

Updated document to reflect TSC discussions on 12 December 2016

International Health Partnership for UHC 2030 (UHC2030)

Transitional Steering Committee Meeting:

2017 Workplan

Geneva, 12th December 2016

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Background

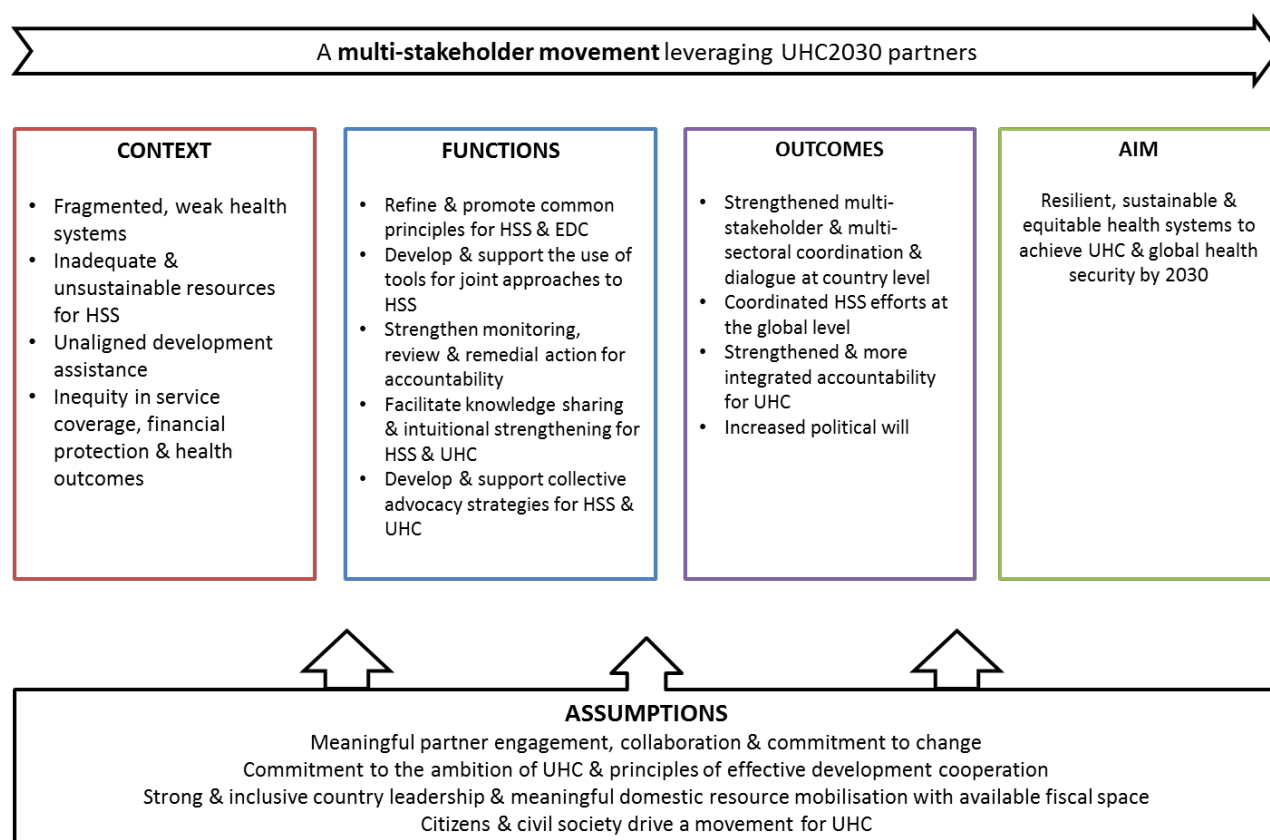
As agreed at the 7th IHP+ Steering Committee meeting in June 2016, the transformation of IHP+ to the International Health Partnership for UHC 2030 (UHC2030) necessitates an updated workplan for the partnership.

This workplan has been informed by the existing previously approved IHP+ programme of work for 2016/17, the Paper on 'Health Systems Strengthening for UHC by 2030: Building a shared vision', the consultations on the transformation process, and the IHP+ independent review findings. It has been prepared by the Core Team with the support of the Intensified Action Working Group (IAWG). Once approved by the Transitional Steering Committee, the workplan will be implemented in line with the resources and capacity available.

Theory of Change

The purpose of the theory of change is to help establish a common understanding of how UHC2030 will deliver on its mandate and achieve intended outcomes. This will help to frame how UHC2030 can add value and demonstrate what success will look like. The theory of change has been used to provide some strategic guidance in prioritising the proposed activities in the work plan under each objective for UHC2030.

The figure below illustrates how UHC2030, with its specific objectives and functions, contributes to create a movement for UHC, taking into account current context and assumptions.



UHC2030 provides a multi-stakeholder platform to strengthen collaboration and contribute to the movement for resilient, sustainable and equitable health systems in order to achieve universal health

coverage and global health security by 2030. This is consistent with the ambition of the Sustainable Development Goals and the Addis Ababa Action Agenda.

Fragmented health systems, which are inadequately and unsustainably resourced, impede progress towards UHC. Health service coverage and financial protection remain low and inequitable, leaving behind the most vulnerable communities. Domestic resource mobilisation is inadequate and development assistance is unaligned with country priorities, plans and systems. These weaknesses have been exposed by global health security threats, such as Ebola.

UHC2030's added value comes from leveraging partners for strategic collaboration and learning, building on existing initiatives where appropriate. The partnership will contribute to positive change through the following functions: refining and promoting common principles for resilient health systems and effective development cooperation; facilitating knowledge management and institutional capacity strengthening; developing and supporting the use of tools for joint approaches; driving collective advocacy strategies; and strengthening monitoring; review and remedial action. This change entails improved multi-stakeholder and multi-sectoral coordination and dialogue at the country level; coordinated efforts to strengthen health systems at the global level; improved accountability for progress towards UHC at country, regional and global levels, bringing a more integrated approach to accountability for SDG 3; and increased and sustained political momentum behind this agenda.

Achieving this change will be contingent on several assumptions. The success of UHC2030 depends on the willingness of its partners to adhere to common principles and change their behaviours. Given that UHC is fundamentally about solidarity and the social contract between citizens and the state, the movement for UHC must be powered by the people in the context of strong and inclusive country ownership.

Overview of the UHC2030 workplan for 2017

This section outlines the actions and milestones related to priority objectives for UHC2030. Milestones have been specified for the ongoing work, however deliverables for new areas of activity (including new Working Groups and workstreams) are yet to be defined. The annex includes the ToRs for existing working groups, and draft approaches to how various workstreams may be taken forwards. It is anticipated that these will include short-term quick wins, as well as longer-term deliverables which may extend beyond 2017.

a. Health Systems Strengthening Coordination

This area of work seeks to take forwards the following objectives of UHC2030, as agreed by the Steering Committee in June 2016:

1. Improve coordination of HSS efforts for UHC at global level, including synergies with related technical networks
2. Strengthen multi-stakeholder policy dialogue and coordination of UHC and HSS efforts in countries, including adherence to IHP+ principles.

UHC2030 will continue to prioritise impact at country level through developing tools and approaches, and facilitating coordinated technical assistance upon request. Working Groups will draw on and complement existing efforts where appropriate.

