UHC2030 STEERING COMMITTEE

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Albert Borschette Conference Centre

European Commission

Rue Froissart 36, Brussels

UHC2030 work plan and budget for 2020

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

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UHC2030 work plan
and budget for 2019

Overview

The purpose of this document is to submit for Steering Committee approval a workplan and budget for 2020. The document also includes an overview of funding availability to support the implementation of the UHC2030 workplan for 2019.

Part 1 covers the work plan presentation and results framework. Part 2 presents the budget for 2020 and an update of the current income and situation, including constraints faced by the Core Team in mobilising funding.

It is proposed that the Steering Committee takes following action:
- To approve the workplan for 2020 which reflects the UHC2030 strategic focus and discussions on UHC2030's post-HLM vision and contribution to translating commitments into action
- To approve the budget for 2020
- To commit to collectively supporting UHC2030 as a multistakeholder platform and helping the Secretariat mobilise the necessary funding to implement the proposed workplan.

PART 1 - UHC2030 workplan for 2020

1.1.   Strategic focus and priorities

As agreed by the Steering Committee in December 2018, and reflecting the Steering Committee discussions on strategic focus and priorities for UHC2030, the Core Team finalized a workplan that is explicitly structured around the UHC2030 'offer' to countries, partners, and the wider UHC community.

In line with the agreed strategic focus and priorities for UHC2030, the workplan is structured around three "pillars": i) voices for UHC, ii) working better together for UHC, and iii) knowledge and networks for UHC. A fourth pillar of the workplan focuses on effective partnership management and governance, including the UHC2030 Core Team's secretariat and programme and financial management functions.

The workplan has been updated for 2020 to reflect UHC2030's focus, following the UN High-Level Meeting, of working towards realization of the Key Asks. The 2020 workplan emphasizes how work under each of the three pillars relates to the asks. The overall outcome that UHC2030 contributes towards is summarized as "Realisation of the Key Asks: Countries act on commitments (political and financial), and all stakeholders work more coherently in response to countries' UHC needs".

The proposed workplan is provided at Annex 1. Also see document *UHC2030/SC5/2019/05Rev1* for a progress update on implementation in 2019.

1.2. UHC2030 results framework

The workplan is aligned also to a UHC2030 results framework that defines outputs of UHC2030 work and specific outcomes and impact that this work should contribute towards. The results framework gives line of sight from UHC2030 activities to higher-level goal and impact changes that mirror the Key Asks and principles in the UHC2030 global compact and joint vision paper. It has been developed to be nimble and ensure that it does no result in a disproportionate reporting burden.

The results framework is provided at Annex 2.

PART 2 – Funding requirements for 2020 and current income situation

2.1. Budget execution for 2019

Costs of the joint UHC2030 Secretariat and activities are incurred by both co-conveners – WHO and the World Bank. Under the current agreement, the resource mobilization for UHC2030 work is handled by the WHO side of the Secretariat. The World Bank share of the costs is recovered via fund transfers from WHO to World Bank via a trust fund agreement between the two organizations.

Funding available for 2019 from carry-over from the previous year and new resource mobilization amounted to USD 2.837 million (see Table 3 under section 2.3) covering 64% of the proposed annual budget of USD 4.449 million. With expenditure amounting to USD 3.6 million (this amount does not include unfunded costs incurred by the World Bank of USD 0.55 million, which need to be consolidated), UHC2030 is facing a major deficit of USD 0.805 million in 2019, which has been covered temporarily by WHO with an internal loan that should be reimbursed shortly from UHC2030 revenue. The deficit goes up to USD 1.355 million taking into account the unfunded costs incurred by the World Bank. A summary of expenditure is provided in Table 1.

Despite funding shortfalls, the Core Team continued to implement the UHC2030 workpan, because of the importance of supporting the preparation for the UN High-Level Meeting (including communication work) and sustaining the momentum with UHC Day preparation. In other areas, planning of some activities was well advanced and could not be postponed (e.g. social accountability, coordination in fragile settings, and knowledge hub).

In kind contributions were also provided by several partners, consisting of support to country advocacy meetings for the UN HLM (International Federation of the Red Cross and Red Crescent Societes (IFRC) and UNAIDS), and meeting rooms for Steering Committee meetings and UNGA events (European Commission, GAVI and Global Fund, Ford Foundation, Rockefeller Foundation, UNFPA).

