discussion**

SC members expressed support for the proposal of such a UHC2030 report but asked for further clarification on the scope and added value of a report of this kind.

The CSEM representative highlighted ongoing country advocacy work around the UHC Key Asks in collaboration with IFRC and UNAIDS. Lessons learned include the importance of supporting social accountability for UHC through a bottom up approach and linking the different disease specific civil society networks together. CS should be at the center of real time monitoring and social accountability for UHC. There is also a need for a different approach to data collection and use for frontline advocacy. We need a more granular approach and a strong focus on leaving no one behind.

It was suggested that the process should be informed by citizens especially vulnerable groups and build on existing work: e.g. Global Fund qualitative assessments on equity in 15 countries; UNAIDS qualitative policy index to monitor the HIV response with inputs from both governments and civil society.

The potential of such a report to help operationalize a more unified civil society working on UHC was acknowledge. While SC members welcomed the CSEM offer on the accountability work within the movement/platform – they mentioned that there is need to consider the full breath of accountability wherein other stakeholders also have a role to play. Furthermore, civil society capacity is weak in many countries: recent experience from Liberia for example shows that advocacy for greater resources for health fell to the ground as statements were not sufficiently well informed. In this context, the UHC2030 proposed budget advocacy toolkit/training is welcome and should be rolled out widely.

### **Conclusions and decision points**

- The SC agreed to produce a regular UHC2030 signature publication focusing accountability for UHC.
- The scope and niche for the report would need to be developed further taking into consideration and building on relevant experiences (e.g. in subsector areas) and optimizing links with wider processes of strengthening social accountability for UHC.

## Session 1.3 Multi-stakeholder inputs – role of the private sector

Dr. Githinji co-chair, introduced this session whose purpose was to discuss the rationale and scope of the multi stakeholder statement on the role of the private sector for UHC.

The core team gave a presentation outlining the process and initial elements of the UHC2030 multistakeholder statement. The rationale for developing this statement is to build trust among various partners and to develop a joint vision with shared principles for private sector engagement. UHC2030 collected inputs from various UHC2030 partners through emails as well as consultations in Davos and Kigali. A draft outline with inputs from different UHC2030 partners, covering different themes has been prepared but it reflects only the demand side towards the private sector. The draft will be circulated for further feedback.

The WEF representative highlighted the overall goals of this statement: i) built trust and clarify the continuous questioning if PS should be involved in UHC and how; ii) at the constituency level bring a consensual and joint language that each stakeholder understands and that is used interchangeably; and iii) as a constituency and jointly with other actors move together to act in countries.

### ***Discussion***

SC members were asked to provide their feedback on the key themes included in the presentation and to approve the process that would ensure ownership for the statement as a multistakeholder piece.

SC members welcomed the preparation of the multistakeholder statement and UHC2030 role in taking the conversation forward in this area. The SC, however, suggested that more consultations are needed to develop this statement. They also recommended that the private sector constituency membership be expanded to ensure that the views of this constituency are not heavily focused on one or two industry segments.

Both Japan and Liberia highlighted the importance to develop legal frameworks that enable collaboration with the private sector. Dr. Kickbusch stated that a platform like UHC2030 must deal and analyze the private sector's role, especially considering areas where the private sector has a big role to play to reach UHC such as accountability, human resources for health gaps and access to medicines. Germany emphasized that having a joint language around the private sector, is a very important cornerstone of this process.

OECD raised that it might be better to capture the opportunities to work with PS in partnerships, rather than looking at the PS as alternative to public sector. UHC2030 could focus as well on how the private sector can share lessons learned with the public sector, for example, on improving hospital supply chains or delivery of health care. Both UNICEF and Save the Children suggested to come out with a statement which also reflects how PS contributes to LMIC health systems and how it can improve the health of the poorest and most marginalized groups.

### ***Conclusions and decision points***

- More consultation will be needed for the preparation of the multistakeholder statement. Themes need to be more comprehensive, bringing in the equity perspective.
- Moving forward we need to expand the constituency beyond pharma industry and focus also in trying to bring other PS actors.

## Session 2 From asks to action

### Session 2.1 Global Architecture and Coordination

This session included updates on work on digital and future health systems, the SDG3 Global Action Plan, and G20 health meetings. Discussion largely focused on UHC2030's role in the GAP.

#### **“Health systems of the future”**

SC members noted that UHC2030 could promote experience-sharing across high- and middle-income countries on digital and health systems transformation. OECD gave an update on work in collaboration with WHO/EURO, including convening member states (end-June) on digital technology and its role in health systems transformation, and a planned ministerial meeting (November) to review how new technologies can enhance efficiency.

### **SDG3 Global Action Plan**

The GAP Secretariat gave an update on the plan's development and renewed emphasis on "strengthening collaboration among multiple agencies to accelerate country progress on the health-related SDGs". Country consultations are ongoing (Ghana, Morocco), building on consultations at the World Health Assembly. There will be a public consultation on the draft GAP document and accelerator papers; written feedback from UHC2030 members and Core Team is encouraged.

The accelerators on PHC and Sustainable Financing are especially relevant to UHC2030. World Bank and UNICEF gave updates on these.

**Sustainable Financing.** The value proposition (especially since four of the 12 agencies are multilateral donors) is that external financing can be aligned more closely with countries' overall needs. Financing alone cannot deliver results: collaboration across accelerators is important, e.g. on service delivery models and overall coordination. The financing accelerator includes a 'code of conduct' based on open and transparent communication, respectful partnership, adherence to organizational mandates, commitment to evidence, adherence to effective development cooperation principles, mutually-informed workplans, and minimizing "surprises" on the ground.

**Primary Health Care.** The accelerator builds on PHC momentum (e.g. Astana) and discussions among country, regional and global actors to accelerate and coordinate efforts to strengthen PHC. It positions PHC at the core of integrated health services, linked with multi-sectoral policies and empowerment of people and communities. It focuses on country ownership, a bottom-up approach, and tailoring PHC support to national priorities and context. Three global good products will support this: i) a more consistent approach to health systems assessment from a PHC perspective, ii) guidance defining 13 operational levers to strengthen PHC, iii) a framework for PHC monitoring. The accelerator partners are committed to harmonized working in countries, using government-led coordination platforms, common monitoring, integrating PHC plans in the national planning cycle, and providing streamlined technical assistance and aligned financial plans. UHC2030 roles could include facilitating multi-stakeholder engagement, promoting the global compact and 7 behaviors as they relate to PHC, and hosting a community of practice to share experiences and evidence.