The majority of workstreams for HSS coordination were already approved by the IHP+ Steering Committee and reflected in the existing workplan. These include ongoing work on Public Financial

Management and new Working Groups on fragile states and transition. The workstream on a shared vision was identified in the UHC2030 Concept Note, agreed by the Steering Committee in June 2016, and reiterated in the Global Health Agency Leaders meeting. Interest in a more coordinated effort around HSS performance assessments was expressed and discussed during the June consultation meeting. UNICEF has been leading ongoing work on multi-sectoral collaboration and has requested for this to be a sector-wide UHC2030 Working Group, with strong support from the World Bank and other partners. There is ongoing demand for the IHP+ tools and approaches, and these may require review and refinement given the changing context and broader mandate and membership of the partnership. The Health Data Collaborative will continue to undertake efforts to strengthen coordination of health information and accountability systems.

Actions:

- Support the process to develop a shared vision for HSS and UHC, and exploring the linkages with UHC2030, adapting the workplan as appropriate.
- Ongoing work of the Public Financial Management (PFM) Working Group, including country support and two studies, one on the costs of fragmented financial management systems, and a second on the links between harmonised financial management and results in MICs.
- Working Groups established for:
 - Support to fragile states
 - HSS in countries transitioning to middle-income status
 - Multi-sectoral collaboration for UHC
 - HSS performance assessment

Each working group will define its own scope, deliverables, timeline and lead partners, including quick wins as well as longer-term deliverables. Members may be drawn from UHC 2030 partners, representatives of related initiatives, and external partners or experts. Linkages will be made with the other workstreams as appropriate (e.g. knowledge management, communications etc.).

- Review and refinement of existing IHP+ tools and approaches as necessary, including guidance on Country Compacts, the Joint Assessment of National Strategies, Joint Annual Reviews.
- Ongoing support to countries upon request, including the provision of country grants.
- Coordination of health information and accountability systems as undertaken by the Health Data Collaborative (note this also delivers on the accountability objective).

Milestones:

- Initial Paper on ‘Health Systems Strengthening for UHC by 2030: Building a shared vision’ agreed with clarity on the implications for UHC2030.
- Joint PFM assessment in three additional countries.
- Report on harmonised financial management and results finalised and disseminated.
- The new Working Groups on fragile states, transition, multi-sectoral collaboration and HSS performance assessment will produce the following indicative outputs:
 - Q1: Workplans defined
 - Q2: Preliminary approaches presented to SC

- Q3-4: Workplan implementation, approaches refined, dissemination and country application.
- Updated IHP+ tools and approaches agreed and disseminated.
- Support to countries provided upon request.

Potential future guidance topics for UHC2030 work to strengthen coordination of HSS could include:

- Procurement and supply chain management
- Multi-stakeholder coordination platforms
- Political economy analysis
- Local governance
- Improved quality management.

b. Accountability

This area of work seeks to take forwards the following objective of UHC2030, as agreed by the Steering Committee in June 2016:

3. Facilitate accountability for progress towards HSS and UHC that contributes to a more integrated approach to accountability for SDG3.

The activities identified seek to ensure complementarity with existing health accountability efforts, and added value for UHC2030 in this space.

Actions:

- A mapping of related efforts will be undertaken, and partners consulted (including the Health Data Collaborative etc.), to inform the proposed strategy for UHC2030 on accountability.
- A strategy for UHC2030 on accountability will be developed, identifying the partnership's added value, priority activities, key partners, opportunities for collaboration and harmonisation, ways of working, timeline and budget. The activities could include collaborative accountability reports on UHC and effective development cooperation (EDC); support to country and/or regional multi-stakeholder dialogues around the High Level Political Forum; and a UHC2030 Forum to promote evidence-based dialogues for mutual accountability.

Milestones:

- A costed accountability strategy developed and being implemented, including activities to improve harmonisation of accountability efforts for health in the SDGs.

c. Political Momentum

This area of work seeks to take forwards the following objective of UHC2030, as agreed by the Steering Committee in June 2016:

4. Build political momentum around a shared global vision of HSS for UHC and advocate for sufficient, appropriate and well-coordinated resource allocation to HSS.

It involves both the collaborative advocacy work to achieve specified change objectives, as well as the communications for the partnership.

Actions:

- Develop an advocacy strategy (with partner input, particularly civil society, parliamentarians and media), identifying priority change objectives, stakeholder mapping, key messages, activities, timeline and budget. Potential change objectives could be informed by the HSS shared vision and accountability recommendations to drive remedial action. This work will be closely coordinated with the accountability and communications workstreams for consistent messaging and to identify operational synergies.
- The Core Team, with communications leads at the WHO and World Bank, will draft a UHC2030 communications strategy (working closely with other partners), including key audiences, tactics, messages etc. This workstream will work closely with all other workstreams and working groups to ensure consistent messaging and to identify operational synergies, acknowledging that communications will be an important component across the work of the partnership.

Milestones:

- A costed multi-stakeholder advocacy strategy for HSS and UHC developed and being implemented, including events at key moments, capacity strengthening activities (CS, media, parliamentarians). It is anticipated that aspects of the strategy will have been implemented with initial milestones such as UHC2030 endorsement by the G7 and G20 and related discussions by the Global Health Agency Leaders meeting, as well as demonstrated support for the HSS shared vision.
- A costed communications strategy developed and being implemented, including a new brand for UHC2030.

d. Knowledge Management

A priority agenda for UHC2030 is to improve knowledge management and technical assistance on EDC, HSS and UHC, which cut across the other areas of the partnership's work. This was agreed by the Steering Committee in June 2016 as a key function for the partnership.

Actions:

- A mapping of related efforts will be undertaken, and partners consulted (including the Joint Learning Network, Providing 4 Health, Health Systems Global, and related regional networks etc.), to inform the proposed strategy for UHC2030 on knowledge management.
- A strategy for UHC2030 on knowledge management will be developed, identifying UHC2030's added value, priority activities, key partners, opportunities for collaboration and harmonisation, ways of working, timeline and budget. Please note that the HSS shared vision might provide an organising principle for knowledge management work. Activities could include establishing a web portal for access and exchange, and development of an experts database.
- Further development and promotion of the principles and best practices for the provision of technical assistance including south-south cooperation.

Milestones:

- A costed knowledge management strategy developed and being implemented.

- The UHC2030 website updated, including links to the potential web portal for access to and exchange of information across partners and initiatives.
- Principles on technical assistance agreed, with documentation of best practices available and disseminated.

e. UHC2030 Governance, Oversight and Operations

This area of work seeks to identify actions needed to finalise governance arrangements to establish UHC2030 and support the functioning of the Steering Committee and Core Team.

Actions:

- Finalise and disseminate UHC2030 Global Compact, with outreach to existing and potential new signatories.
- Establish and operationalise constituencies, including the Civil Society Engagement Mechanism and the taskforce for the Private Sector constituency, providing support as needed.
- Operationalise revised ToRs for Steering Committee, Reference Group, Working Groups.
- Convene Steering Committee meetings twice a year, reference group meetings every three months and any other ad hoc meetings as needed.
- Hold a UHC2030 annual meeting, building on the lessons from IHP+ Country Teams meetings with broader engagement and collective review of accountability recommendations.
- Map related initiatives and clarify the rationale for engagement, implement tools and processes to promote coordination and information exchange, facilitate pre-Steering Committee consultation to identify and present priority issues.
- Mobilise funding from partners for 2017 workplan implementation.

Milestones

- New Global Compact finalised with new signatories on board.
- Fully operational Steering Committee with active constituencies, Reference Group and Working Groups.
- Steering committee reviews and responds to priority issues from related initiatives.
- Regular cross-secretariat meetings among between Core Team and related initiatives held with opportunities for harmonisation identified, e.g. X joint country missions.
- Staff in place within Core Team by end of first quarter 2017.
- Shared annual Core Team reports produced annually, by end February each year.