Table 1 – UHC2030 Budget 2019 execution

	(in US$)			Approved Budget 2019		Staff	Consultants / Contractual Services	Travel	Meetings	Operations	Expenditure in 2019 [1] [3]
1	**Voice for UHC**										
1.1.	Global Advocacy/HLM			465,000		275,000	33,514	113,943	40,883	5,231	**468,571**
1.2.	UHC campaigns/UHC day			385,000		145,000	349,148	1,956		1,986	**498,091**
1.3.	CSO engagement mechanism			620,000		75,000	527,500	22,321			**624,821**
1.4.	Social accountability			241,500		75,000	236,700	8,313			**320,013**
			Sub-total 1.	*1,711,500*		*570,000*	*1,146,862*	*146,533*	*40,883*	*7,217*	*1,911,496*
2	**Working better together for UHC**										
2.1.	Country level coordination			142,500		55,000		7,612			**62,612**
2.2.	Transition and sustainability			242,500		190,000	9,781	29,157	5,315	2,822	**237,075**
2.3.	PFM in health			227,500		-					**-**
2.4.	Health systems performance			152,500		105,000		5,840		1,500	**112,340**
2.5.	Private sector engagement			157,500		80,000	42,599	6,237	3,232	3,882	**135,951**
2.6.	Fragile settings			242,500		105,000	79,562	396			**184,957**
			Sub-total 2.	*1,165,000*		*535,000*	*131,942*	*49,242*	*8,547*	*8,204*	*732,936*
3	**Knowledge and networks for UHC**										
3.1.	Network of networks			37,500		25,000					**25,000**
3.2.	UHC2030 HSS resources			32,500		25,000					**25,000**
3.3.	Knowledge hub			697,500		10,000	66,000				**76,000**
			Sub-total 3.	*767,500*		*60,000*	*66,000*				*126,000*
4	**Partnership governance and Secretariat**										
4.1.	Communications			290,000		155,000	155,439	5,941		8,216	**324,596**
4.2.	Strategic planning and reporting			105,000		105,000		10,875			**115,875**
4.3.	UHC2030 steering committee			212,500		155,000		60,721	17,967	4,497	**238,185**
4.4.	Resource mobilisation			32,500		25,000					**25,000**
4.5.	UHC2030 management & admin			137,500		120,000			9,998	6,997	**136,995**
4.6.	Relationship management			27,500		25,000					**25,000**
			Sub-total 5.	*805,000*		*585,000*	*155,439*	*77,537*	*27,965*	*19,710*	*865,651*
	TOTAL			**4,449,000**		**1,750,000**	**1,500,244**	**273,312**	**77,395**	**35,132**	**3,636,083**

[1] Expenditures and encumbrances as of 8 November 2019.

[2] This amount includes US$ 90 000 for UHC Day micro-grants for civil society-led campaigns.

[3] Total expenditure in 2019 does not include unfunded costs incurred by the World Bank of USD 0.55 million.

2.2. Budget 2020

The proposed budget for 2020 amounts to USD 4.45 million. This reflects minimum funding requirements needed to implement the proposed 2020 workplan. Further reductions in planned costs could be envisaged depending on further prioritisation of activities and mobilisation of in-kind contributions.

The table below shows the indicative budget summary, including a breakdown by type of costs.

Table 2 – UHC2030 Budget 2020

in US$		Staff	Contractual Services	Travel	General Operating Costs	TOTAL
Output 1 – Voice for UHC						
1.1 Global Advocacy		175,000	125,000	50,000	10,000	*360,000*
1.2 Country UHC campaigns		120,000	265,000		5,000	390,000
1.3 CSO engagement mechanism		55,000	605,000	5,000	-	665,000
1.4 Social participation & accountability		125,000	155,000	10,000	5,000	295,000
1.5 UHC account. framework		85,000	30,000	5,000	2,500	*122,500*
sub-total		**560,000**	**1,180,000**	**70,000**	**22,500**	**1,832,500**
Output 2 – Working better together for UHC						
2.1 Country level coordination		185,000	160,000	10,000	2,500	357,500
2.2.1 Transition and sustainability		95,000	35,000	5,000	2,500	137,500
2.2.2 PFM in health		75,000	135,000	10,000	2,500	222,500
2.2.3 Health systems performance		35,000	10,000	30,000	2,500	77,500
2.2.4 Private sector engagement		35,000	45,000	15,000	2,500	97,500
2.2.5 Fragile settings		75,000	45,000	10,000	2,500	132,500
sub-total		**500,000**	**430,000**	**80,000**	**15,000**	**1,025,000**
Output 3 – Knowledge and networks for UHC						
3.1 Network of networks		25,000	25,000	10,000	2,500	62,500
3.2 UHC2030 HSS resources		25,000	5,000	-	2,500	32,500
3.3 Knowledge hub		225,000	335,000	10,000	2,500	572,500
sub-total		**275,000**	**365,000**	**20,000**	**7,500**	**667,500**
Output 4 - Partnership governance and Secretariat						
4.1 Communications		105,000	165,000	5,000	5,000	280,000
4.2 Strategic planning and reporting		105,000	-	5,000	-	110,000
4.3 UHC2030 steering committee		155,000	20,000	60,000	5,000	240,000
4.4 Resource mobilisation		75,000	10,000	5,000	2,500	92,500
4.5 UHC2030 management & admin		125,000	-	45,000	5,000	175,000
4.6 Relationship management		25,000			2,500	175,000
sub-total		**590,000**	**195,000**	**120,000**	**20,000**	**925,000**
TOTAL		**1,925,000**	**2,170,000**	**290,000**	**65,000**	**4,450,000**

2.3. Current funding situation

The Table 3 below provides an overview of sources of funding in 2019 and future years. For the time being, there are no new contributions expected beyond the new contribution from the European Commission for 2019-2022.