#### *Key discussion points:*

- Promoting accountability and adherence to agreed principles remains important for UHC2030.
- UHC2030 members should differentiate work on "funding" (i.e. external assistance) and "financing" (technical guidance and policy advice to countries on health finance systems).
- The financing accelerator should connect with the CSEM on PFM and budget advocacy.
- The relationship between UHC2030 and the GAP is not always clear – especially as many GAP agencies are also UHC2030 members – and should be clarified in months ahead.
- Country perspective (Ghana): the 7 behaviors are key, there is often a disconnect between rhetoric and partner behavior. Recent feedback from some UHC-P countries is that countries, often with limited capacity in ministries of health, have to divert a lot of effort to managing partners. How can we use the GAP to re-focus on this?
- Civil Society would like to see stronger country platforms for engaging in health dialogue – and for the GAP to help with this.
- Private sector actors would also welcome more clarity on country level coordination and how to engage on UHC - UHC2030 can be an important "bridge".
- UHC2030 has wide membership and important accountability role. GAP Sherpas from UHC2030 member agencies should actively facilitate linkages.



- G7 request for WHO to coordinate with WB, GF, GFF and GAVI on options for a PHC knowledge platform was also raised – SC members noted this should integrate with (and not duplicate) both GAP PHC accelerator and UHC2030 related initiatives.

### **G20 update (Japan)**

Upcoming G20 Health Ministers meeting in Osaka. Japan has consistently championed health through its G7 presidency (and focus on UHC at the Ise-Shima summit) and now the G20. Focus will include UHC, aging societies, and health emergencies including anti-microbial resistance. Sub-themes will include sustainable financing for UHC, digital health and innovations related to ageing. Connections will be made with G20 Ministers of Finance discussions, the upcoming TICAD conference (focused on UHC in African countries), and Gavi's strategy discussions ahead of 2020 replenishment (vaccines as one entry point to strengthen systems for UHC).

### **Session 2.1 Conclusions and decision points**

- UHC2030 secretariat and membership should actively contribute to GAP consultations – focusing on the UHC key asks, the role and mandate of different agencies, and promoting coordination principles.
- We should prepare early for UHC2030 role in HLM follow-up, and look strategically across opportunities (e.g. whether health and UHC will feature under Saudi Arabia and USA G20/G7 presidencies).

### **Session 2.2 UHC2030's offer on Country Coordination**

This session focused on how UHC2030 contributes to coordination, harmonisation and alignment in support of national health priorities and plans, building on previous work under IHP+. Dr Gitahi framed this as how UHC2030 can promote progress on the '7 behaviors' for effective health cooperation, including (and beyond) member organisations' involvement in the GAP.

The Core Team summarised countries' feedback (from consultations at the WHA and UHC-Partnership meetings earlier this year) and proposals for UHC2030. Key points of feedback from countries include: demand for progress on coordination and alignment, moving beyond rhetoric; country specific mechanisms such as Compacts and MoUs have value but need stronger monitoring and accountability; the need for a shared understanding of UHC and PHC both in terms of the political dimension (including the social contract) and technical implications; importance of ensuring that UHC does not become framed as a vertical programme within ministries of health.

UHC2030's contributions could include:

- Developing and promoting relevant principles and guidance/tools (e.g. updating the 7 behaviors and the Joint Assessment of National Strategies tool)
- Sharing relevant evidence/learning, and promoting connections across relevant partners and initiatives (e.g. experience-sharing platform for the PHC accelerator)
- Accountability, by facilitating monitoring and feedback mechanisms between country and global levels, and elevating issues and channelling them into relevant agency and GHI Board discussions.

As an example of support aligned with these approaches, WHO presented the UHC Partnership, WHO's multi-donor mechanism for providing flexible WHO support on health systems to countries. This is expanding to over 100 countries and uses a demand-driven model to respond to country needs, including to support partner coordination, through dedicated WHO staff in countries.

Steering Committee members from Ghana, Liberia and Senegal outlined practical challenges of high transaction costs, duplication and inefficiencies. E.g. in Ghana, the need for a common roadmap for UHC with all partners; in Liberia and Senegal, how international partners' different fiscal schedules undermine efforts to align with national planning and globally set priorities can be

distortive, and dangers of inefficient parallel systems in already resource-constrained contexts. All three mentioned the benefits of multi-stakeholder platforms chaired by the Ministry of Health.

Key discussion and decision points:

- Ensuring this is presented as a forward-looking agenda, not just “revisiting IHP+”.
- The importance of making relevant links with the GAP, and UHC2030 promoting the ‘7 behaviors’ and Global Compact principles to the GAP and elsewhere.
- Recognised importance of these issues vs challenge of demonstrating how a global partnership like UHC2030 influences what happens in countries.
- The steering committee broadly support the approach proposed by the Core Team, but advised that more work is needed to define UHC2030’s specific role, especially in light of the GAP. They advised focusing on advocacy and accountability to champion and promote the 7 behaviors.

## Session 3 Working arrangements: making UHC2030 work for its membership, and the membership work for UHC2030

### Session 3.1 Membership and constituencies

Dr. Githinji Gitahi, co-chair, introduced the session, acknowledging that the UCC Key Asks were instrumental in mobilizing more support, buy-in and ownership for UHC2030. The Core Team highlighted a few pending issues that we need to address by the end of the year including the internal working arrangements and composition of the SC, ensuring balanced representation of the constituencies and effective coordination and communication.

#### **Steering Committee working arrangements and composition**

The SC composition needs to ensure we have everyone around the table and listen to everyone's voice. Beyond the five existing constituencies, UHC2030 is engaging with other stakeholders through the related initiatives. For example, the Global Health Workforce Networks helps to reach out to the health workers, while the Alliance for Health Policy and Systems Research and Health System Global provide outreach to academics. We are also increasingly working with a range of other relevant stakeholders: parliamentarians through the Inter-Parliamentary Union, as well as youth and women's groups around major advocacy events.

#### ***Discussion***

Several SC members indicated the need to strengthen the knowledge and network function of UHC2030 for collaboration beyond health systems. UHC2030 is already liaising with Stop TB and the NCD Alliance on advocacy work and involved them in the development of the Key Asks.

The CSEM representative mentioned that the youth voice is missing in the SC and would be a very legitimate group to be represented. Another suggestion was to consider not for profit private providers, which in many countries fall under the private sector.