Summary of proposed budget

The table below shows the proposed budget for the workplan, with a total of US \$ 6.175 million for 2017 (January-December 2017), excluding programme support costs. It includes the initial budget of US \$ 4 million for 2017 envisaged in the IHP+ work programme for 2016-17 (out of a total of US \$ 9 million).

The budget increase of US \$ 2.175 million reflects the broadened scope of UHC2030, with additional funding allocated to the following areas: health systems strengthening coordination (including for public financial management), accountability, advocacy and communication, knowledge management, and

UHC2030 governance (including support to the CSO engagement mechanism and collaboration with related initiatives).

The table below shows the budget summary, with a more detailed breakdown in the indicative budget in the Annex. Please note that staff costs of the Core Team are allocated to each element of the workplan. The World Bank and WHO continue to contribute substantial in-kind support to the operations of UHC2030, as co-hosts of the Core Team, which are not reflected in this budget. Some flexibility is required in the use of the budget to enable the partnership to respond to emerging issues and demand from partners, as has clearly been shown in the past.

Budget summary for 2017

Area of work	Amount for 1 year in US\$
1. HSS coordination 1.1 HSS shared vision and performance assessment 1.2 HSS support to fragile states 1.3 HSS in transition countries 1.4 Multi-sectoral approach to UHC 1.5 Public financial management 1.6 Update of existing tools 1.7 Demand driven country level support, including country grants	2 450 000
2. Accountability 2.1 Country level (incl. common platform for info and accountability and EDC monitoring) 2.2 Global level	1 000 000
3. Political momentum 3.1 Advocacy 3.2 Communication	300 000
4. Knowledge management 4.1 Knowledge management strategy 4.2 Principles and lessons learned (e.g. technical assistance and other HSS/UHC related aspects)	400 000
5. UHC 2030 governance, oversight and operations 5.1 UHC2030 governance 5.2 Steering Committee and related ad hoc meetings 5.3 UHC2030 annual meeting 5.4 Coordination with related initiatives 5.5 Support to CSO engagement mechanism 5.6 Core team operations	2 025 000
TOTAL EXCLUDING PROGRAMME SUPPORT COSTS	6 175 000
Total including programme support costs (tbc)	tbc

Annexes

Fragile States Working Group ToRs

Support to countries with fragile or challenging environment - Draft 4.0

Background

Work in this area was outlined in the IHP+ Strategic Directions 2016-17¹:

- The diverse group of countries often referred to as fragile are typically not capable of handling fragmented external assistance on which many of them depend heavily. IHP+ principles of alignment and harmonisation are therefore particularly important for developing resilient health systems in these countries. With half of the fragile states (using the World Bank list) as members of IHP+, UHC2030 needs to consider how to tailor its role, approach and tools, while recognising their diversity.
- The individual countries face specific challenges, with many of them characterised by very low capacity, implying a more targeted approach rather than seeking to pursue all seven of the IHP behaviours and a comprehensive health strategy. This could include having more focused compacts and a JANS to look in depth at a limited number of areas key to improving service delivery. IHP+ will develop specific guidelines and approaches and possibly tools to fit fragile situations.
- In addition, in some countries government is largely dysfunctional or lacks interest in improving health, leaving an even more important role to communities and civil society. This poses a challenge to the traditional effective development cooperation approach, which tends to rely on a government to represent the country. IHP+ will develop approaches also for this context.
- Finally, IHP+ will document lessons learned on funding and coordination modalities that may be particularly well suited to the fragile context, including trust/pooled funding and joint project coordination units.

Subsequently further considerations have gone into this:

- Most important the realisation that countries with fragile or challenging environment are not a homogenous group, on the contrary it presents very different issues and context. Any attempt to deal with the individual countries therefore has to take its point of departure in the concrete situation, the specific country context and often also regional issues.
- Secondly, the importance of well-coordinated Health Systems Strengthening (HSS) also in the context of many of these countries has become an important issue to be taken forward by the transformed IHP+ partnership the International Health Partnership for UHC 2030 (UHC2030).
- Third, WHO's HGF department has outlined a strategy to address some of the issues through its recent FIT strategy. This includes 6 foundational gaps² that need to be addressed in most of these

¹ The 4 bullet points are the wording from the IHP+ Strategic Directions 2016-17

² 1) Financing: Invest in financial engineering to build a unified and transparent financial management system (FMS) and procurement procedures, ensuring secure and transparent financial flows and enhancing accountability. 2) Health workforce: Invest in pre-service education for the primary health care workforce, especially education pathways of six months to three years, with the parallel development of deployment and retention strategies in rural and remote areas. 3) Pharmaceuticals and medical products: Invest in supply chains and diagnostic facilities. 4) Health information: Invest in unified underlying health information systems, including surveillance. 5) Governance: invest in local health governance systems through district health management and people (citizens and community) engagement. 6) Service delivery: invest in basic infrastructure and equipment.

countries³: Financing; Health Workforce; Pharmaceuticals & Medical Products; Health Information; Governance; & Service Delivery. The international community is proposed to support these critical investments in health system Foundations in terms of both “hardware” (substantial investments) and “software” (technical assistance). Accordingly, a solid assessment of the foundational gaps is needed on a country per country basis to allow tailored coordinated response.

- Fourth, the World Bank has a Fragility, Conflict and Violence Group (department headed by a Senior Director)⁴, which has worked on this area. Several publications dealing with approaches exists (see Background Documents).
- Finally, the integration of health security into health systems is increasingly seen as important to promote sustainability and efficiency of countries preparedness efforts while also strengthening the wider health system.

All these aspects are reflected in the TOR for this working group, and it is considered a high priority for UHC 2030. The group will review the TOR and finalize.

Objectives

Guidance for improved coordination of development partners and other agencies around health systems strengthening in countries characterised by fragility, conflict, emergencies and/or a challenging operational environment, developed and promoted.

Piloting assessment as well as coordination of DPs and support for health systems strengthening in 2-3 countries with fragile or challenging environment.

Scope of Work

- The Working Group will finalise the TOR, which will be approved by the IHP+ Core Team and submitted to the Steering Committee.
- Given the vast and diverse area of work, the Working Group will decide on a phasing of its work. One option would be to begin with addressing the collaboration in the group a) countries (see bullet points below).
- Develop guidelines and update tools for working on effective development cooperation in contexts which have low capacity, lack representative governments, conflict or other emergencies, or combinations thereof. This will include coordination around improving basic health service delivery as well as more long term HSS and issues related to emergency preparedness.
- The guidelines will have specific considerations and/or sections for at least three scenarios:
 - a) Low capacity. Including harmonised approaches around strengthening sub-systems key to rapidly improving service delivery, particularly PHC.
 - b) Lack of meaningfully representative government, i.e. government does not show signs of being interested in improving the health situation for the majority of its population. This will include considerations of coordination around non-state actors, and longer term implications for re-establishment of government stewardship.
 - c) Conflict or emergencies. Here the role of disaster and humanitarian relief and coordination of organisations related to it, in relation to longer term development perspectives including

³ Meeting report “Building health systems foundations and strengthening institutions - a global approach for UHC 2030” - Consultation with Partners - 13 June 2016 - WHO Headquarters

⁴ <http://www.worldbank.org/en/topic/fragilityconflictviolence>

HSS, is central, particularly the transition from relief to development assistance. One important element is the role of OCHA, particularly Humanitarian Coordinators and Country Teams. There are important differences between conflict and natural disaster situations that may warrant treating them as separate scenarios.

In many cases the situation in a given country would include elements of two or more of the elements described in a, b and c.