Table 3 – Status of funding of UHC2030, 2019

Donors	2019	2020	2021	2022
Carry forward	797 000	- 805 000		
Of wich:				
Germany	*[545 000]*			
Japan	*[252 000]*			
New contributions				
European Commission	540 000	1 120 000	1 120 000	1 120 000
Japan	1 000 000			
Luxembourg	500 000			
Total	**2 837 000**	**315 000**	**1 120 000**	**1 120 000**

2.4 Way forward

The Steering Committee agreed in December 2018 to establish a time-bound sub-group to guide the Core Team in developing a fund-raising and management strategy for UHC2030. At its meeting in June 2019, the Steering Committee also confirmed the need to look into the responsibility of individual constituencies to of supporting collectively fundraising.

The Core Team will call on each constituency to help prepare the discussion at the session of the Steering Committee on 10-11 December 2019 and will organise a preparatory session in the coming weeks.

Annex 1 – UHC2030 Workplan for 2020

Higher level outcomes/impact that UHC2030 contributes towards:

Super-impact: **Accelerated progress towards UHC (SDG Target 3.8 - indicators 3.8.1 on service coverage & 3.8.2 on financial protection – plus positive contribution of UHC to all health SDG targets).**

Impact: **Stronger and more resilient health systems, especially for primary health care.**

Outcome: **Realisation of the Key Asks: Countries act on commitments (political and financial), and all stakeholders work more coherently in response to countries' UHC needs.**
UHC Key Asks: (1) Ensure political leadership beyond health; (2) Leave no one behind; (3) Regulate and legislate; (4) Uphold quality of care; (5) Invest more, invest better; (6) Move together; Across all: Gender equality and women's and girls' rights.

Pillar 1: VOICES FOR UHC.
Output: Multi-stakeholder campaigns supported to demand delivery on UHC commitments, political champions mobilized, and social accountability for UHC enhanced.
1.1 Strategic global advocacy scaled-up and coordinated.
1.2 Country UHC campaigns supported.
1.3 Stakeholder constituencies organised to engage in UHC debates.
1.4 Multi-stakeholder social participation & accountability approaches strengthened (country & global).
1.5 UHC accountability framework strengthened.

Pillar 2: WORKING BETTER TOGETHER FOR UHC.
Output: Collaborative multi-stakeholder approaches developed and promoted for countries and partners to work more coherently, address health systems bottlenecks, and realise the key asks.
2.1 Countries and partners equipped with jointly agreed principles and tools to enhance coherence and effectiveness of efforts on health systems and UHC.
2.2 Specific policy and implementation approaches developed collaboratively (multi-stakeholder), and promoted, for priority and/or emergent health systems issues.

Pillar 3: KNOWLEDGE AND NETWORKS FOR UHC.
Output: Knowledge, lessons, and experience on UHC (incl. UHC asks) promoted and shared (incl. to reinforce Outputs 1 & 2), especially with and through relevant health systems partnerships/networks.
3.1 Connections made, and coherence promoted, across "UHC2030 family" of health systems networks, partnerships and collaboratives ("related initiatives").
3.2 Consolidated offer for supporting countries (and other partners) to access information/resources.
3.3 UHC2030 'Knowledge Hub'.

Pillar 4: PARTNERSHIP GOVERNANCE AND SECRETARIAT.
Output: The UHC2030 partnership is managed well, with relevant strategic focus and transparent and effective governance.
4.1 Communication.
4.2 Strategic planning and reporting.
4.3 Steering committee and constituencies.
4.4 Resource mobilisation.
4.5 UHC2030 management and administration.
4.6 Relationship management.

