**Draft Note for the Record - Summary**

This Steering Committee (SC) meeting focused on how UHC2030, following its successful and highly-valued contributions to the UNGA High Level Meeting on UHC, will step up UHC accountability efforts based on the Key Asks and political declaration commitments. The SC also discussed urgent action to strengthen collective responsibility for leadership and funding of the UHC2030 platform.

**Session 1 – Political Leadership and Overall Approach**

Issue: How UHC2030 supports, and engages its membership in, UN HLM follow-up processes.

Actions: (All Actions are for UHC2030 Core Team unless stated otherwise)

1. Track **formal UN HLM follow-up processes** (UNGA, World Health Assembly, etc.), and **identify relevant opportunities** for UHC2030 partners to contribute multi-stakeholder perspectives.
2. Mobilise the task team for the **State of UHC Commitment report** to develop more detailed plans, scope/costings (in context of UHC2030’s overall funding gap) and analytical framework.
3. Establish the **UHC Movement’s Political Advisory Panel**, ensure regional balance (especially Africa), clarify expected roles/functions and resource requirements, identify initial opportunities for the group to contribute, and update SC by March 2020 (and regularly thereafter).

**Session 2 – ‘Keeping the Promise’ and Accountability Approaches**

Issue: How UHC2030 helps CSOs and others promote *answerability*, not just reporting, in countries.

Actions:

1. With *Every Woman, Every Child* Independent Accountability Panel, identify and ensure **linkages between the ‘State of UHC Commitment’ report and IAP** process**.**
2. With WHO, and civil society, support uptake of **guidance on social participation**.
3. Jointly with CSEM, develop TOR for a **multi-stakeholder task force on civil society support** for SC approval (by mid-February).

**Session 3 – Moving Together to ensure Country Impact**

Issue: How to respond to country demands on coordination and country ownership and, with civil society, shift emphasis from aid management to governments’ stewardship, budgets and accountability.

Actions:

1. Follow up on specific requests from countries and regions on **health systems coordination tools/approaches** (e.g. country compacts, Joint Assessment of National Strategies).
2. Develop **options/proposal for UHC2030 role in accountability** for how partners live up to UHC2030 and GAP principles/commitments, e.g. country-owned scorecards.
3. **CSEM to develop a “UHC101 Toolkit”**, based on Key Asks policy messages, to help e.g. communities and smaller CSOs promote local engagement and accountability.

**Session 4 – ‘Making it Happen’**

Issue: Strengthening UHC2030 governance, and mHembers’ collective responsibility to step up commitment and support, including funding, if the UHC2030 platform is to continue and be successful.

Actions:

1. Propose governance options for a) more senior engagement and b) engaging priority countries.
2. Present more detailed budget (distinguishing ‘core’ and other activities).
3. Arrange virtual SC meeting/s and follow-up on funding situation and strategic options (February).
4. UHC2030 member constituencies to each discuss and propose funding approach/contributions.
5. SC to take decisions in June 2020 on funding and future of UHC2030.

**Welcome and opening remarks**

Dr. Githinji Gitahi and Prof. Ilona Kickbusch, co-chairs of the UHC2030 Steering Committee (SC), opened the SC’s sixth session by welcoming participants and highlighting the objectives of the two-day session. New SC members included: Justin Koonin (until now CSEM alternate representative), Oanh Khuat Thi Hai (until now CSEM alternate representative), Javier Luis Hourcade Bellocq (new CSEM representative), Ms Nicole Denjoy (private sector representative), and Nana Danso (sharing the seat of the philanthropic foundations with Jillian Foote, in the absence of Kate Dodson). Observers attended the meeting: Dr Fanne Mahamat, Cameroon and Patrick Banda, Zambia, as well as Edward Booty (private sector constituency).