- The guidelines would emphasise and provide guidance for an independent situation analysis (usually commissioned by the government and its partners) as the foundation of any intervention.
- They would also provide guidance to coordinated support for adequate hardware and software investments to address key health systems gaps. This would be part of the assessment of the country context and include the most important gaps impeding a scale up of basic service delivery.
- If found to be a useful approach, the working group will contribute to the development of a self-assessment tool of key health systems gaps⁵.
- The guidelines could provide examples, best practices, things to avoid or options to consider, but should not give blue-print guidance to the approach, given the diversity of country context.
- IHP+ tools and approaches to be updated would include: JANS Tool & Guidelines, Compact guidance, JAR guidance, guidance on Country Led Information & Accountability Platform, and Joint FM Assessment guidance.
- Case studies and literature review to analyse experience and lessons learned from mechanisms for harmonising development cooperation in the above mentioned contexts, highlighting any good practices identified, including trust funds, joint project coordination units, use of non-governmental partners, improving local governance and accountability mechanisms, harmonised approaches around strengthening sub-systems key to improving PHC service delivery, and coordination of relief and development efforts. These would ideally precede and feed into the development of guidelines.
- Facilitating, based on the approach developed, 2-3 countries (on a demand basis) for intensified joint action to improve DP coordination and strengthen the country health system, this would include addressing key health systems gaps⁶.

Output

- Case studies and literature review document by second quarter 2017
- Guidance, including good practices documented with some lessons from harmonised mechanisms, published by September 2017
- Adapted IHP+ tools developed and finalised, by mid-2017.
- Actions in 2-3 countries improving donor coordination and health systems strengthening, including identifying the key health systems gaps.

Members⁷

- UHC2030 Core Team: Finn Schleimann
- DPs: Andre Griekspoor WHO ; Denis Porignon WHO; Tekabe Belay WB; Amelia Peltz USAID; Japan (TBD); Olga Bornemiza GFATM; DfID, EC ; Judith Kallenberg GAVI;

⁵ As for example outlined in the WHO FIT strategy and 6 gaps approach where they are termed “foundational gaps”

⁶ Ibid

⁷ The membership will be open to all IHP+/UHC2030 signatories, the list supplied are of key members

- Emergency/humanitarian agencies: OCHA (TBD), ICRC (TBD), IFRC (TBD), Cordaid (TBC), MSF (TBD),....
- OECD
- Networks: Health Security Agenda, Anita Sharma PMNCH/UNF (TBC)
- Countries with fragile or challenging environment: Afghanistan (TBD), DRC (TBD), Liberia (TBD)....
- CSOs: Guy Benisan, REPAOC; BRAC (TBD), Southern FBO (TBD),
- Consultant(s): Sandro Colombo/Enrico Pavignani/others

The members should include expertise on political science.

Working modalities

Audio/Video Conference

Possibly one face-to-face meeting

Commissioning of literature review and case studies

Background documents

- Pavignani & Colombo: “Strategizing in distressed health contexts”; 2016 - chapter in “Strategizing national health in the 21st century: A handbook”, WHO forthcoming (*PDF will be shared*)
- “A new deal for engagement if fragile states” IDPS 2011(?)
- Hearn S: “Independent Review of New Deal for Engagement in Fragile States”, NYU-CIC 2016: http://cic.nyu.edu/sites/default/files/new_deal_engagement_hearn_apr14_final.pdf
- “The Abu Dhabi Declaration on Upholding health and wellbeing for women, newborns, children and adolescents in humanitarian and fragile settings”; EWEC 2015: http://www.everywomaneverychild.org/images/The_Abu_Dhabi_Declaration_Feb_2015_7.pdf
- C Huang et al: “The Humanitarian-Development Divide: Addressing the "New Normal" of Protracted Displacement”, CGD 2016: <http://www.cgdev.org/blog/humanitarian-development-divide-addressing-new-normal-protracted-displacement>
- “Financing for Development: Addressing the Humanitarian – Development Divide”; OCHA, WFP, UNDP, IOM, UNHCR, UNICEF, UNHABITAT, WHO & IFRC 2015: <https://undg.org/wp-content/uploads/2015/07/Inter-Agency-Paper-on-Financing-for-Development-Final1.pdf>
- “Bridging the humanitarian-development divide”; ACF International, Sustainable Solutions Network & NRC 2016 (?): <http://unsdsn.org/wp-content/uploads/2016/05/WHS-background-paper.pdf>
- P Hill et al: “The “empty void” is a crowded space: health service provision at the margins of fragile and conflict affected states”; Conflict & Health 2014
- J Raven et al: “Meeting Report: Fragile and conflict affected states: report from the Consultation on Collaboration for Applied Health Research and Delivery”; Conflict & Health 2014
- “Time to let go: remaking humanitarian action for the modern era”; ODI 2016: <https://www.odi.org/publications/10381-time-let-go-remaking-humanitarian-action-modern-era>
- “World Bank Group Engagement in Situations of Fragility, Conflict, and Violence”; IEG 2016 - <http://ieg.worldbankgroup.org/Data/Evaluation/files/fcv-full.pdf>

- “World Bank Group assistance to Low-Income Fragile and Conflict-Affected States”; IEG 2013 - http://ieg.worldbankgroup.org/Data/Evaluation/files/fcs_eval.pdf
- “Reference Material to the FM Manual – Guidance Note to Financial Management in Cases of Fragility, Capacity Constraints and Conflict”; World Bank 2013
- N Bizhan: “Improving the Fragile States Budget Transparency: Lessons from AFGHANISTAN”; GEG Working Paper 117, Oxford University 2016
- “World Development Report 2011: Conflict, Security, and Development”; World Bank 2011 - http://siteresources.worldbank.org/INTWDRS/Resources/WDR2011_Full_Text.pdf
- “Operational Approaches and Financing in Fragile States”; World Bank 2007
- “The Thematic Review of the Global Fund in Fragile States”; Euro Health Group 2014
- Witter & Pavignani: “Review of Global Fund Investments in Resilient and Sustainable Systems for Health in Challenging Operating Environments”; under preparation
- Howe K: “No End in Sight: A Case Study of Humanitarian Action and the Syria Conflict” Planning from the Future – Component 2. The Contemporary Humanitarian Landscape: Malaise, Blockages and Game Changers; Kings College, Feinstein International Center & HPG 2016.
- Whittall J: “The ‘new humanitarian aid landscape’ Case study: MSF interaction with non-traditional and emerging aid actors in Syria 2013-14”; MSF 2014
- “Public financial management reform in fragile states – Grounds for cautious optimism?”; ODI Briefing Paper 77 2012 - <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7840.pdf>
- Fritz, Hedger & Lopes: “Strengthening Public Financial Management in Postconflict Countries”; Economic Premise paper, World Bank 2011 - <http://siteresources.worldbank.org/INTPREMNET/Resources/EP54.pdf>
- “Public financial management reforms in post-conflict countries – Synthesis Report”; World Bank 2012 - <http://documents.worldbank.org/curated/en/945231468340162289/pdf/699640WP0P1206070023B0PFM0Web0Final.pdf>
- “Building Public Financial Management Capacity in Fragile and Conflict-Affected States – The Case of Liberia”; World Bank Group 2012 (?) - http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Tools/Financial_Management_Assessment/Liberia%20paper%2012-4-13%20web.pdf
- “Joint External Evaluation Tool – International Health Regulations”; WHO 2016
- *More to come.*

22/11 2016

Transition Working Group ToRs

Working group on sustainability, transition from aid, and health system strengthening^{8 9}

Background

While all low- and middle-income countries face a number of critical pressures on their health systems, there are some issues that are particularly salient for countries that are currently or will soon be “transitioning” to much lower levels of external financial support, and that require targeted consideration. While effective responses to transition must be specifically adapted to each country’s context, a common guiding principle is to maintain or even increase effective coverage for priority health services, including those currently supported with external funds. This does not mean simply channelling government revenues to pay for a previously donor-funded program. Rather, transition provides an opportunity for countries to assess how governance, financing and service delivery are configured to ensure the sustainability of effective coverage for priority interventions. Hence, health system strengthening (HSS) is at the core of the response to transition if progress towards UHC is to be sustained. By placing the focus in this way, it ensures that donors and policymakers alike are working together towards sustainable solutions to problems presented by transition. It also emphasizes the importance of sustainability in the transition process, which should also extend to those countries that are not imminently facing declines in donor assistance.