PILLAR 1: VOICES FOR UHC

Output: **Multi-stakeholder campaigns supported to demand delivery on UHC commitments, political champions mobilized, and social accountability for UHC enhanced.**

Problem statement: *Achieving UHC is both technical and political. The Political Declaration of the 2019 UN High Level Meeting on UHC represents countries' commitments to strengthen health systems, widen access to quality and affordable health services, and leave no one behind. National governments bear the primary responsibility and must now act, with their partners, to ensure these commitments are met.*

UHC2030 added value: *UHC2030 connects diverse stakeholders with relevant national and international processes, promotes coherent priority messages and campaigns, and helps people demand more of governments, in a more joined-up way, on health.*

Sub-output	Objectives	2020 deliverables
1.1 - Strategic global advocacy scaled-up and coordinated.	• Ensure full range of UHC2030 members and stakeholders across health partnerships champion key outcomes of the political declaration in relation to the key asks. • Sustain the political momentum for UHC through relevant political and economic forums. • Champion coherence across global health architecture for UHC goals and joined-up working to strengthen health systems (e.g. with global health initiatives, SDG3 Global Action Plan, and health/disease partnerships).	• Joint campaigns and communications to advocate for action around commitments of the political declaration and accountability for progress (e.g. WHA, UNGA and other relevant moments) • HLM commitments promoted through relevant political/economic forums (briefings for G7, G20, WHA, etc). • 'State of UHC commitments' report to complement official HLPF and HLM follow-up processes with multi-stakeholder perspectives, focusing on leaving no one behind. • UHC Movement political advisory panel mobilized and supported: high-level political support to influence international forums. • Targeted promotion of UHC as key national election agenda and parliamentary lobbying for UHC legislation (collaboration with IPU). • Targeted inputs/messages for governing bodies of global health initiatives, SDG3 Global Action Plan follow-up, and health/disease partnerships (drawing on Output 2 products). *Asks: all.*
1.2 - Country UHC campaigns supported.	• Support country-level UHC advocates with evidence-based tools and resources that equip them to promote equity in UHC. • Catalyse and strengthen country platforms for advocacy on UHC (including around key international moments). • Promote and support better understanding and management of political economy of UHC reform.	• Advocacy tools with compelling messaging around benefits/impact of UHC and key actions that political leaders can take, [evidence-based, e.g. drawing on Output 2 products]. • Dissemination of on-line capacity development tools on advocacy through CSEM partner networks. • Coordination of international UHC Day campaigns and other key moments (e.g. WHA, UNGA, HLPF, UHC Forum).

		• Exploratory work to identify collaboration opportunities around political economy mapping &/or framework for identifying and addressing UHC bottlenecks and influencing processes. *Asks: <u>all</u>*
1.3 - Stakeholder constituencies organised to engage in UHC debates.	• Support and shape effective platform to convene (global and country) CSO voices on UHC. • Support and shape effective platform for engagement with private sector on UHC.	• Ongoing support of CSEM hosting and consolidation of collaboration with a more diverse range of partners, including youth activists, other movements, and country networks. • Larger and more diverse private sector constituency (aim: 50+ members in 2020, more Southern and non-pharma representation). • Dialogues, joint approaches/action, and trust built across constituencies. [See also 2.2.4] *Asks: Leave no one behind (2), Quality of care (4), Invest more & better (5), Move together (6), Gender equality + rights*
1.4 – Multi-stakeholder social participation & accountability approaches strengthened (country & global).	• Develop/test/demonstrate multi-stakeholder approaches to social accountability. • Strengthen civil society participation in national health planning processes. • Promote alignment in CSO funding and ensure civil society led advocacy and accountability work is more effectively supported.	• Budget advocacy toolkit piloted in 2-3 countries, finalized and disseminated through CSEM partner networks. • Dissemination of WHO Social Participation Handbook (Q2) and social participation technical network co-convened to support advocacy efforts in this area (on-going). • Multi-partner task team mobilized and action agreed to align grant mechanisms for national civil society platforms; more funding mobilized (Q1 and Q2) *Asks: Leave no one behind (2), Invest more & better (5), Move together (6), Gender equality + rights*
1.5 – UHC accountability framework strengthened.	• Ensure coherent multi-stakeholder engagement in an integrated accountability framework for UHC. • Promote focus on equity and access to services for vulnerable and marginalized groups, including women, children and adolescents.	• Contribution to EWEC IAP report on 'UHC for all people' (e.g. case studies, recommendations) and joint dissemination (Q3): raise awareness of UHC accountability arrangements, promote alignment of reporting across health initiatives and processes. [See also 1.1] • Guidance note (with UN DESA) to improve reporting on UHC in High-Level Political Forum VNRs and contribute to health thematic review and comprehensive review of SDGs (Q2) *Asks: Political leadership (1), Leave no one behind (2), Gender equality + rights*

PILLAR 2: WORKING BETTER TOGETHER FOR UHC

Output: **Collaborative multi-stakeholder approaches developed and promoted for countries and partners to work more coherently, address health systems bottlenecks, and realise the key asks.**

Problem statement: Countries require support towards UHC that is coherent and aligned to their plans, but many still face challenges with fragmented and parallel assistance. In addition, some issues and aspects of strengthening health systems are particularly challenging and require more joined-up approaches.
UHC2030 added value: Multi-stakeholder approaches to clarify roles, identify common principles, and strengthen guidance, tools and learning for more effective UHC collaboration. This complements the SDG3 Global Action Plan commitment to strengthen collaboration, and country support such as the UHC Partnership.