This meeting was hosted by the European Commission. Henriette Geiger, Director, Peace and Development, DG DEVCO, welcomed the participants by reconfirming the EC’s strong commitment to UHC as demonstrated by its support to the UHC Partnership for WHO work in more than 100 countries as well as support to other major health initiatives (e.g. Global Fund, GAVI, Global Financing Facility). She reiterated the importance of partnerships to achieve the SDGs and collaboration among all stakeholders, thus the reason for EC support to UHC2030 and secretariat functions.

Dr Agnes Soucat, WHO and Feng Zhao, World Bank, confirmed renewed partnership among the two institutions to strengthen support to UHC2030. The contribution of UCH2030 to the HLM confirms the value of such a platform to promote coherent messaging (e.g. the Key Asks of the UHC Movement) and ensure a strong civil society voice. This meeting is important to consolidate the vision for our future role/contributions. Prof. Ilona Kickbusch confirmed that this was an important meeting and critical time for UHC2030. The priority should be to continue to champion the Key Asks and how they apply to *all* countries.

**Session 1 – From commitment to action: political leadership and overall approach**

The purpose of this session was to reflect on what was achieved at the UN HLM and to look at next steps until 2023.

* 1. **Reflecting on UN HLM: summary of UHC2030’s contributions, outcomes and next steps**

Ilona Kickbusch, co-chair, introduced this session by emphasising that we can feel proud of the UHC2030 contribution. The Key Asks provided a structure to guide the negotiations and as such influenced the process. UHC2030 also contributed to successfully bring the voice of civil society and private sector in the discussions.

The Core Team gave [a brief overview](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SC6_meeting_Dec_2019/Session_1_Post_UNGA_vision_AWatabe_rev2.pdf) of the document “[UHC key targets, actions and commitments](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/UN_HLM/UHC_key_targets_actions_commitments_15_Nov_2019__1_.pdf)” which describes how the key asks are reflected in the UHC Political Declaration. It helps communicate on the UHC Political Declaration with a clear narrative and provides a basis for tracking implementation. Key milestones include: a UN Secretary General’s progress report at the 75th UN General Assembly (in 2020-2021) and another UN Secretary General’s report in 2023 before the next UN HLM.

The SC representatives unanimously thanked the Core Team for the hard work, acknowledging its extraordinary reach within UN politics and events. The incredible role played by Thailand and Georgia (i.e. co-facilitators for the UHC Political Declaration) and Japan (i.e. Chair of Group of Friends of UHC and Global Health) was also noted. The event created good momentum, but we need to ensure commitments translate into mid-term plans. Civil society representatives confirmed that the event has raised big expectations at country level. There was consensus that UHC2030 can play a role in empowering communities to take this agenda forward and ensuring social and political accountability as well as inclusive participation become systematic.

WHO mentioned the following next steps which are outlined in a paper to the 146th Executive Board meeting in February 2020 ([EB146/6](http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_6-en.pdf)): WHO new special programme on primary health care (PHC) which will provide a one stop shop for policy dialogue; gender equity rights monitoring to reach those further left behind; social political accountability efforts strengthened with the role of UHC2030 recognised; WHO global monitoring report on UHC and inputs from social political accountability processes expected to provide inputs into the UN Secretary General’s report in 2023.

***Conclusions:***

* Congratulations to UHC2030 on its contribution to the UN HLM, bringing diverse voices and influencing member states, with the Key Asks very well represented in the UHC Political Declaration. The priority now is to translate political declaration commitments into countries’ plans and action – including working with/through CSOs in countries.
  1. **Our post UNGA vision: from asks to action**

The Core Team introduced the [approach to the State of UHC Commitment](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SC6_meeting_Dec_2019/Session_1_Post_UNGA_vision_AWatabe_rev2.pdf) report. Ilona Kickbusch, co-chair, suggested that we need to make sure that we add value and do something that no one else is doing, focusing on the political commitments of the UHC Political Declaration.