The EC representative emphasized the importance of reviewing their constituency working arrangements because it is the first time that countries are interested to join actively the Steering Committee. Several partners recently indicated their interest to engage more actively in UHC2030, which requires well-functioning constituencies in terms of representation, coordination, communication and rotation.

The Foundation representative explained that members of the philanthropic foundation constituency have started to think through what role they can play going forward and whether they should include foundations that are increasingly popping up in many countries. Some of the early thinking is around how philanthropic foundations are providing grants, especially at the country level, in a more collaborative way.

The UNICEF representative who represents five UN agencies mentioned that they are looking at ways to increase the representation of members interested to be more active through rotating arrangements.

The Core Team reminded the SC about the conflict of interest policy that was requested two years ago. A policy for review was prepared in 2018 but there was not enough time to discuss it. The Core team will collect feedback offline and finalise a simple and concise document.

### **Private sector constituency**

Dessi Dimitrova, World Economic Forum, provided an update in establishing the UHC2030 Private Sector Constituency (PSC). The first objective is to build trust then to build mutual understanding around the UHC concept and language, and to move forward towards joint action at country level. The second objective is to serve as a platform for private sector engagement in UHC, for knowledge sharing, policy dialogue, showcasing members activities, and promotion of principles. The third objective is to contribute to the work of UHC2030, including co-developing and providing feedback on products.

The constituency currently includes 30 members - 22 companies and 8 associations. They have to be for-profit entities and represent six health sectors (pharmaceuticals, MedTech, service providers, health insurance, supply chain and disruptive technologies). The World Economic Forum is hosting the UHC2030 PSC for the next two years. The PSC members want to be an integral part of the UHC2030 work, but need guidance on what they can do, especially at country level.

The PSC governance arrangements include a Core Action Group that will determine the general direction, the work plan, the vision and the deliverables of the PSC and a wider consultative group. The Core Action Group members are nominated for a one-year term and can be renewed for a second term, with two companies per sector to ensure equal distribution. Representatives should be senior executives, with some decision-making power and an overview of the entire company. Interested candidates need to go through the due diligence process of the WHO Framework for engagement with non-state actors.

The representative from the World Economic Forum requested to have one additional seat for the private sector constituency on the UHC2030 SC.

### **Discussion**

UHC2030 will have to revisit the categorization of for-profit versus not-for-profit, and non-health companies, to ensure more diversity and to engage more country-based companies (e.g. SMEs). Currently, the PSC has no representation from the insurance, supply chain or generic pharmaceuticals.

### **Conclusions and decision points**

- Proposal to have two seats for the private sector in the SC approve. The UHC2030 PSC was asked to present at the next SC meeting how the two seats will be filled (with entities of the Core Action Group).
- Every constituency requested to review its working arrangements, share feedback with the Core Team and identify possible options for governance adjustment before end September for approval at the next SC meeting in December.
- Collect feedback and develop a simple conflict of interest policy.

## **Session 3.2 Use us or lose us**

The Co-Chair introduced the session, highlighting that despite successful contribution to the preparation for the UN HLM and positive feedback on the UHC2030 work around the UHC Key Asks, we are facing a significant funding gap.

The Core Team explained that UHC2030 needs about USD 3 million to keep the basic functioning of the platform, including overall secretariat support and hosting of the civil society engagement mechanism. In recent years, UHC2030 had a budget around USD 5 million. The revised budget for 2019 has been scaled down to USD 4.5 million. We have currently a little more than half the funding

necessary for 2019. Further scaling down would require postponing again the deployment of the knowledge hub, for which there was a lot of interest in previous SC discussions; and funding for civil society grants around UHC Day.

At the last SC meeting in December, we agreed to establish a task force on fund raising. We need more volunteers to take this forward. We also need to look into administrative arrangements that would provide greater flexibility to mobilize funding especially from new donors or private organizations.

### ***Discussion***

The representatives of the Global Fund and GAVI indicated their interest to support UHC2030 but this would need to be for specific deliverables from the workplan due to their funding mechanisms.

The Representative of Japan mentioned Japan's contribution of 1-1.5 million every year. Due to huge deficits, Japan may not be able to continuously contribute to UHC2030 and recommended that the core team set up fundraising plans and approach other countries and donors.

The EC Representative announced that the EC is providing a new grant of about EUR 4 million for 2019-2022 as part of the overall contribution for WHO country work through the UHC Partnership. The EC see the UHC partnership as the vehicle for implementing the UHC2030 principles.

The Foundation representative confirmed that foundations would help take this forward as part of their effort to come together as a constituency. One of the main issues would be for them to understand the difference between the grants that they make to individual partners and what UHC2030 can deliver particularly at the country level, and how these outcomes are complimentary.

The representative of the Private Sector constituency mentioned their interest to support the work in an appropriate way. But clarity is needed about what the work program looks like and the private sector contribution to it. The private sector is contributing to a number of different organizations around the table through other mechanisms. It is therefore critical to demonstrate the incremental value added of investing directly in the UHC2030 platform and the right governance around it, particularly for companies who might be part of the constituency but not represented at the SC.

The CSEM representative reminded the IHP+ principles of support behind one plan, which should also apply for UHC2030. We are now in an era where donors provide limited budget support, and instead they want to be able to show direct results from their funding. If we all genuinely subscribe to the view that a strong health system under the banner of UHC is what really benefits immunization, needs of people who have HIV, the fight against TB and malaria, there should be a top slicing amount from the Global Health Initiatives to make sure that UHC2030 has enough resources to function.

The co-chairs acknowledged the contribution of donors who are willing to fund institutional strengthening and have contributed to establish UHC2030 with flexible funding. This sends a positive message: this is worth investing in and there is potential. While the idea of identifying pocket of supports around products that are co-created can be explored, the co-chairs emphasized the importance of funding the platform overall and consider an overhead. Maybe the SC shouldn't shy back from this question about where the appropriate home for UHC2030 is. A number of elements need to be taken into account (e.g. the restructuring within WHO, a close link to the partnership) and it is essential to approach these in a strategic manner to support UHC2030 as a platform related to our role, related to the key asks, and not just as a money issue.