Sub-output	Objectives	2020 deliverables
2.1 – Countries and partners equipped with jointly agreed principles and tools to enhance coherence and effectiveness of efforts on health systems and UHC.	● Define and promote principles for more coherent global health architecture (and instruments/approaches) in support of UHC goals. ● Promote better in-country coordination and stewardship of all resources and multi-stakeholder efforts for UHC (including development assistance in low- and middle-income countries)	● Updated guidance and tools for effective multi-stakeholder coordination towards PHC and UHC, in collaboration with UHC-Partnership and PHC and other relevant GAP accelerator partners. ● Revised approach to documenting partners' adherence to agreed commitments and ways of working in countries (primarily the '7 behaviours'; also their focus on UHC goals including leave no one behind and gender) – new scorecards scoped and developed. ● Platform for reporting and elevating key issues with agencies (including through governing bodies etc.), reinforcing and building on GAP commitments. [Collaboration with GAP to be explored further.] *Asks: Invest more & better (5), Move together (6); Leave no one behind (2), Gender equality + rights.*
2.2 – Specific policy and implementation approaches developed collaboratively (multi-stakeholder), and promoted, for priority and/or emergent health systems issues.	● Develop and agree common approaches (principles, tools and guidance) for identified HSS issues/bottlenecks that require multi-stakeholder and partnership approaches. ● Disseminate and promote uptake of these approaches, including to inform and mutually reinforce Voice and Knowledge/Networks outputs.	2.2.1 Sustainability and transition ● Transition principles and indicators integrated in i) post-HLM accountability work, ii) work with CSOs on social accountability for UHC, iii) GAP accelerator on sustainable financing, iv) reporting of agency behaviours/coordination. ● Advocacy messages on transition and UHC developed and put to funds/agencies' boards. ● Mapping of tools used by major development partners in their transition work; opportunities for greater alignment identified (based on UHC2030 transition principles). ● Transition research agenda implemented (Alliance for Health Systems & Policy Research); findings (6 country studies) fed into accountability frameworks and other policy guidance. *Asks: Leave no one behind (2), Quality of care (4), Invest more & better (5), Move together (6).* 2.2.2 Public Financial Management ● PFM joint policy/advocacy note finalized and promoted with partners and countries.

		● In collaboration with GAP Sustainable Financing accelerator, common framework for donor support to strengthening and use of country PFM systems. ● PFM in health assessment tools reviewed. Alignment matrix developed to harmonise PFM assessments in countries. *Asks: Invest more & better (5), Move together (6)* 2.2.3 Health Systems Performance Assessments ● New HSPA template (harmonized approach to functional assessments of health systems performance) finalized, agreed, and guidance product launched at World Health Assembly. ● HSPA approach promoted and adopted in country assessments (collaboration with WHO and PHC accelerator partners/countries). Learning on strengthening and harmonizing HSPAs documented and shared. *Asks: Quality of care (4), Invest more & better (5), Move together (6)* 2.2.4 Private Sector contributions to UHC ● Operationalising constituency statement on private sector contributions to UHC: platform for promoting, documenting and sharing best practice by private sector partners and multistakeholder collaborations. This will include a convening space to align and learn across larger private sector initiatives (e.g. Digital Connected Care Coalition). ● Multi-stakeholder dialogue on private sector engagement in 1-2 countries: approaches to address PHC service delivery gaps tested (April 2020) and lessons/guidance on multi-stakeholder country dialogue with the private sector documented (Sept. 2020). *Asks: Leave no one behind (2), Regulate & legislate (3), Quality of care (4), Move together (6), Gender equality + rights* 2.2.5 Fragile settings ● Humanitarian-development nexus: desk review shared & country studies completed (mid-2020); partners convened and agree follow-up actions to strengthen UHC coordination in fragile contexts (Autumn 2020). ● Health systems assessment in fragile settings: UHC2030 guidance product tested (WHO, 1-2 countries), lessons documented, concise tool for decision-makers finalized (March 2020). *Asks: Leave no one behind (2), Move together (6), Gender equality + rights*

PILLAR 3: KNOWLEDGE AND NETWORKS FOR UHC

Output: **Knowledge, lessons, and experience on UHC (incl. UHC asks) promoted and shared (incl. to reinforce Outputs 1 & 2), especially with and through relevant health systems partnerships/networks.**

Problem statement: *Countries and other health partners need easier access to relevant evidence, resources and support to inform efforts to strengthen health systems for UHC. This is a key element of 'Moving Together' for UHC and supports realization of the other key asks.*

UHC2030 added value: *UHC2030 provides a platform to promote more joined-up approaches across different health systems networks and collaboratives, connect countries with support that best meets their needs, and curate relevant evidence/learning. [Includes relevant learning/resources for Outputs 1, 2.]*