SC representatives expressed support for the proposal. They welcomed the efforts to establish links between global and country processes and look into how to move from political commitments to achieving results. It was suggested to focus on high-level political commitments and simplify the narrative. It would be important to use existing data and reporting processes and feed into official UN HLM follow-up.

Several representatives suggested that the process around preparing and disseminating the report is as important as its content and recommended to address needs of country stakeholders. Civil society representatives emphasised the importance of prioritising focus on equity in such a report. They also recommended to use this report to support advocacy efforts of country stakeholders, strengthen UHC literacy and promote use accountability mechanisms. Such a report would need to provide a basis to hold political leaders accountable. This means that we need to think about how to keep the analytical framework simple and easy to understand.

The private sector representative mentioned how the [Private sector constituency statement](https://www.uhc2030.org/news-events/uhc2030-news/uhc2030-private-sector-constituency-launches-statement-on-uhc-555298/) launched at UNGA converges with the Key Asks. The statement demonstrates the private sector’s willingness to do its own contribution and be part of the solution, with expectations with respect to governments in creating an enabling environment for effective private sector engagement. Actioning the statement will require to move from knowledge sharing to collaboration, linking the how with the what.

Additional questions and suggestions included:

* Further clarification regarding links with the Independent Accountability Panel’s report and use at the HLPF (see session 2.1);
* Links with WHO’s UHC global monitoring report and GPW13 result framework;
* Use of existing experience and case studies (e.g. UNAIDS work on groups left behind, ILO work on social protection);
* Links with national planning and review processes, to avoid additional reporting burden and duplicative processes;
* Reference to political and economic constraints that need to be overcome to further progress;
* Frequency and cost implications.

***Conclusions:***

* Agreement in principle that UHC2030 produces a political-focused ‘State of UHC Commitment’ report, to help partners in countries to hold governments and global health stakeholders to account on their commitments and provide a multi-stakeholder complement to formal accountability processes (UN HLM follow-up, HLPF’s Voluntary National Reviews, IAP).
  1. **Sustaining the momentum and ensuring political commitment**

Ilona Kickbusch, co-chair, introduced the proposal to establish a political advisory panel for the UHC Movement – see summary of TORs in [presentation by the Core Team](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SC6_meeting_Dec_2019/Session_1_Post_UNGA_vision_AWatabe_rev2.pdf). The main role of such a panel would be to advise us how to sustain political momentum until 2023, particularly ways to strengthen our political engagement in political processes and move the agenda from inside.

SC representatives welcomed the proposal of having such a group to sustain high-level political momentum. Suggestions and questions included:

* Clarification of role and functions, including expectation from the panel vis-à-vis the UHC2030 Steering Committee and reporting lines (e.g. UHC2030 Steering Committee vs. UN Secretary General);
* Need for more representation from different regions (e.g. advisor from Africa missing);
* Terms and possible changes over time;
* Resource implications in light of budget constraints.

The co-chair recommended that we go ahead and review the process over time, on the basis of feedback on the first opportunity when we can make a good use of the group. She advised to be cautious in terms of formalising the process too much at this stage and make it evolve organically rather than formally. The experience of the IAP confirmed that informality was critical to mobilise members who had accepted the role on the basis of personal motivation and did not expect funding beyond limited travel expenses.

***Conclusions:***

* Agreement to proceed with plans for the UHC Movement’s Political Advisory Panel.

**Session 2 – Keeping the promise: accountability**

The purpose of this session was to take stock of UHC2030 work on accountability and ensure we have a common understanding on our possible contribution to strengthen accountability for UHC.