### ***Conclusions and decision points***

- Important for every constituency to help identify ways to address the funding gap and mobilize resources not just to carry out activities but to support UHC2030 as a platform.
- Consolidate the UHC2030 results framework with feedback received so far and use it for reporting on implementation by end 2019 and developing the work plan 2020-2021.
- Establish SC subgroup on fund raising and explore options, incl. an overhead budget line in programmatic support and a trust fund for greater flexibility in mobilizing funding from new donors or private organizations.

## Closing session

The Co-Chair and the SC members thanked warmly the out-going CSEM members for their work during the last three years which has been instrumental in setting up UHC2030. The EC proposed to host next SC session in Brussels.

## **ANNEXES**

21 June 2019

Your Excellency,

Everyone, everywhere should have access to quality and affordable health services. We call on political leaders to lead, legislate, invest in and collaborate with all of society to make universal health coverage (UHC) a reality.

On behalf of members of the International Health Partnership for UHC 2030 (UHC2030 in short), we appreciate your continuous support to the Key Asks from the UHC Movement in the briefing of the Group of Friends of UHC and Global Health.

We understand that member states have initiated negotiations on a zero draft of the Political Declaration for the UN High-Level Meeting on UHC (UN HLM) which will be endorsed on 23 September during the United Nations General Assembly high-level week in New York. We are pleased to see various elements of the UHC Key Asks have been included in the zero drafts, and we hope that these key elements will remain in the final draft of the political declaration.

We also believe that additional efforts are needed to make the declaration more ambitious, easy to communicate and meaningful for the implementation by political leaders. Therefore, UHC2030 would share some suggestions for your consideration.

- **Targets by 2030:** maintaining ambitious health spending targets and strengthening financial protection targets to protect underserved population from health-related poverty.
- **Follow up actions:** identifying more robust follow up actions with clear linkage to existing mechanisms and initiatives, such as HLPF, FfD Forum and UHC2030.
- **Key elements:** making political messages clearer and simpler as outlined in the UHC Key Asks, and emphasising the importance of dimensions such as UHC as a social contract, social accountability, equity, focus on populations in fragile settings, etc.

We appreciate your commitment to UHC and continuous efforts to accelerate progress to ensure that no one is left behind by 2030. We look forward to an ambitious Political Declaration in September.

Please accept, Your Excellency, the assurance of our highest consideration.

Yours sincerely,



Prof. Ilona Kickbusch  
Co-Chair of UHC2030  
Director of the Global Health Centre  
Graduate Institute of International and Development Studies  
Geneva, Switzerland



Dr. Githinji Gitahi  
Co-Chair of UHC2030  
CEO and Director General  
AMREF Health Africa Group  
Nairobi, Kenya

**TO:**

Members of Group of Friends of Universal Health Coverage and Global Health/  
Permanent Representatives to the United Nations

**Annex 1:** UHC2030's consolidated suggestions building on UHC Key Asks

**Annex 2:** UHC2030 and the United Nations

**Annex 3:** Key Asks from the UHC Movement

## Annex 1: UHC2030's consolidated suggestions building on UHC Key Asks

### Targets by 2030:

- We suggest maintaining ambitious spending targets while improving the efficiency and equity in the use of existing resources as described in UHC Key Asks.  
**Reference - UHC Key Asks:** *Set nationally appropriate spending targets for investments in health (e.g., ideally at least 5% of GDP on public health spending) consistent with sustainable national development strategies, and ensure efficient and equitable allocation of resources to PHC.*
- We suggest adding a target on health impoverishment to reduce poverty impact of health payments, in addition to the target on catastrophic out-of-pocket health spending.  
**Reference - UHC Key Asks:** *Governments must improve efficiency and equity in the use of existing resources and reduce reliance on impoverishing out-of-pocket payments.*

### Follow up actions:

- We suggest articulating clear linkage to existing formal accountability mechanisms, such as HLPF voluntary national review and FfD Forum to make more robust follow up actions.  
**Reference –SDG Summit political declaration draft and ECOSOC forum FfD follow-up report**
- We suggest referencing three UNGA resolutions in which UHC2030 has the legitimacy to support Member States to enhance international coordination and enabling environments at all levels to strengthen national health systems and achieve UHC.  
**Reference - A/RES/69/313, A/RES/72/139 and A/RES/73/131 (Annex 2)**

### Key elements:

- We suggest political messages clearer and simpler as outlined in the UHC Key Asks to make the political declaration easy to communicate and remember for heads of states level audience.  
**Reference - UHC Key Asks:** *6 Key Asks, 6 Milestones and 36 Action Agenda*
- We suggest emphasising the importance of UHC as a social contract, social accountability mechanisms, equity, focus on populations in fragile settings, financial support to civil society, digital health, stigma reduction and gender equality.  
**Reference – UHC Key Asks:**
  - *Universal health coverage (UHC) is primarily the responsibility of governments, which ensure people's health as a social contract.*
  - *Establish **inclusive social accountability mechanisms** for all parts of the health system so that everyone is responsible for progress toward UHC.*
  - *UHC is key to **reducing poverty and promoting equity and social cohesion**. Governments should invest in everyone's health. Extension of geographical coverage and **reaching the most marginalised and hard-to-reach populations** are essential to achieving positive health outcomes.*
  - *Incorporate the **health needs of vulnerable populations, in particular in fragile settings**, in national and local health care policies and plans, with increased focus on PHC, including disease prevention, immunisation services and health promotion activities.*
  - ***Support financially civil society and community groups** as key contributors to health systems development, and critical advocates for vulnerable and marginalised populations.*
  - *Promote innovation and harness a variety of technologies, including **digital technologies**, to improve equitable access to health services, complement and enhance existing health service delivery models and empower and enable people and communities to play an active role in their own health.*
  - *Pursue the concept of progressive universalism and establish health systems that promote equity, **reduce stigma and remove barriers based on multiple types of discrimination**.*
  - *UHC2030 recognises the critical importance of **gender equality** for the achievement of UHC, including protecting, respecting and fulfilling **women's and girls' rights**, changing harmful gender norms and eliminating political, economic and social gender barriers that prevent all people, however they identify their gender, from enjoying their right to health.*



## UHC2030 and the United Nations

The International Health Partnership for UHC 2030 (in short UHC2030) is a movement for accelerating equitable and sustainable progress towards universal health coverage (UHC). This multi-stakeholder partnership was established in 2016, responding to the commitment of member states in the Addis Ababa Action Agenda (AAAA) (OP77. [A/RES/69/313](#)), “...to enhance international coordination and enabling environments at all levels to strengthen national health systems and achieve UHC...”,

UHC2030 is recognized by the UN General Assembly resolution on global health and foreign policy: addressing the health of the most vulnerable for an inclusive society (OP21. [A/RES/72/139](#)), “Requests the Secretary-General, in close collaboration with the World Health Organization, development partners and other relevant initiatives, such as the International Health Partnership for UHC2030, to provide support to Member States... for the development and strengthening of the sustainability of universal health coverage at the national level...”.