Beyond the implications of diminishing aid, the transition context is complex, as health systems must cope with technological advances, aging populations, increased costs, complex pluralistic health service delivery with a growing private health sector, rising population expectations for better quality health services, as well as a voice in decision-making, are among the many factors putting pressure on health systems. Non-communicable diseases often account for the largest part of the disease burden in these countries, while at the same time an unfinished agenda for communicable diseases remains. As everywhere, HSS interventions should be tailored to country context and country-specific needs should guide investments and reforms in HSS to support and sustain progress towards UHC. In addition, actions are likely needed beyond the health sector, engaging a diverse range of stakeholders to address health determinants. And motivating political support for change will include a critical place for citizen voice in health, with the need to put in place effective participation mechanisms for patients and communities.

Domestic resources often account for the large majority of health sector resources, but allocation of these resources often suffers from (or contributes to) inefficiencies and inequities. Good governance and strengthened capacity of institutions to support more efficient use of resources to sustain effective coverage of priority interventions are at the core of the agenda.

In such contexts, it is increasingly recognized that some forms of aid may simply displace domestic effort for things that countries should be capable of funding from domestic resources, such as procurement of medicines and paying staff salaries. Therefore, what aid supports and how the funds are channelled needs to be re-considered in light of both what governments find more difficult to support in the short

⁸ Working title: Subject to final approval by the full TWG once convened

⁹ Updated version from the version shared 26th of October 2016.

run (e.g. institutional development, capacity building, citizens' engagement platforms), as well as potentially distortionary incentive effects on domestic health spending, including but not limited to the design of conditionalities and co-financing requirements.

Work in this area is considered high priority for the new IHP for UHC 2030 partnership and a TWG is being set up with the below objective.

Objective

To explore roles, responsibilities and opportunities for collaboration among DPs, expert networks and countries to enhance efforts to sustain increased effective coverage of priority interventions with financial protection, in countries transitioning from aid.

Scope of work

- **Build consensus around core issues and objectives in response to the transition from aid**, exploring revenue and health system efficiency considerations, as well as approaches to strengthening accountability for results.
- **Develop guidance and principles for good practise** pertaining to countries transitioning from ODA support, with regard to financial, programmatic and capacity issues, including but not limited to e.g. how to develop country-specific transition plans to balance the transition schedules of multiple funding partners.
- **Explore the types of reforms and investments needed to support an effective transition process**, particularly in relation to building strong and unified underlying support systems, such as for procurement, supply chain, information, as well as capacity for evidence informed priority setting processes.
- **Define an annual work plan** for the group, outlining key outputs and products and help convene parties to review progress.

Outputs – *provisional suggestions for the consideration of the technical working group*

- **An annual work plan** for the group, building on existing, ongoing and identified new work with key outputs and products.
- **Concept paper on sustainability and transition**, framing the core objectives and unit of analysis for policy.
- **Concept paper** focusing on health financing issues in health systems in transition.
- **Concept paper** bringing together experiences from countries in strengthening institutions for evidence informed policy including modes to support this , lessons learnt and recommendations
- **Case studies** developed on different models for technical assistance to strengthen institutions capacity for stronger evidence informed policy making towards UHC.
- **Guidance note and tools** on principles of good engagement for DP approaches to countries transitioning from ODA
- **Identification of pilot countries** for coordinated action on support to transition countries.

Members

The group will be open to those countries, DPs and organizations interested to participate – and contribute to the collaborative agenda. Subgroups on taking forward different work streams should be considered.

Potential membership:

- UHC hosting organizations:
 - WB
 - WHO
- Countries: TBC: Senegal, Kenya, South Africa, Ghana, Moldova, Vietnam
- DPs: EC, Germany, USAID, Australia, DFID, Japan, others
- Health System Research Alliance
- BMGF
- PEPFAR
- Gavi
- The Global Fund
- Civil society
- John Hopkins
- R4D
- Centre for Global Development

Working Group modalities of work

Chairing by DP(s) and a country; supported by UHC2030 Core Team.

- Face to face meetings
- Audio video conference
- Commissioning of literature review and case studies.

Multi-Sectoral Working Group ToRs

Working group on multisectoral action and the role of the health sector

Introduction and rationale

Action by different thematic sectors beyond the health sector (such as education, infrastructure, agriculture, finance and energy) on the social determinants of health is well recognized as being fundamental to health progress. For example, half of the progress in child mortality between 1990 and 2010 in low- and middle-income countries can be attributed to actions outside of the health sector. Yet such multisectoral action has often proved challenging in practice, with health policy and programming mostly focused on healthcare services. The adoption in 2015 by countries of the Sustainable Development Goals (SDGs) for 2030 provides a renewed impetus for countries to implement multisectoral action to address complex problems, including reaching the ambitious health targets under SDG 3.

SDG 3 also includes the specific target under 3.8 for countries to achieve universal health coverage (UHC) The bulk of the responsibility for achieving UHC lies with the health sector in countries, stewarded by Ministries of Health. Yet multisectoral action is also required to achieve UHC, with the health sector and Ministries of Health having the following roles:

1. Ensuring the inputs from other sectors (e.g. water and sanitation services, energy, roads) that are essential to the functioning of health facilities and services
2. Coordinating and convening inputs from other sectors that are essential to address key health threats (e.g. in epidemic outbreaks, or regulating goods that are harmful to health)
3. Monitoring the impacts of health outcomes of interventions that are the core business of other sectors.

Despite the importance of these activities, multisectoral action has often received low levels of attention in current efforts towards UHC. In the context of the SDGs, greater support for countries to implement multisectoral action for health is therefore required, including placing the role of the health sector in such action as a core part of the UHC agenda. Existing efforts on this theme, for example around the 'Health in All Policies' approach and on the political economy of multisectoral action for health, can be drawn upon to support countries in doing so.

Proposal

The transition of the IHP+ to the IHP for UHC 2030 (UHC2030) provides an ideal platform to increase attention to the requirements from the health sector for multisectoral action for health. It is proposed that a working group on this role of the health sector be convened under the auspices of UHC2030. UNICEF has offered to convene this working group working with other partners. An existing group convened in Bellagio in June 2016 to discuss this topic could form the skeleton for this group, with other partners invited, including the WHO Health in All Policies group.

Purpose and functioning

The purpose of this working group would be to:

- Draw attention to the importance of the health sector contributing to multisectoral efforts for health as part of UHC

- Convene partners to leverage their resources to support country capacity and efforts on this theme, including in country plans for UHC
- Link to efforts in other global partnerships on multisectoral health work e.g. Every Woman Every Child.

The working group would not provide technical assistance and would also not be a funding mechanism, in keeping with the mandate of UHC2030. The working group may potentially commission high level briefs to synthesize knowledge on the topic, as has occurred previously with IHP+. The working group would be supported by the UHC2030 Core Team, working virtually with a face-to-face annual meeting aligned with other UHC2030 meetings as appropriate.