**2.1 Strengthening accountability for UHC**

Githinji Gitahi, co-chair, emphasized in his introductory remarks the importance of accountability to deliver results, which needs to be about answerability to right holders and not just reporting. The Core Team made [a short presentation](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SC6_meeting_Dec_2019/Session_2.1_Strengthening_accountability_for_UHC_SKuruvilla.pdf) on current UHC2030 work on accountability. Shyama Kuruvila, Director, IAP Secretariat, shared lessons learned from the Independent Accountability Panel of the Every Child Every Woman initiative: shared understanding of accountability, based on answerability for rights, resources and roles to achieve goals; primacy of country focus with governments as duty bearers, supported by partners as needed, and citizens as right holders; cohesive, integrated system of accountability with adequate resources, strong mechanisms and links between mechanisms (incl. need to be institutionalized to have teeth); and  sociopolitical (and media) relevance and visibility, taking into account political economy thinking behind it. In terms of next steps, the UN Secretary General has requested IAP to consult partners for its report in 2020 which will include recommendations on integrating health accountability mechanisms and would benefit from UHC2030 contributions.

SC representatives acknowledged the need to focus on strengthening accountability at country level. The CSEM representative emphasized that civil society and communities need tools, data and institutions to hold government accountable. While it is important that UHC2030 works with IAP, there were questions on the valued added of UHC2030 contribution and whether the mandate of IAP can be expanded to include UHC.

The State of UHC Commitment report can play an important role in this context. The question is how to make it relevant for country level stakeholders. The CSEM representatives reiterated that what is needed is not a report as such but a tool and process to engage at country level and mobilise partners. It was suggested to join forces with others to be more efficient (incl. in terms of costs) and learn from existing experience (incl. from specific disease specific programmes). This could include a call to all UHC2030 members to use a common platform at country level, which would involve relying on societal dialogue on health (not on specific diseases or specific population groups) led by national institutions. See session 2.2 for WHO support to build societal dialogue in countries, which includes developing guidance for government on the basis of evidence of what works and mobilizing support through the UHC Partnership.

Several SC representatives mentioned the availability, quality and affordability of data as critical aspects, particularly data on those left behind. Data fragmentation and accountability of partners remain a problem in many low income countries. What is critical is not investment in data as such but the lack of investment in strengthening national data systems and the capacity to question the validity of data and measurement process. The reliance of GAP agencies on WHO and UN-agreed data as well as work to harmonise data efforts were also mentioned.

***Conclusions:***

* Alignment of UHC2030 work with the Independent Accountability Panel’s HLM follow-up work (bringing together *Every Woman Every Child* and UHC accountability).

**2.2 Country accountability work**

Dheepa Rajan, WHO, presented [WHO work on social participation](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SC6_meeting_Dec_2019/Session_2_Handbook_intro_UHC2030_Steering_Committee_DRajan_Dec_19.pdf) which includes a handbook to be launched at the World Health Assembly. It consists of guidance to member states on how to institutionalise social participation and builds on country experiences of national health assemblies.

Dr Jadej Thammatacharee shared [Thailand’s experience](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SC6_meeting_Dec_2019/Session_2.2_Country_accountability_work_Thailand.pdf) which shows the importance of having a law and participatory mechanisms to get feedback on quality and ensure sustainability. Dr Mohsen Asadi-Lari referred to Iran’s experience where the government had to rely on a range of different modalities to ensure participation (e.g. direct and systematic communication to people, community involvement in the governance of health centres, etc.).

UN agencies offered their respective expertise to contribute to the process (UNAIDS for CSO participation, ILO for mobilization of workers and employers’ organisations, IOM for migrants). The discussion allowed to clarify several points:

* Costs of running a national health assembly: for example, the costs of Thailand’s National Commission represents 0.002% of the health budget and it works on other things;
* Target countries: the WHO handbook aims to target all countries and it draws on the experience of a mix of countries (France, Iran, Mauritius, Portugal, Thailand, Tunisia).

***Conclusions:***

* Acknowledgement of this work, which shows the importance of learning and exchange.

