Note for the Record

UHC2030 Working Group on Support to Countries with Fragile or Challenging Operational Environment

Audio conference 6th December 2017 13:30–14:30 CET

Participants: <u>WHO</u>: Finn Schleimann, Rudi Coninx, Dirk Horemans; <u>World Bank</u>: Tekabe Belay; <u>USAID</u>: Amelia Peltz; <u>GAVI</u>: Anna-Carin Matterson; <u>GFATM</u>: Olga Bornemisza; <u>Japan</u>: Satoko Horii, Shin-ichiro Noda; EC: Cornelius Oepen, Ian van Engelgem; Independent: Enrico Pavignani.

Regrets: Andre Griekspoor, WHO; Denis Porignon, WHO; Judith Kallenberg, GAVI.

Absent: Guy Benissan, REPOA; Julie Hall, IFRC; Anita Sharma, UNF; Maarten Oranje, CORDAID.

Decisions on agenda items

1. <u>Selection of chair</u> (Options: Core Team; non-Core Team member; co-chairing (eg 1 DP, 1 country)) In addition, the option of rotating chairs was also mentioned.

The option of having two co-chairs from different constituencies was favoured. The UHC2030 Core Team would discuss and suggest names to the working group. Nominations from the working group members are welcome.

A key criteria would be to have persons with sufficient time and availability.

2. General discussion on TORs

The following issues should be included:

- The transnational nature of some causes of fragility and conflict.
- The importance of not only national level, but regional and sub-national as well.
- The new way of working for example the grand bargain approach as part of the humanitariandevelopment nexus.
- Detailing what we mean by resilience, which has a number of elements.
- Include issues pertaining to the Global Health Security Agenda (e.g. the JEE).
- The shift from humanitarian to development assistance is not always a linear continuum, but more often a long period with complementary activities, ideally based on comparative advantage of the different players.
- UHC2030's role in advocacy on better coordinated response in this group of countries is important.

3. Suggestions for additional members

The members of the IHP+/UHC2030 Steering Committee have had the possibility of nominating members. Core Team (Finn) is still pursuing additional members (OECD, ICRC, MSF, HSG, Health Security Agenda, BRAC, and countries in fragile etc situations e.g. Afghanistan, DRC, Liberia & CAR). Health System Global's working group on fragile contexts was suggested, but has actually already been approached.

Middle Eastern countries and MICs should be included.

It was decided to ensure a mix of countries representing the three groups/scenarios outlined in the TOR.

The need to have a working group of a manageable size was emphasized.

4. <u>Initial discussion on prioritising of different work areas</u>

Postponed due to lack of time.

Members were requested to submit in writing any suggestions on prioritising the work.

5. <u>AOB</u>

Nothing

Follow up

- Circulation or NfR, inputs received before 13th December COB will be included in the final NfR.
- Comments on the TOR received by Tuesday 13th December COB will be included in a revised TOR, that will be circulated for no objection shortly after.
- Suggestions for additional members asap, and latest by 13th December COB.
- Next meeting in the week of 19th December