Next steps

1. UHC2030 transitional Steering Committee to endorse the establishment of the working group – December 2016
2. Review and finalise ToRs in consultation with key partners – January 2017
3. Convene working group in February 2017

Public Financial Management Working Group ToRs

IHP+ Financial Management Technical Working Group

Background

Progress was made on financial management harmonization and alignment under IHP+. Under the auspices of the financial management technical working group (FMTWG), several joint assessments were undertaken, some of which led to the use of country FM systems for implementing development assistance in certain countries or collaboration among development partners in using joint fiduciary arrangements for their support. Public Financial Management (PFM) remains critical to achieving universal health coverage in many countries.

With the expanded mandate of IHP+ to include UHC, it is envisaged that the scope for PFM collaboration will increase. Whereas, under IHP+ collaboration focused on development effectiveness, IHP for UHC2030 (UHC2030) has a broader scope that goes beyond development effectiveness and includes, health systems strengthening, domestic revenue mobilization and health financing. For a lot of countries, especially MICs, development effectiveness may not be an area of priority due to their relatively less dependence on donor support in the health sector. For such countries upstream PFM arrangements – Budget formulation and execution, resource allocation, domestic revenue mobilization and financing, etc. - may be more relevant in terms of PFM collaboration. See Boxes 1 and 2 for current scope of PFM collaboration under IHP+ and potential scope under UHC2030.

Collaboration on downstream FM implementation arrangements for donor-financed projects will still be relevant however, for low income countries (LICs) that continue to receive significant donor support in the health sector. Harmonizing, and ultimately aligning development partners' financial management systems will help achieve better outcomes for health interventions in partner countries through bringing aid on budget; enhancing budget execution; reducing transaction costs; increasing fiscal transparency and oversight over the use of aid funds; and ensure coordinated support for strengthening countries' capacity.

Objectives

To: (i) promote joint approaches to PFM in health studies; (ii) synthesize and share this knowledge on PFM issues in health; (iii) champion the connections between PFM and health financing (HF); and (iv) facilitate support to the implementation of joint FM harmonization and alignment approaches.

Scope

The boxes below show the old of FM work under IHP+, and possible areas of work under UHC2030. This will evolve alongside the UHC2030 work program and as new opportunities emerge from UHC implementation under SDG 3.8.

Box 1: Scope of FM harmonization and alignment work under IHP+

Box 1: IHP+ : Effective development cooperation

- Identifying and sharing good practices and lessons learned from FM harmonization and alignment efforts in the health sector in partner countries

- Identifying bottlenecks to FM harmonization and alignment among DPs and also at the country level
- Facilitating, based on request from countries, Joint FM Assessments and identifying suitable Joint Fiduciary Arrangements
- Discussing, on an on-going basis, emerging issues in FM harmonization and alignment

Box 2: Proposed scope of PFM collaboration under UHC2030

Box 2: UHC: EDC¹⁰ + Systems strengthening + Health Financing + Monitoring of results

- Joint FM assessments - continuing
- Joint financial management arrangements and capacity building - continuing
- PFM in health studies in upper MICs - new
- PFM links with health financing - new
 - Domestic Revenue mobilization
 - Social health insurance
- Knowledge sharing on PFM bottlenecks to health financing for UHC- new

Composition and timing

The PFM Technical Working Group will consist of public finance management and FM experts from IHP for UHC2030 development agencies and partner countries.

The group's work is expected to be relevant throughout the UHC2030. Its annual work program will be drawn from the overall work plan of UHC2030.

Responsibilities

- 1) Create a platform for dialogue on PFM issues in health financing and provide guidance on how to resolve such issues.
- 2) Assist the IHP+ Core Team in facilitating, on request, support to countries including Joint PFM studies.
- 3) Promote joint FM Assessments and identification of suitable Joint Fiduciary Arrangements in partner countries.
- 4) Identify good practices, synthesize and facilitate sharing of lessons learned from PFM studies and FM harmonization and alignment efforts in the health sector in partner countries.
- 5) Identify PFM bottlenecks to health financing and to the achievement of UHC.
- 6) Review, and if needed revise the IHP for UHC2030 Guidance on Joint FM Assessment.
- 7) Discuss, on an on-going basis, emerging issues in PFM, health financing, FM harmonization and alignment.
- 8) Other arising responsibilities as decided by the IHP+ Steering Committee.

Outputs

Indicative outputs are below. These will be reviewed and finalized by the WG:

¹⁰ For LICs that receive a significant amount of funding from development partners

- 1) Advocate inclusion of PFM in health financing discussions globally and in-country. Provide guidance on policy dialogue between ministries of health and finance on demand.
- 2) Support for joint PFM studies on demand by countries. As a start, several countries have been identified for joint PFM studies to be led by WHO and World Bank. Please see Annex.
- 3) Support for joint FM harmonization/alignment to countries facilitated through the IHP+ Core Team.
- 4) Other outputs as defined in the work plan of the group.

Membership, reporting, meeting and organizational arrangements

Membership of the group is open to all IHP for UHC2030 partners. The group (see Annex B for current members) will be chaired by a World Bank Financial Management Sector Manager until the IHP for UHC2030 transformation is completed and a new Chair is selected by group. This will help ensure continuity of the group's work.

The group will meet once every two months at the invite of the Chair. The chair could also call for an emergency meeting in addition to the regular meetings as needed. Meetings will be held through any of the following means: face-to-face, audio and VC.

The technical working group will report to the UHC2030 Steering committee. The FM Technical Working Group's meeting minutes shall be documented and disseminated to all participating members as well as the IHP+ Core Team and the IHP+ Reference Group, and will be posted on the IHP+ web-site.

Annex A

Each agency (WHO and World Bank) will be responsible for conducting at least 4 PFM country assessments each, following the regional balance suggested below:

	WHO	World Bank (based on preliminary discussions-to be confirmed)
Africa	South Africa	
	Senegal	
EMRO/MENA	Tunisia	
PAHO/LAC		Mexico
		Peru
WPRO/SEARO; Asia	Bangladesh	
		Thailand
EURO/ECA		Kyrgyzstan

Implementation plan:

- Activities will be coordinated within the PFM working group of the IHP for UHC 2030, in close collaboration with other IHP partners to ensure full engagement and coordination on the overall approach and process;

- Each agency will be responsible for implementing the defined country studies, and to deliver final country products no later than by July 2017;
- Technical approach and report outline will be harmonized between the two agencies;
- Each agency will inform the partner agency about any change regarding the choice of countries within a region;
- Each country report, as well as any other related products, will acknowledge that the study is conducted under a joint WHO-WB program of work on PFM in health funded by IHP for UHC 2030;
- Regional dissemination workshops will be organized jointly by the two partner agencies to present and discuss findings from country assessments;
- The 2 agencies will prepare a joint global synthesis report to be finalized no later than by December 2017; and
- Global dissemination will be organized jointly in the frame of the Montreux collaborative agenda, IHP for UHC 2030 activities and other relevant events.

Annex B

Category	Agency	Point Contact(s)
Development Partners	World Bank	Renaud Seligmann
	USAID	Kamiar Khajavi
		Parmela Rao
	UNFPA	Mona Khurdok
	AFDB	Entienne Nkoa
	KfW	Patrick Rudolph
	GAVI	Rosemary Owino
	Global Fund	Adda Faye
	EU	Elena Arjona Perez
	WHO	Helene Barroy
Country Partners	Sierra Leone	Sorie Kamara
	Nepal	Mr. Surya Mani Gautam
	Senegal	Ndeye Mayé Diouf
	Ethiopia	Mekdim Enkossa

Proposed Approach to Accountability

Background

Accountability is a broad and complex concept which may be interpreted in disparate ways. For the purposes of this document, accountability is interpreted to include both public accountability, between duty bearers and rights holders, and mutual accountability for results, between two or more parties according to responsibilities or commitments made. The principles of transparency, inclusion and participation are key for accountability.