**2.3 Support to CSOs and communities**

Githinji Gitahi, co-chair, introduced this session by suggesting to discuss the approach to CSO funding rather than a proposal that has narrow focus on global health initiatives. We need to ensure we have a shared vision that we can operationalise. There are concurrent views that we need strong civil society platforms in countries and there are good examples of how they look like. The question is how to finance them to make them cutting across health sector.

Justin Koonin, CSEM, conveyed views from civil society and the recognition that we cannot reach UHC without civil society. However, CSOs operate in silos and do not talk to each other. He emphasized that it’s not a question of funding but more of the broader agenda of social accountability, which would require focus to include the role of development agencies and donors beyond global health initiatives, governments as well as CSOs themselves. The suggestion was, therefore, to establish a multi-stakeholder task force to look at the role of CSOs and how to support them. Susan Brown, speaking on behalf of GAVI, the Global Fund and the GFF welcomed a broader discussion. The proposed approach in the document around pooled funding would not work with their decision-making process and shared concerns about the lack of consultation prior to the meeting.

SC members recognized the need to have a broader conversation, with CSOs playing a critical advocacy role for UHC, particularly in pointing out to gaps in equity and services that may not be provided. Before establishing a task force, it would be important for the Steering Committee to have a clear understanding of the actual contribution of UHC2030.

It would also be important to better document different approaches to citizen and people engagement, building on the work of WHO on social participation. Participatory mechanisms should be a regular feature of good health systems, with UHC reforms making systems truly patient-centered. Ilona Kickbusch, co-chair, suggested that this could be a UHC2030 contribution that we bring to 2023.

***Conclusions:***

* Agreement to form a multi-stakeholder taskforce to look at CSO roles, funding, and how best to provide coordinated support, including to strengthen evidence base for different citizen engagement approaches for UHC (linking to WHO handbook on social participation).

**Session 3 – Moving together to ensure country impact**

This [session](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SC6_meeting_Dec_2019/Session_3_slides.pdf) considered how UHC2030 and its members can better contribute to impact in countries. It focused on alignment of external support to country-led planning and implementation, and key asks 5 (invest more and better) and 6 (move together). The first part of the session examined the situation in countries. The second part explored approaches to strengthening coordination, including a ‘deep dive’ on health financing collaboration and wider discussion of different areas in which UHC2030 can contribute.

**3.1 – Country UHC needs and roles of different partners in countries**

The SC heard perspectives from Ghana, Zambia and Vietnam on how government and partners collaborate towards UHC, and from agencies (WHO, World Bank, Unicef) on how they work in countries.

Dr Odame described UHC progress and challenges in Ghana, and approaches to take forward the IHP+/UHC2030 “7 behaviours” and SDG3 Global Action Plan commitments so that partners align with key national objectives and Ghana’s UHC roadmap. Patrick Banda shared key issues in Zambia which include embedding UHC in existing health sector structures, involving the private sector, reducing transaction costs and ensuring external funding and implementation live up to commitments made during national planning. Oanh Kuat explained how Vietnam is making good progress but lacks a national coordination platform for UHC, and that external assistance is now only around 1% of health financing so there needs to be greater emphasis on national accountability and ownership, including a stronger role for civil society.

WHO (through the UHC Partnership, which will be active in 115 countries from 2020), Unicef (focusing on collaborative SWAp-like approaches for PHC implantation support) and the World Bank described how their country teams work responsively with governments and other partners to strengthen policy dialogue and implementation towards UHC. In most countries this means active participation in established government-led health sector coordination mechanisms.

WHO also gave a brief presentation on [*From Whom to Whom*](http://www.nationalplanningcycles.org/fwtw), a resource for visualizations of OECD data on volumes, trends and purposes of health-related external assistance, and how it can inform discussions on the situations in and across countries.