UHC2030 has been tasked to support the preparatory process and the UN High-level Meeting on UHC in 2019 (OP8. [A/RES/73/131](#)) “...urges them to consider relevant initiatives, such as the International Health Partnership for UHC2030, in support of the preparatory process and the meeting, particularly with regard to sharing evidence and good practices, challenges and lessons learned;”. UHC2030 has organized a series of multi-stakeholder consultations to define [a set of key “asks” from the UHC Movement](#), which fed into the zero drafts of the UHC Political Declaration through [the summary of the interactive multi-stakeholder hearing](#) held on 29 April 2019. H.E. Ms. María Fernanda Espinosa, President of the 73<sup>rd</sup> Session of the United Nations General Assembly underscored “the high-level meeting in September will be crucial to make tangible progress on all the “Key Asks” of the UHC Movement.”

UHC2030 is registered on the [Sustainable Development Partnerships Platform](#) to support the High-level Political Forum and its follow up efforts in health-related SDGs, particularly health systems strengthening for UHC. [International UHC Day](#) is powered by [multi-stakeholder group of UHC2030](#).

### References:

#### [A/RES/69/313](#) Addis Ababa Action Agenda of the Third International Conference on Financing for Development

77. Multi-stakeholder partnerships, such as the Global Alliance for Vaccines and Immunization (Gavi) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, have also achieved results in the field of health. We encourage a better alignment between such initiatives, and encourage them to improve their contribution to strengthening health systems. We recognize the key role of the World Health Organization as the directing and coordinating authority on international health work. We will enhance international coordination and enabling environments at all levels to strengthen national health systems and achieve universal health coverage.

#### [A/RES/72/139](#) Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society

21. Requests the Secretary-General, in close collaboration with the World Health Organization, development partners and other relevant initiatives, such as the International Health Partnership for UHC2030, to provide support to Member States, especially through technical assistance and capacity-building programmes, for the development and strengthening of the sustainability of universal health coverage at the national level with the aim of promoting access to health services for the most vulnerable;

#### [A/RES/73/131](#) Scope, modalities, format and organization of the high-level meeting on universal health coverage

8. Invites the United Nations system, including funds, programmes and specialized agencies, including the World Health Organization, regional commissions and relevant envoys of the Secretary-General, to participate in the high-level meeting, as appropriate, and urges them to consider relevant initiatives, such as the International Health Partnership for UHC2030, in support of the preparatory process and the meeting, particularly with regard to sharing evidence and good practices, challenges and lessons learned;

21 June 2019

Dear H.E. Mr. Tijjani Muhammad Bande,

Everyone, everywhere should have access to quality and affordable health services. We call on political leaders to lead, legislate, invest in and collaborate with all of society to make universal health coverage (UHC) a reality.

On behalf of the members of the International Health Partnership for UHC 2030 (UHC2030 in short), who have endorsed the Global Compact for sustainable progress towards universal health coverage, we congratulate your election to the 74th President of the General Assembly.

UHC2030 is a movement for accelerating equitable and sustainable progress towards UHC. UHC2030 has been tasked to support Member States (A/RES/72/139) and the UN High-Level Meeting preparation process (A/RES/73/131) with a focus on “sharing evidence and good practices, challenges and lessons learned.” UHC2030 advocates for increased political commitment facilitate accountability and promotes knowledge sharing to develop strong, sustainable and equitable health systems.

We developed the Key Asks through a three-month consultation process with all actors of the UHC Movement – parliamentarians, civil society, the private sector, international agencies, networks and academia with the objective of providing a basis for coordinated advocacy efforts that all partners can promote together throughout the preparation of the UN High-Level Meeting on UHC (UN HLM).

UN HLM provides a major opportunity to mobilise the highest political support for UHC as the cornerstone to achieving SDG3 and uniting other health agendas under a common theme. We, therefore, have been supporting the 73rd President of the General Assembly and co-facilitators of the UN HLM over the past one year. As you observed the Interactive Multistakeholder Hearing for UN HLM this April and UHC Key Asks, we are in a strong position to facilitate multiple stakeholders to engage and elevate voices. We can also heighten existing consensus and energy among those in the UHC movement, including promoting the key principles of the Global Compact.

We reaffirm our commitment to work together with renewed urgency to accelerate progress towards UHC and are working hard to advance the implementation of SDG3. We look forward to working with you to make the UN High-Level Meeting successful this September.

Please accept, Your Excellency, the assurance of our highest consideration.



Prof. Ilona Kickbusch  
Co-Chair of UHC2030  
Director of the Global Health Centre  
Graduate Institute of International and Development Studies  
Geneva, Switzerland



Dr. Githinji Gitahi  
Co-Chair of UHC2030  
CEO and Director General  
AMREF Health Africa Group  
Nairobi, Kenya

**TO:**

H.E. Mr. Tijjani Muhammad Bande, President of the 74<sup>th</sup> Session of the UN General Assembly/  
Permanent Representative of Nigeria to the United Nations

**Annex 1:** Key Asks from the UHC Movement

**Annex 2:** UHC2030 and the United Nations

21 June 2019

Dear Mr Secretary-General,

Everyone, everywhere should have access to quality and affordable health services. We call on political leaders to lead, legislate, invest in and collaborate with all of society to make universal health coverage (UHC) a reality.

On behalf of members of the International Health Partnership for UHC 2030 (UHC2030 in short), we appreciate your continuous support to the UHC Movement.

In 2018, in support of UN Secretariat, UHC2030 hosted the multi-stakeholder group to initiate over 185 International UHC Day campaigns across the world. In 2019, we developed the Key Asks through a three-month consultation process with all actors of the UHC Movement – parliamentarians, civil society, the private sector, international agencies, networks and academia with the objective of providing a basis for coordinated advocacy efforts that all partners can promote together throughout the preparation of the UN High-Level Meeting on UHC (UN HLM). We have been supporting the 73<sup>rd</sup> President of the General Assembly and co-facilitators for the successful UN HLM and its Hearing.