Accountability can focus attention and drive action for accelerated progress on health in the context of the Sustainable Development Goals (SDGs) and to leave no one behind. However, with the expansion of health agendas included in the SDGs, there is a serious risk of proliferation of sub-sectoral accountability initiatives at local, country, regional and global levels, exacerbating fragmentation, transaction costs and complexity for all stakeholders.

Universal health coverage (UHC), as target 3.8 in the SDGs, presents an opportunity to move away from the silos of disease to consider whether the integrated people-centred health care needs of the population are being met with protection against the risk of financial hardship. Moreover, the SDG commitment to leaving no one behind translates as the principle of progressive universalism, whereby the more disadvantaged sub-populations benefit at least as much as the more advantaged sub-populations from efforts to move towards UHC.¹¹ Accountability for UHC must therefore consider who benefits and who is left behind as countries implement health system reforms, and the processes through which such decisions are made. These are inherently political choices about the redistribution of resources, which are influenced by the political economy and pertain to the social contract between citizens and the state.

In the transformation of the International Health Partnership (IHP+) to the International Health Partnership for UHC 2030 (UHC2030), an agreed objective of the evolving partnership is to facilitate accountability¹² for progress towards health systems strengthening (HSS) and UHC that leaves no one behind and contributes to a more integrated approach to accountability for health in the SDGs. This role for UHC2030 received strong support in both the in-person and online consultation. It is inclusive of, but broader in scope than, the IHP+ approach to accountability, which has primarily focused on monitoring adherence to effective development cooperation (EDC) behaviours for mutual accountability between development partners and partner countries. This has significant implications for the UHC2030 workplan. The purpose of this paper is to outline a process to explore and determine how best the

¹¹ Gwatkin, D., Ergo, A. (2010). *Universal health coverage: friend or foe of health equity?* The Lancet. Published online, November 16, 2010. Accessed November 23, 2016 at: <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2962058-2/fulltext>.

¹² UHC 2030 will need to define the parameters for its work on accountability, complementing and not duplicating the existing landscape. This should learn from the experience of accountability mechanisms during the Millennium Development Goals, support the SDG follow-up and review processes, and promote a more integrated approach to accountability for health in the SDGs.

partnership can deliver on the accountability objective, ensuring complementary and maximising added value.

Learning from experience

In defining the way forward for UHC2030 on accountability, it will be important to take stock of what IHP+ has done and apply lessons from this experience in the future approach.

To date, the IHP+ work on accountability has focused on mutual accountability for effective development cooperation (EDC), particularly between development partners and partner countries. This has primarily focused on monitoring adherence to the 7 IHP+ principles and 8 behaviours at country level, which has been implemented by IHP+Results¹³ since 2009 with the fifth round currently underway. This also includes an effort to institutionalise such processes in countries, with qualitative data to help explain findings and a global review to better understand development partner behaviours and incentives.

As outlined in the rapid independent review of IHP+, the partnership's approach to accountability has had various successes and limitations. For instance, while scorecards have been used to promote dialogue, the results have had limited traction and little success in influencing remedial action, especially among development partners. The review also highlights potential levers that were not pursued, such as substantial support to civil society to engage parliamentarians and hold governments and development partners to account.

Way forward to develop a UHC2030 strategy for accountability

The process outlined below intends to ensure that UHC2030 adds value to the existing landscape of health accountability initiatives. As a multi-stakeholder partnership with a mandate on health systems and UHC, UHC2030 has the potential to convene partners and foster synergies for a more harmonised approach to strengthening participatory accountability mechanisms for health systems and UHC that are institutionalised in the sector.

Advocacy will be essential to the partnership's work on accountability to shift behaviours and drive action to accelerate equitable progress towards UHC. This will require close collaboration with the UHC2030 advocacy workstream. Civil society plays a crucial role in accountability efforts. Linkages with the UHC2030 Civil Society Engagement Mechanism¹⁴ will also be essential, to ensure complementarities and collaboration where appropriate on accountability efforts.

A **phased approach** is proposed for the first half of 2017 to include scoping, consultation and planning activities:

¹³ A mutual accountability working group was also established to oversee changes in the methodology used by IHP+Results.

¹⁴ The CSO proposal, dated November 2016, includes objectives to strengthen citizen-led social accountability mechanisms at sub-national, national, regional and global levels, including production of a shadow UHC accountability report, and also a role in harmonising CSO platforms and networks working on health issues at the country level. These activities have potential implications for UHC2030 in terms of financial and technical support and capacity strengthening.

- **Map and review of existing health accountability initiatives¹⁵ and best practices**, identifying key stakeholders and areas of work, gaps and opportunities for synergies, as well as examples of best practices for institutionalised multi-stakeholder accountability mechanisms at country level. This will involve a desk based review and consultation with partners.
- **Mapping the key moments and processes** that present opportunities to drive accountability at country, regional and global levels, including country health system, SDG, intergovernmental and multilateral processes.
- **Define and identify a framework¹⁶** for accountability for UHC, clarifying concepts and specifying who is accountable to whom, the role of EDC in accountability for health systems and UHC, and how this may play out at global, regional and country levels.
- **Develop a strategy for 2017-18** for UHC2030 on accountability, specifying how the partnership will add value, ways of working (such as through a multi-stakeholder working group), and specific activities (with a timeline, budget and lead partners) to strengthen monitoring, review and remedial action at various levels for EDC, HSS and UHC.
- A time-bound **expert advisory group** will be convened to advise on this process.

At the same time, selected **ongoing activities** will continue to be pursued so as to maintain momentum and not miss important opportunities for influence.

The fifth round of IHP+Results monitoring is close to completion, and the global review of development partner behaviours and incentives is underway. These will be compiled into a global report on the state of the world's EDC in health for mid-2017 to be discussed by the UHC2030 Steering Committee in June, and to inform the High Level Political Forum review of progress in health in selected countries and at the global level. It will also be used to stimulate dialogues within country health sector review processes and at development partner headquarters, engaging a range of stakeholders including the government, civil society, parliamentarians, the media and academia. This report will also segue to later UHC2030 accountability efforts, making the linkage between EDC, HSS and UHC.¹⁷

In addition, the potential for a more integrated accountability report on UHC is being explored for December 2017, with a view to incorporating the UHC monitoring framework and related analyses in collaboration with WHO and the World Bank. This could go beyond outcomes to also monitor health policy and systems progress from a leaving no one behind lens, perhaps exploring the political economy and drivers of UHC reforms. Implementation of these deliverables will be informed by the findings from the scoping work in the meantime.

¹⁵ Including, for example, initiatives under the Unified Accountability Framework for Every Woman, Every Child, the Global Accountability Framework for Non-Communicable Diseases, and efforts to support countries with participatory UHC assessments, planning and review processes.

¹⁶ There are many accountability frameworks that are applied in health and beyond. The model proposed by the Commission on Information and Accountability for women's, children's and adolescents' health sets out three interconnected processes of monitoring, review and remedial action, to be considered at local, country, regional and global levels – see <http://www.who.int/pmnch/activities/accountability/framework/en/>. This work will review existing frameworks to inform the approach for UHC2030.

¹⁷ For instance, the rationale that better coordination of development partner support to the health system should improve efficiencies and thereby accelerate progress towards UHC.