Sub-output	Objectives	2020 deliverables
3.1 - Connections made, and coherence promoted, across "UHC2030 family" of health systems networks, partnerships and collaboratives ("related initiatives").	● Join up dialogue and ensure effective sharing of lessons on accelerating progress towards UHC.	● Regular updates and communications across UHC2030 'related initiatives'. ● Collaborative marketplaces and satellite sessions (promote synergies and respective contributions of HSS initiatives) at relevant UHC forums e.g. PMAC/UHC Forum, Global Symposium on Health Systems Research. ● Learning shared and synergies strengthened on key UHC themes/asks (leave no one behind, gender equality + rights).
3.2 - Consolidated offer for supporting countries (and other partners) to access information & resources.	● Direct countries (and other partners) to most relevant support/resources to respond to their health systems strengthening needs.	● Information product outlining respective roles and added value of different HSS initiatives finalized and disseminated; signpost countries and other stakeholders to relevant support offerings. ● Collaboration with UHC-Partnership on signposting for countries to relevant and flexible HSS support.
3.3 – UHC2030 'Knowledge Hub'.	● Broaden access to relevant UHC knowledge and resources and facilitate effective learning/sharing.	● Web-based platform of indexed UHC resources developed and launched (next steps TBC, based on feedback from knowledge users and producers on needs, design and functionality – to be summarized prior to the SC meeting).

PILLAR 4: PARTNERSHIP GOVERNANCE AND SECRETARIAT

Output: **The UHC2030 partnership is managed well, with relevant strategic focus and transparent and effective governance.**

Rationale: *Success factors for UHC2030 include appropriate strategic direction that ensures the partnership remains relevant and results-focused, that structures, processes and resources are in place and managed effectively to support outputs 1-3, and that members are kept engaged and up-to-date.*

Sub-output	Objectives	Proposed 2020 deliverables
4.1 - Communication	● Clearly articulate what UHC2030 is and does, and why. ● Demonstrate impact of UHC2030's work, including how global products translate to country impact. ● Strengthen membership engagement.	● Website, social media and communication materials (Q1-Q4) ● Annual Core Team Report 2019 (Q1) ● Updated communications strategy and social media review (Q2) ● Case studies/stories to showcase progress + achievements (Q3-Q4)
4.2 - Strategic planning and reporting	● Ensure UHC2030 work remains relevant and is focused on outputs and results.	● Workplan implementation progress update (Q2 and Q4) ● Work plan updated with deliverables for 2021 (Q4) ● Scoping of future directions (bigger picture plus specific issues, e.g. digital, UHC and emergencies) (Ongoing)
4.3 - Steering Committee and Constituencies	● Ensure Steering Committee has appropriate structures and processes for effective oversight and decision-making. ● Mobilise broad membership engagement and involvement in the UHC2030 Steering Committee.	● Coordination and preparation of one annual meeting, including production and dissemination of documents (Q4) and two virtual meetings (Q1/Q2 and Q3) ● Operational TORs for Steering Committee and each constituency (including for supporting roles and resource requirements of core team) (Q1) ● Regular updates and information-sharing (Q1-Q4)
4.4 - Resource mobilization	● Secure flexible multi-year funding.	● Fundraising strategy implemented to mobilise additional funding including from new sources with constituency support (Ongoing)
4.5 - UHC2030 management and administration	● Ensure effective coordination of UHC2030 operations.	● Effective administration (meetings, travel, etc). ● Financial planning, management, procurement & contracting. ● Revised administrative arrangements between Secretariat co-hosts incl. division of labor and budget allocation (Q2)
4.6 - Relationship management	● Position UHC2030 and sustain relationships with key partners and initiatives.	● Focal points in place for, & building/sustaining relationships with, relevant WHO & WB teams, HSS partnerships/initiatives, and other organisations. [Link to 3.2] ● Joint activities around specific campaigns (e.g. WHA and UNGA events). [Link to 1.1]