UN HLM provides a major opportunity to mobilise the highest political support for UHC as the cornerstone to achieving SDG3 and uniting other health agendas under a common theme. We, therefore, are ready to engage with you and Member States to sustain the political momentum on UHC and champion potential follow up actions of UN HLM with the UHC Movement, in particular:

- **Cross-programmatic advocacy efforts** with UHC2030 partners and related initiatives to amplify key messages of the political declarations both at global and country levels;
- **Strategic approach to coordinate efforts** of various existing initiatives and UN HLM follow up mechanisms by 2023 under the UHC umbrella;
- **Joint approach to address funding gap** and investment fragmentation in health; and
- **Contribution to monitoring and accountability** on UHC.

We reaffirm our commitment to work together with renewed urgency to accelerate progress towards UHC and are working hard to advance the implementation of SDG3. We look forward to working with you to make the UHC Political Declaration as a reality.

Yours sincerely,



Prof. Ilona Kickbusch  
Co-Chair of UHC2030  
Director of the Global Health Centre  
Graduate Institute of International and Development Studies  
Geneva, Switzerland



Dr. Githinji Gitahi  
Co-Chair of UHC2030  
CEO and Director General  
AMREF Health Africa Group  
Nairobi, Kenya

**TO:**

Mr. António Guterres, Secretary-General, United Nations

**Annex 1:** Key Asks from the UHC Movement

**Annex 2:** UHC2030 and the United Nations



**UHC2030 STEERING COMMITTEE**  
**5th Session –19-20 June 2019**  
**Global Health Campus, Geneva**  
**(Jacaranda room A & B)**

## PROVISIONAL AGENDA (Rev.2)

### Objectives

To ensure that UHC2030 (Steering Committee, Secretariat and broader membership) is well equipped to:

- Mobilise countries and the international community in support of a coherent UHC agenda (as set out in our key asks);
- Support implementation of this agenda.

<b>Wednesday 19 June 2019</b>			
<b>Time</b>	<b>Agenda Item</b>	<b>Presenter</b>	<b>Action / Document</b>
8:30 10:00	<i>Separate preparation sessions: e.g. coordination within constituencies and co-chairs (tbc)</i>		
10:00 10:30	<b>Welcome coffee and registration</b>		
10:30 11:00	<b>Introduction</b> <ul style="list-style-type: none"> <li>• Welcome and opening remarks</li> <li>• Objectives of the meeting</li> <li>• Perspectives from WHO's new representative</li> </ul>	Anuradha Gupta Deputy CEO GAVI Alliance  Co-Chairs  Dr Pete Salama EXD, UHC-Life Course	For adoption: Agenda <i>UHC2030/SC5/2019/01Rev1</i>  For approval: Note for the Record of previous SC meeting <i>UHC2030/SC5/2019/03Rev1</i>  For information: Workplan implementation update <i>UHC2030/SC5/2019/04Rev1</i>
11:00 13:00	<b>Session 1 - Getting our asks adopted:            leveraging the full potential of the UN-HLM</b>  <b>1.1 Promoting our key asks in the political            declaration</b>	Co-chairs Core Team CSEM GOF of UHC	For review and advice: Further actions and follow-up <i>UHC2030/SC5/2019/05Rev1</i>
	<u>Issues for discussion:</u> <ul style="list-style-type: none"> <li>• Reflections on multi-stakeholder hearing</li> <li>• Taking stock of the zero-draft declaration &amp; negotiations and opportunities to contribute</li> <li>• Areas where we need to push for more ambition</li> <li>• Possible targets for 2023 and 2030</li> <li>• Country and global level advocacy efforts, incl. outreach beyond health</li> </ul>		
13:00 14:00	<b>Lunch</b>		
14:00 15:00	<b>Session 1 (continued)</b>  <b>1.2 What monitoring and accountability do            we want to see?</b>	Core team CSEM	For review and advice: Draft report outline proposal <i>UHC2030/SC5/2019/06Rev1</i>  For information: Workplan implementation update <i>UHC2030/SC5/2019/04Rev1</i>
	<u>Issues for discussion:</u> <ul style="list-style-type: none"> <li>• Proposal for “state of UHC commitments and action” report</li> <li>• Scaling up UHC2030 advocacy efforts and work on social accountability</li> </ul>		

15:00 16:00	<b>Session 1</b> (continued) <b>1.3 Multistakeholder inputs – role of the private sector</b>	Core team WEF	For review and advice: Draft outline of UHC2030 multistakeholder statement <i>UHC2030/SC5/2019/07Rev1</i>
<u>Issues for discussion:</u> • Rationale and scope of the UHC2030 multistakeholder statement on private sector engagement			
16:00 16:30	<b>Coffee break</b>		
16:30 17:00	<b>Session 1</b> (continued) <b>1.4 Communicating a clear UHC2030 offer around the HLM and follow-up</b>	Co-chairs	
<u>Issues for discussion:</u> • Wrap-up and next steps: incl. possible communications to PGA, co-facilitators and others			
17:30 19:00	Reception Place: La Vie des Champs, Chemin La Vie des Champs 15, 1202 Genève (off Av. Appia, behind ICRC, within walking distance from Global Health Campus).		

<b>Thursday 20 June 2019</b>			
<b>Time</b>	<b>Agenda Item</b>	<b>Presenter</b>	<b>Action / Document</b>
9:00 10:30	<b>Session 2 – From asks to action</b> <b>2.1 Our offer to countries</b>	Core Team	For review and advice: Concept note for IHP rebooting <i>UHC2030/SC5/2019/08Rev1</i>
<u>Issues for discussion:</u> • SDG3 Global Action Plan and our contribution to it • UHC messages for fund replenishments in 2019 and 2020			
10:30 11:00	<b>Coffee break</b>		
11:00 12:30	<b>Session 2</b> (continued) <b>2.2 Global architecture and coordination</b>	GAP agencies: accelerators	
<u>Issues for discussion:</u> • Recap on follow-up with countries and specific actions • Opportunities to reboot IHP+ 7 behaviors and tools, linking to PHC implementation			
12:30 13:30	<b>Lunch discussion with Annette Dixon, Vice President, Human Development, WB Group</b> Presentation and Q&A about how health and UHC fits into the World Bank's mission: the progress of Human Capital Project and the impact for countries investing into health; and how partnerships can take the agenda forward.		
13:30 14:15	<b>Session 3 - Working arrangements: making UHC2030 work for its membership, and the membership work for UHC2030</b> <b>3.1 Membership and constituencies</b>	Core Team WEF	For review and advice: draft working arrangements for the private sector constituency <i>UHC2030/SC5/2019/09Rev1</i> <i>UHC2030/SC5/2019/10Rev1</i>
<u>Issues for discussion:</u> • Mobilisation of all stakeholders beyond our current constituencies • Representation in Steering Committee and working arrangements			
14:15 15:00	<b>Session 3</b> (continued) <b>3.2 "Use us or lose us"</b>	Co-chairs Core Team	
<u>Issues for discussion:</u> • Funding situation and possible way forward • Steps to clarify our positioning, and build/maintain support for the partnership			
15:00 15:30	<b>Coffee break</b>		
15:30 16:00	<b>Summary of conclusions and next steps</b> <b>Closing remarks</b>	Core Team Marijke Wijnroks Chief of Staff Global Fund	