***Key discussion points:***

* There remains a clear need to address how different partners align with and contribute to countries’ efforts towards UHC. Our primary focus must be government processes, budgets, and accountability (i.e. country-driven and not donor-driven).
* Work on ‘moving together’ needs to connect with how UHC2030 monitors implementation of the Key Asks, for example by ensuring better knowledge of the situation and progress in countries (and e.g. linking to the ‘State of UHC Commitment’ report).
* Country discussions about UHC and strengthening health systems must integrate voices of citizens and civil society. External support should reinforce this.
* UHC2030 could connect with OECD’s senior health and budget officials network to explore ways to strengthen dialogue on health budgets.

**3.2 – Global approaches to promote effective country support**

Colleagues from WHO, the World Bank, Global Fund, P4H Network and Ghana presented examples from joint work on health financing, as an illustration of how global collaboration can enhance support in countries. Global collaboration (including through the GAP sustainable financing accelerator) has resulted in a code of conduct, common technical approaches (e.g. on public financial management and on fiscal space) and work towards a common view of what “good” health financing is (and a monitoring framework to assess it). This helps to define and clarify the distinct roles on funding (providing resources) and financing (technical assistance on policy and implementation) that different partners play in support of governments. P4H’s country focal points can play a facilitation role to coordinate financing support in countries.

More broadly, much of UHC2030’s current work and emphasis is on global coordination. It is important this is kept relevant for countries. This may require specific activities, products/tools, or learning/documentation to respond to country requests. For example, Ghana has requested support with developing a country compact to support how external partners work with government towards UHC and Ethiopia has requested support for a Joint Assessment of National Strategies to help align external assistance to the new national health sector transformation plan.

The Core Team proposed that UHC2030’s workplan includes:

* Continuing to champion the UHC2030 global compact principles and “7 behaviours”, including where appropriate demonstrating how agencies can take forward their commitment to these in the GAP;
* Developing and facilitating implementation of joint approaches to address health systems bottlenecks. This includes relevant UHC2030 technical working groups (e.g. joint approaches to health systems assessments, transition and sustainability, and public financial management), and reviewing and updating IHP+ tools/guidance where there is country demand (e.g. countries have requested support with country compacts and joint assessments of national strategies, JANS);
* Developing a proposal for country scorecards, learning from the experience of IHP+ Results, to strengthen accountability for how partners work in countries.

***Key discussion points:***

* Coordination efforts for health systems and UHC should not be driven by donor priorities. They should a) respond to country needs and requests, and b) involve and empower relevant stakeholders.
* As an established partnership, UHC2030 could help with global convening and coordination across countries and multiple partners including civil society, e.g. for discussions/guidance on linkages between PHC and sustainable financing (building on the GAP agencies’ accelerator collaborations). This must be grounded in experience in countries. It may involve quickly identifying priority countries to work with (e.g. to generate/demonstrate learning on what works).
* UHC2030 and its global compact promote established principles for ways of working in countries, and the GAP reaffirms these commitments. All partners should “walk the talk” on these commitments – with clarity on expected behaviours, how to measure progress, and how to hold partners to account.
* Countries are broadly supportive of the scorecard proposal so long as it is country-led and not a top-down external process. Donors are broadly supportive so long as design/implementation includes sufficient consensus-building and is aligned/integrated with country-driven annual review processes.
* Civil society would like a “UHC101 toolkit” to strengthen understanding of UHC (and the Key Asks) by all stakeholders, especially community-based organisations, local advocates, and national CSOs. This would be a valuable resource for national advocacy and accountability efforts.
* The private sector constituency aims to step up activities based on the principles in its statement on UHC contributions; UHC2030 can facilitate multi-stakeholder dialogue to clarify asks/expectations.
* UHC2030 should consider the wider strategic question, especially looking ahead to 2023 and 2030 milestones/targets, of how best to engage countries with the greatest UHC gaps – e.g. identifying priority issues and/or targeting countries for participation in constituencies and the steering committee.

**Session 4 – Making it happen**

This session considered how to mobilise stronger steer from members and ownership for both activities and budget/funding. Despite the contribution of UHC2030 in 2019 to make the UN HLM a success which was widely recognized, there is inconsistent engagement and support across membership.