Annex 2 - UHC2030 Results framework

Super-impact:	ACCELERATED PROGRESS TOWARDS UHC (SDG Target 3.8, plus positive contribution of UHC to all health SDG targets).	
What does success look like?		*How will we know?*
(S1) Coverage. "By 2023, the coverage of quality essential health services has been delivered to one billion additional people (SDG 3.8.1)" **(S2) Financial protection.** "By 2023, governments… reduce catastrophic health expenditure (SDG 3.8.2)"		SDG monitoring + Global UHC Monitoring Report + WHO monitoring of 'triple billion' targets.
Impact:	**STRONGER AND MORE RESILIENT HEALTH SYSTEMS, ESPECIALLY FOR PRIMARY HEALTH CARE.**	
What does success look like?		*How will we know?*
(I1) Service delivery. Tracer: PHCPI 'Quality Index' for primary healthcare **(I2) Health financing.** Tracer: Share of expenditure on health by general government and compulsory schemes. **(I3) Governance.** Tracers: i) Availability of comprehensive health plan, ii) Regular monitoring of progress		PHCPI 'vital signs' profiles ([link]) Global Health Observatory ([link]) Global Health Observatory ([link])
Assumptions: Progress in these three 'action areas'[1] translates into health systems performance improvements (equity, quality, responsiveness, efficiency, resilience); performance improvements translate to increased coverage and financial protection.		
Outcome:	**REALISATION OF THE KEY ASKS: COUNTRIES ACT ON COMMITMENTS (POLITICAL AND FINANCIAL), AND ALL STAKEHOLDERS WORK MORE COHERENTLY IN RESPONSE TO COUNTRIES' UHC NEEDS.**	
What does success look like? Milestones drawn from UHC Political Declaration.		*How will we know?*
(O1) Political leadership beyond health. "Set measurable national targets and strengthen national monitoring and evaluation platforms, to support regular tracking of the progress made for the achievement of UHC by 2030." [Para 79] **(O2) Leave no one behind.** "Strengthen health information systems and collect quality, timely and reliable data, to monitor progress and identify gaps in the universal and inclusive achievement of SDG 3." [Para 67] **(O3) Regulate and legislate.** "Strengthen legislative and regulatory frameworks and promote policy coherence for the achievement of universal health coverage." [Para 57] **(O4) Uphold quality of care.** "Reemphasize our resolve to progressively cover one billion additional people by 2023 with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies." [Para 24] **(O5) Invest more, invest better.** "…adequately increase public spending, as necessary, with a special emphasis on primary health care…noting the WHO recommended target of an additional 1% of GDP or more" [Para 43] **(O6) Move together.** "Engage all relevant stakeholders, including civil society, the private sector and academia, through the establishment of participatory and transparent multi-stakeholder platforms and partnerships" [Para 54] **(O7) Gender equality and women's and girls' rights.** "Mainstream a gender perspective on a systems-wide basis when designing, implementing and monitoring health policies, taking into account the specific needs of all women and girls, with a view to achieving gender equality and the empowerment of women in health policies and health systems delivery" [Para 69]		• SDG monitoring + qualitative review in new "State of UHC commitment" report. • SDG monitoring. • Global Health Observatory ([link]) • Qualitative review in new "State of UHC commitment" report. (See also I1 above.) • Global Health Observatory ([link]) • Qualitative review in new "State of UHC commitment" report • Qualitative review in new "State of UHC commitment" report

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[1] The three health systems "action areas" as identified and defined in UHC2030's joint vision paper, *Healthy Systems for Healthy Lives* (WHO & World Bank, 2017)

Output 1 (VOICES): Multi-stakeholder campaigns supported to demand delivery on UHC commitments, political champions mobilized, and social accountability for UHC enhanced. *Aim: UHC2030 connects diverse stakeholders with relevant national and international processes, builds consensus around priority messages and campaigns, and helps people demand more of governments, in a more joined-up way, on health.*		
Sub-outputs	*What does success look like? Which UHC asks will this promote?*	*How will we know?*
1.1 - Strategic global advocacy scaled-up and coordinated.	1.1.1 Full range of UHC2030 members and stakeholders across health partnerships champion key outcomes of the political declaration in relation to the key asks. 1.1.2 Political momentum for UHC sustained through relevant political and economic forums. 1.1.3 Coherence championed across global health architecture for UHC goals and joined-up working to strengthen health systems. *Asks: <u>all</u>.*	Core Team documentation/review + qualitative review in new "State of UHC commitment" report
1.2 Country UHC campaigns supported.	1.2.1 Country-level UHC advocates supported with evidence-based tools and resources to promote equity in UHC. 1.2.2 Country platforms catalysed/strengthened for advocacy on UHC (including around key international moments). 1.2.3 Better understanding and management of political economy of UHC reform supported/promoted. *Asks: <u>all</u>.*	Core Team activity reporting
1.3 Stakeholder constituencies organised to engage in UHC debates.	1.3.1 CSEM supported and shaped to provide effective platform to convene (global and country) CSO voices on UHC. 1.3.2 Private Sector Constituency supported and shaped to provide effective engagement with private sector on UHC. *Asks: Leave no one behind (2), Quality of care (4), Invest more & better (5), Move together (6), Gender equality + rights*	
1.4 Multi-stakeholder social participation & accountability approaches strengthened (country & global).	1.4.1 Multi-stakeholder approaches to social accountability developed/tested/demonstrated. 1.4.2 Civil society participation in national health planning processes strengthened. 1.4.3 Alignment promoted in CSO funding; civil society led advocacy and accountability work is more effectively supported. *Asks: Leave no one behind (2), Invest more & better (5), Move together (6), Gender equality + rights*	
1.5 UHC accountability framework strengthened.	1.5.1 Coherent multi-stakeholder engagement in an integrated accountability framework for UHC. 1.5.2 Equity and access to services promoted for vulnerable and marginalized groups, including women and children. *Asks: Political leadership (1), Leave no one behind (2), Gender equality + rights*	