**UHC2030 STEERING COMMITTEE**  
**5th Session – 19-20 June 2019**  
**Global Health Campus, Geneva**

## LIST OF PARTICIPANTS

### STEERING COMMITTEE MEMBERS

#### Co-Chairs

Dr. Githinji GITAHI  
 Co-Chair, UHC2030 Steering Committee  
 Chief Executive Officer  
 AMREF Health Africa  
 Kenya  
 Email: [Githinji.Gitahi@Amref.org](mailto:Githinji.Gitahi@Amref.org)

Professor Ilona KICKBUSCH  
 Co-Chair, UHC2030 Steering Committee  
 Director, Global Health Centre  
 Graduate Institute Geneva  
 Switzerland  
 Email: [Ilona.kickbusch@graduateinstitute.ch](mailto:Ilona.kickbusch@graduateinstitute.ch)

#### Countries

Dr Mohsen ASADI-LARI (unable to attend)  
 Assistant Minister of Health and Medical  
 Education  
 Ministry of Health and Medical Education  
 Iran (Islamic Republic of)  
 Email: [mohsen.asadi@yahoo.com](mailto:mohsen.asadi@yahoo.com)

Dr Bocar Mamadou DAFF  
 Directeur Général  
 Agence de la couverture maladie universelle  
 Senegal  
 Email: [bmdaff@gmail.com](mailto:bmdaff@gmail.com)

Ms Ilse HAHN  
 Head of Division, Policy Issues of  
 Displacement and Migration  
 Federal Ministry of Economic Cooperation  
 and Development (BMZ)  
 Germany  
 Email: [Ilse.Hahn@bmz.bund.de](mailto:Ilse.Hahn@bmz.bund.de)

Dr Isabella MAINA (unable to attend)  
 Healthcare Financing Director  
 Ministry of Health  
 Kenya  
 Email: [drmainaisabel@gmail.com](mailto:drmainaisabel@gmail.com)

Ms Kyoko ODAKA  
 Deputy Director  
 Global Health Policy Division  
 International Cooperation Bureau  
 Ministry of Foreign Affairs  
 Japan  
 Email: [kyoko.odaka@mofa.go.jp](mailto:kyoko.odaka@mofa.go.jp)  
*Representing Dr Manabu SUMI  
 Director, Global Health Policy Division  
 International Cooperation Bureau*

Dr Emmanuel ODAME  
 Director, Policy, Planning and Monitoring and  
 Evaluation  
 Ministry of Health  
 Ghana  
 Email: [joeankra@yahoo.com](mailto:joeankra@yahoo.com)

Dr Matthias REINICKE  
 Health Sector Advisor, EuropeAid  
 European Commission  
 Belgium  
 Email: [Matthias-REINICKE@ec.europa.eu](mailto:Matthias-REINICKE@ec.europa.eu)

Dr Jadej THAMMATACHAREE  
 Deputy Secretary General  
 National Health Security Office  
 Ministry of Public Health  
 Thailand  
 Email: [jadej.t@nhso.go.th](mailto:jadej.t@nhso.go.th)  
*Representing Dr Walaiporn PATCHARANARUMOL  
 Director, International Health Policy Program*

Dr Aquina THULARE (unable to attend)  
Technical Specialist, Health  
Economics/National Health Insurance  
Department of Health  
South Africa  
Email: [Aquina.Thulare@health.gov.za](mailto:Aquina.Thulare@health.gov.za)

Mr A. Vaiffee TULAY  
Deputy Minister  
Planning, Research and Development  
Ministry of Health and Social Welfare  
Liberia  
Email: [a.vaifeetulay@yahoo.com](mailto:a.vaifeetulay@yahoo.com)

### **Civil Society Organizations (CSOs)**

Dr Santosh Kumar GIRI  
Secretary and Executive Director  
Kolkata Rista  
India  
Email: [kolkatarista@yahoo.co.in](mailto:kolkatarista@yahoo.co.in)

Ms Rosemary MBURU  
Executive Director  
WACI Health  
Kenya  
Email: [rosemary@wacihealth.org](mailto:rosemary@wacihealth.org)

Mr Simon WRIGHT  
Head of Child Survival  
Save the Children  
United Kingdom  
Email: [s.wright@savethechildren.org.uk](mailto:s.wright@savethechildren.org.uk)

### **Foundations**

Ms Jillian FOOTE  
Program Officer, Program Advocacy and  
Communications Team  
Bill and Melinda Gates Foundation  
United States  
Email: [Jillian.Foote@gatesfoundation.org](mailto:Jillian.Foote@gatesfoundation.org)  
*Representing Ms Kate DODSON  
Vice President for Global Health*

### **Private sector**

Dr Dessi DIMITROVA  
Practice Lead, Health Systems and Joint  
Ventures  
Global Health and Healthcare  
World Economic Forum  
Switzerland  
Email: [Dessislava.Dimitrova@weforum.org](mailto:Dessislava.Dimitrova@weforum.org)

### **Multilateral organizations**

Dr Viviana MANGIATERRA  
Senior Coordinator, RMNCH and HSS  
Global Fund to Fight AIDS, Malaria and  
Tuberculosis  
Switzerland  
Email: [viviana.mangiaterra@theglobalfund.org](mailto:viviana.mangiaterra@theglobalfund.org)

Mr Nick TOMLINSON  
Global Health Advisor  
Organisation for Economic Cooperation and  
Development  
France  
Email: [Nick.Tomlinson@oecd.org](mailto:Nick.Tomlinson@oecd.org)  
*Representing Ms Francesca COLOMBO  
Head of Health Division*