**4.1 Constituencies stepping-up: ensuring political and working level commitment to UHC2030**

Ilona Kickbusch, co-chair, opened this session by encouraging every constituency to confirm their commitment to UHC2030, communicate about its value and help raise funding.

The representative from the Foundation constituency reported that their TOR for engaging in UHC2030, focuses on leveraging opportunities to realign their own grants and how best to support UHC2030, including financially.

The private sector representative mentioned how the launch of the statement at UNGA provided a basis to convene partners, mapping how private sector can be more relevant and demonstrate impact in contributing to UHC.

The representative for Global Health Initiatives said that they needed to have their own discussions following changes in focal points. They used the Key Asks to put their own messaging forward and used opportunities to amplify messages. Although they value UHC2030, their donors do not favor of pass through funding, making it difficult to contribute financially to UHC2030 but would consider opportunities to support financially specific activities.

The Civil society representative mentioned that the CSEM membership has now reached 850 organisations in 100 countries, as a result of UHC day campaigns linked to HLM follow-up. They have also renewed the membership of the Advisory Group which now includes 11 new members.

The EC representative explained that they facilitate coordination among high-income countries and bring their inputs into the discussion. There is a lot of interest but still a low level of knowledge about what UHC2030 is and does. They suggested to use existing networks (e.g. EU health experts meeting) for broader mobilization. Regarding funding, they acknowledged the need for greater burden sharing.

The challenges regarding the mobilization of countries, in terms of level of representation and range of countries (e.g. emerging economies) was also mentioned. It was suggested to learn from other entities (e.g. the Global Fund constituency model).

**4.2 Funding**

The Core Team provided a short overview of the current funding situation. UHC2030 faces a funding crisis, with over US$1million budget deficit in 2019, and insufficient funding for 2020 and beyond.

The discussion confirmed that it was difficult for the Steering Committee to approve a workplan and budget for which there is not sufficient funding. Japan requested a presentation of the budget that reflects funding availability and prioritization based on a discussion of the value added of each activity. WHO agreed that there is a need for a results focused budget, distinguishing between funding for core and programmatic activities. However, the proposed workplan and budget is reasonable and reflects UHC2030 mandate which focuses on mobilizing the civil society platform and cross-cutting health systems strengthening issues. Co-chairs encouraged partners to exercise collective responsibility to ensure sustainable funding for the UHC2030. There was discussion about establishing a cross-constituency task forces to explore options for exercising this collective responsibility. WHO suggested that UHC2030 should be viewed as a global public good and suggested that UHC2030 members send a strong signal with a small contribution showing commitment to health systems strengthening and involvement in this movement.

The civil society representative echoed this call, recommending that partners seeing the value of UHC2030 should match their support with funding. UHC2030 provide a platform to sustain the UHC movement and support for advocacy in countries. If UHC2030 is not doing a good job, we need a frank discussion to make it work.

***Conclusions:***

* Co-chairs gave a strong message that future existence and success of UHC2030 is entirely dependent on strong collective support from all constituencies and ownership of the partnership and agenda. This includes agreeing clear expectations for what it should deliver, high level engagement to promote the multi-stakeholder platform, and sufficient funding.
* If the funding crises is not resolved, the partnership will need to drastically scale back scope and scale or close.

**Closing**

WHO and World Bank representatives reiterated that we should feel proud of the achievements of UHC2030 since 2017 and indicated that they will bring back messages to senior people in their respective organisation.

Henriette Geiger, Director for Peace and Development, European Commission, confirmed that the institution is keen to see UHC2030 succeed. She acknowledged the difficult discussion around budget and funding. She reiterated the importance of having a strong alliance and collective support to make it work to achieve the SDGs. She emphasised the importance of being strategic and more systematic efforts to show value added and results and confirmed full support from the EC.