Output 2 (WORKING BETTER TOGETHER): *Collaborative multi-stakeholder approaches developed and promoted for countries and partners to work more coherently, address health systems bottlenecks, and realise the key asks.*
Aim: UHC2030 provides multi-stakeholder approaches to clarify roles, identify common principles, and strengthen guidance, tools and learning for more effective UHC collaboration. This complements the SDG3 Global Action Plan commitment to strengthen collaboration, and country support such as the UHC Partnership.

Sub-outputs	What does success look like? Which UHC asks will this promote?	How will we know?
2.1 Countries and partners equipped with jointly agreed principles and tools to enhance coherence and effectiveness of efforts on health systems and UHC.	2.1.1 Principles defined and promoted for more coherent global health architecture (and instruments/approaches) in support of UHC goals. 2.1.2 Better in-country coordination and stewardship promoted for all resources and multi-stakeholder efforts for UHC (including development assistance in low- and middle-income countries); new scorecards scoped and developed. *Asks: Invest more & better (5), Move together (6); Leave no one behind (2), Gender equality + rights.*	Core Team activity reporting; review of relevant plans and outcome documents.
2.2 Specific policy and implementation approaches developed collaboratively (multi-stakeholder), and promoted, for priority and/or emergent health systems issues.	2.2.1 **Transition and sustainability**: consensus principles and indicators reflected in key partners' implementation plans and accountability work (including evidence-based advocacy messages to funds'/agencies' boards). 2.2.2 **PFM** in health: common messages on PFM agreed and promoted with/by UHC2030 members; common framework for donor support to strengthening and use of country PFM systems developed/promoted. 2.2.3 **Health systems performance assessment**: new template, harmonising existing assessments, agreed, launched and promoted/adopted in countries; learning documented and shared. 2.2.4 **Private sector contributions to UHC**: constituency statement operationalised through platform for promoting, documenting and sharing best practices; multi-stakeholder convening and collaborations supported. 2.2.5 **Fragile settings**: learning shared, partners convened and follow-up agreed to strengthen UHC coordination in fragile contexts; guidance on health systems assessment in fragile settings promoted and tested in countries with lessons documented. *Asks: Leave no one behind (2), Regulate & legislate (3), Quality of care (4), Invest more & better (5), Move together (6), Gender equality + rights*	

Output 3 (KNOWLEDGE AND NETWORKS): *Knowledge, lessons, and experience on UHC (incl. UHC asks) promoted and shared (incl. to reinforce Outputs 1 & 2), especially with and through relevant health systems partnerships/networks.* *Aim: UHC2030 provides a platform to promote more joined-up approaches across different health systems networks and collaboratives, connect countries with support that best meets their needs, and curate relevant evidence/learning. [Includes relevant learning/resources for Outputs 1, 2.]*		
Sub-outputs	*What does success look like? Which UHC asks will this promote?*	*How will we know?*
3.1 Connections made, and coherence promoted, across "UHC2030 family" of health systems networks, partnerships and collaboratives ("related initiatives").	3.1.1 'Network of networks' is well-run and adds value, e.g. to join up dialogue and share lessons. Information shared efficiently (e.g. regular bi-monthly meetings of UHC2030 related initiatives, newsletter updates).	Core Team activity reporting; Feedback gathered from related initiatives on utility of 'network of networks'.
3.2 Consolidated offer for supporting countries (and other partners) to access information and resources.	3.2.1 Countries (and other partners) directed to most relevant support/resources to respond to their health systems strengthening needs.	Core Team reporting and documentation.
3.3 UHC2030 'Knowledge Hub'.	3.3.1 Access broadened to relevant UHC knowledge and resources, facilitating effective learning/sharing. 3.3.2 Knowledge hub actively used by intended audiences.	Review of knowledge hub (website) and its documentation; analysis of usage patterns.

Output 4 (PARTNERSHIP GOVERNANCE AND SECRETARIAT): *The UHC2030 partnership is managed well, with relevant strategic focus and transparent and effective governance.*	
What does success look like?	*How will we know?*
• Appropriate strategic direction that ensures the partnership remains relevant and results-focused; • Structures, processes and resources are in place and managed effectively to support outputs 1-3; • Members are kept engaged and up-to-date.	Ongoing review of Output 4 deliverables across: 4.1 Communications 4.2 Strategic planning and reporting 4.3 Steering Committee and Constituencies 4.4 Resource mobilisation 4.5 UHC2030 management and administration 4.6 Relationship management