Dr David HIPGRAVE  
Senior Health Specialist, Unit Chief, HSS  
United Nations Children's Fund (UNICEF)  
United States of America  
Email: [dhipgrave@unicef.org](mailto:dhipgrave@unicef.org)  
*Representing Dr Stefan PETERSON  
Chief, Head Section*

### **World Bank**

Ms Annette DIXON  
Vice President for Human Development  
World Bank  
United States of America  
Email: [adixon@worldbank.org](mailto:adixon@worldbank.org)

### **World Health Organization**

Dr Peter SALAMA  
Executive Director  
UHC Life Course  
World Health Organization  
Switzerland  
Email: [salamap@who.int](mailto:salamap@who.int)

### **Observers**

#### Private Sector

Ms Fumie GRIEGO  
Deputy Director General  
International Federation of Pharmaceutical  
Manufacturers Association (IFPMA)  
Switzerland  
Email: [f.griego@ifpma.org](mailto:f.griego@ifpma.org)

Dr Frasia KARUA  
 General Manager  
 AMREF Enterprises Ltd  
 Kenya  
 Email: [frasia.karua@amref.org](mailto:frasia.karua@amref.org)

Dr Desta LAKEW  
 Director of Partnerships, Africa  
 AMREF Health  
 Kenya  
 Email : [Desta.Lakew@amref.org](mailto:Desta.Lakew@amref.org)"

### Related Initiatives

Mr Claude MEYER  
 Coordinator, P4H  
 Health Systems Governance and Financing  
 World Health Organization  
 Switzerland  
 Email: [meyerc@who.int](mailto:meyerc@who.int)

Mr Benjamin ROUFFY  
 Consultant  
 Health Systems Governance Collaborative  
 Health Systems Governance and Financing  
 World Health Organization  
 Switzerland  
 Email : [rouffyb@who.int](mailto:rouffyb@who.int)

### **Other participants**

Ms Sofiat AKINOLA  
 Project specialist, Global health and  
 healthcare  
 World Economic Forum  
 Switzerland  
 Email: [Sofiat.Akinola@weforum.org](mailto:Sofiat.Akinola@weforum.org)

Mr Gérard SCHMETS  
 Coordinator, Joint Working Group, UHC  
 UHC Life Course  
 World Health Organization  
 Switzerland  
 Email: [schmetsg@who.int](mailto:schmetsg@who.int)

Ms Annegret AL-JANABI  
 Senior Policy Officer, Health Population  
 Policies  
 Federal Ministry of Economic Cooperation  
 and Development (BMZ)  
 Germany  
 Email: [Annegret.Al-Janabi@bmz.bund.de](mailto:Annegret.Al-Janabi@bmz.bund.de)

Dr Marijke WIJNROKS  
 Chief of Staff  
 Global Fund to Fight AIDS, Tuberculosis  
 and Malaria (GFATM)  
 Switzerland  
 Email: [Marijke.Wijnroks@theglobalfund.org](mailto:Marijke.Wijnroks@theglobalfund.org)

Ms Amy BOLDOSSER-BOESCH  
 Senior Director FCI Program  
 Management Sciences for Health  
 United States  
 Email: [aboldosserboesch@msh.org](mailto:aboldosserboesch@msh.org)

### **UHC2030 Core Team**

Ms Lara BREARLEY  
 UHC2030 Consultant  
 United Kingdom  
 Email: [brearleyl@who.int](mailto:brearleyl@who.int)

Mr Gaurav GARG  
 Head, Public Policy Analysis and Research  
 GAVI Alliance  
 Switzerland  
 Email: [ggarg@gavi.org](mailto:ggarg@gavi.org)

Ms Shana DÖRR  
 Technical Officer, UHC2030 Core Team  
 Health Systems Governance and Financing  
 World Health Organization  
 Switzerland  
 Email: [dorrs@who.int](mailto:dorrs@who.int)

Ms Anuradha GUPTA  
 Deputy Chief Executive Officer  
 GAVI Alliance  
 Switzerland  
 Email: [agupta@gavi.org](mailto:agupta@gavi.org)

Mr Richard GREGORY  
 Senior Health Adviser, UHC2030 Core Team  
 Health Systems Governance and Financing  
 World Health Organization  
 Switzerland  
 Email : [gregoryr@who.int](mailto:gregoryr@who.int)

Dr Justin KOONIN  
 President  
 ACON  
 Australia  
 Email: [president@acon.org.au](mailto:president@acon.org.au)

Mr Frédéric MARTEL  
 Health Economist, UHC2030 Core Team  
 Health Systems Governance and Financing  
 World Health Organization  
 Switzerland  
 Email: [martelf@who.int](mailto:martelf@who.int)



Ms Marjolaine NICOD  
Joint Lead, UHC2030 Core Team  
Health Systems Governance and Financing  
World Health Organization  
Switzerland  
Email: [nicodm@who.int](mailto:nicodm@who.int)

Dr Toomas PALU  
Joint Lead, UHC2030 Core Team  
Health Nutrition and Population, East Asia  
and Pacific Region  
World Bank  
United States of America  
Email: [tpalu@worldbank.org](mailto:tpalu@worldbank.org)

Mrs Victoria PASCUAL  
Team Assistant, UHC2030 Core Team  
Health Systems Governance and Financing  
World Health Organization  
Switzerland  
Email: [pascualv@who.int](mailto:pascualv@who.int)

Ms Julia SALLAKU  
Technical Officer, UHC2030 Core Team  
Health Systems Governance and Financing  
World Health Organization  
Switzerland  
Email: [sallakuj@who.int](mailto:sallakuj@who.int)

Dr Maria SKARPHEDINSDOTTIR  
Technical Officer, UHC2030 Core Team  
Health Systems Governance and Financing  
World Health Organization  
Switzerland  
Email: [skarphedinsdottirm@who.int](mailto:skarphedinsdottirm@who.int)

Ms Isabelle WACHSMUTH  
Communications Officer, UHC2030 Core  
Team  
Health Systems Governance and Financing  
World Health Organization  
Switzerland  
Email: [hugueti@who.int](mailto:hugueti@who.int)

Dr Akihito WATABE  
Technical Officer, UHC2030 Core Team  
Health Systems Governance and Financing  
World Health Organization  
Switzerland  
Email: [watabea@who.int](mailto:watabea@who.int)