Proposed Approach to Advocacy

Background

UHC is an inherently political agenda, and political will is essential to secure and sustain investment in health and drive appropriate health system reforms. This is acknowledged in the broadened mandate of UHC2030, with an objective dedicated to building political momentum around a shared global vision of HSS for UHC and advocating for sufficient, appropriate and well-coordinated resource allocation to HSS.

Advocacy is not new to the partnership, with promoting adherence to effective development cooperation and changing partner behaviours at the core of IHP+. Moving forwards, advocacy efforts of the partnership should maintain a focus on EDC, within a broader advocacy agenda for equitable and sustainable strengthening of health systems and progress towards UHC. It is of course essential that the partnership's advocacy efforts are evidence-based, and that they build on and complement any existing efforts as appropriate. Advocacy will be crucial to push for remedial action for accountability, taking forwards the recommendations that emerge from monitoring efforts.

The purpose of this paper is to outline a process to develop an advocacy strategy in collaboration with key partners. This strategy should be focused on affecting policy change – at country, regional and global levels - which is broader than public relations and communications and may require a wider range of stakeholders and tactics, such as lobbying, popular mobilisation and media engagement.

Learning from experience

In defining the way forward for UHC2030 on accountability, it will be important to take stock of what IHP+ has done and apply lessons from this experience in the future approach.

To date, IHP+ advocacy has focused on promoting adherence to the principles of aid effectiveness in health, through promotion of the seven behaviours and use of various tools and approaches (such as Country Compacts, JANS and JARs). This has primarily focused on influencing the behaviour of ministries of health and development partners. The partnership has also provided grants to civil society organisations at country level to increase their participation in sector-wide health policy, planning and review processes.

Way forward to develop a UHC2030 advocacy strategy

As a multi-stakeholder partnership, UHC2030 can add value by convening partners to strengthen common messaging, and coordinate strategies and activities to affect positive change for accelerated and equitable progress towards UHC. It can help to bring together more technical and political partners, bridge advocacy efforts between the country and global levels, and leverage planned processes and events as appropriate¹⁸. Depending on partner demand, there may be a case for multiple time-bound advocacy strategies to be pursued by selected partners on specific issues, such as domestic resource mobilization, which is already underway and could fall under the umbrella of UHC2030.

This will be pursued in close collaboration with the UHC2030 Civil Society Engagement Mechanism as civil society is a key advocate and should be at the core of this process. Communications is a vital tool for advocacy so regular exchange with communications colleagues will be important.

¹⁸ Such as country sector planning and review processes, regional intergovernmental meetings, and global events including the World Health Assembly, World Bank/IMF spring and annual meetings, the UHC Financing Forum, High Level Political Forum, UN General Assembly and the Japan/World Bank UHC monitoring conference.

The proposed process is as follows:

- December 2016: Develop ToRs for the Advocacy Working Group.
- January 2017: Convene the Advocacy Working Group. This should include civil society (through the CSEM), the advocacy leads in related health initiatives, the UHC Day coalition, and communications colleagues in technical partners, with consultation of parliamentarians and media representatives as necessary.
- February – March 2017: Develop a UHC2030 advocacy strategy, including:
 - Priority change objectives
 - Stakeholder mapping, identifying targets, allies and champions
 - Key messages
 - Timeline of key moments and events
 - Collaborative activities
 - Budget
- Working Group to oversee implementation of the advocacy strategy.

Proposed Approach to Communication

Background

Communication is important for countries and development partners, including new and potential partners, firstly to understand the new UHC2030 agenda, and secondly to share knowledge and experiences at country and global level. This can help build an evidence base, which if managed and communicated effectively can support further advocacy and action.

The purpose of this note is to outline a process to develop a communication strategy which will apply communication approaches to support the UHC 2030 theory of change. This will support to UHC2030 to delivering on its mandate and in the more immediate future, guide efforts to communicate identity and branding. The communication strategy will clearly articulate value propositions, key messages and proposed communication activities. It will also be strongly integrated with the advocacy and knowledge management strategies.

Learning from experience

The IHP+ Core Team has operated a well-resourced and regularly updated website, newsletter and Twitter account. It has also put efforts into producing advocacy materials around effective development cooperation in health and the Seven Behaviours including posters, postcards, bookmarks, and short films.

The Core Team placed emphasis on communicating with IHP+ members, particularly developing country governments and CSOs who needed to understand the concept of EDC better. It also advocated to international development partners to change their behavior in seven key areas. The recent independent IHP+ review suggests that communication with developing partners could have been more effective in operating in the space between DP country programmes and headquarter decision makers. Partners, such as agency regional offices need support and tools to communicate more effectively. This is one challenge for the future.

With a broader range of stakeholders involved with UHC2030 and a more complex agenda, communication will face even greater challenges to engage audiences, manage knowledge and evidence and advocate for political and practical change.

Way forward to develop a UHC2030 communication strategy

The proposed process is as follows:

- December 2016: Develop ToRs and mobilise a consultant to support the Core Team in developing a communication strategy for UHC2030
- January-February 2017: Develop a UHC2030 communication strategy, through a mixture of facilitation of meetings, stakeholder interviews, and desk analysis including:
 - Communication objectives and how they support the overall UHC 2030 agenda and workplan
 - Audiences and how to engage them
 - Areas of activity (identity/brand, key messages, digital communication) and links with advocacy and knowledge management
 - Implementation plan, with timeline and roles and responsibilities
- From February 2017 onwards: implementation of the strategy, with regular updating of the communication plan and key messages.
- May 2017: launch of the new website to reflect shift from IHP+ to UCH2030

Proposed Approach to Knowledge Management

Background

The transformation of the IHP+ into the International Health Partnership for UHC 2030 involves broadening the work on knowledge management beyond effective development cooperation, to include knowledge management on health systems and UHC.

Knowledge management is defined as efficient handling of information and resources within an organisation¹⁹. Knowledge management will be essential across the work of UHC2030 on health systems strengthening coordination at global and country level, including promoting adherence to EDC principles, accountability and advocacy. The 2017 UHC2030 workplan therefore includes knowledge management as a cross-cutting objective.

Much already exists and is being done on knowledge management for EDC, HSS and UHC, including the production and dissemination of knowledge products and exchange. It will be important for UHC2030 to identify where and how it can add value to the existing landscape, ensuring complementarity and reducing fragmentation.

Learning from experience

In defining the way forward for UHC2030 on knowledge management, it will be important to take stock of what IHP+ has done and apply lessons from this experience in the future approach.

To date, IHP+ has concentrated on generating, pooling, sharing and distributing evidence and experience of aid effectiveness and development cooperation in the health sector. For instance, this includes the development of tools, guidelines and frameworks²⁰, as well as reviews and syntheses of country experience in applying such approaches, and monitoring of adherence to EDC behaviours. These have been disseminated through the IHP+ website, a regular newsletter, Twitter and at relevant meetings and conferences.

Many other stakeholders are engaged in knowledge sharing activities for HSS and UHC. For instance, the Joint Learning Network for UHC (JLN)²¹ facilitates exchange between practitioners and policy makers, with a closed online member portal; the Providing for Health (P4H) network coordinates the [P4H Leadership for UHC program](#), with ongoing evolution of the web portal for members to exchange information; WHO health financing trainings including the annual Advanced Course on Health Financing for UHC and the online eLearning Course²², with exchange across alumni through the [WHO EZCollab network](#); the World Bank organises an annual UHC Financing Forum with partners; Health Systems Global convenes a [Global Symposium on Health Systems Research](#) every two years to foster the creation, translation and application of knowledge; and various regional and bilateral initiatives are underway, including the [Capacity Building Program on UHC \(CAPUHC\)](#), initiated by Thailand, the

¹⁹ Oxford Living Dictionaries https://en.oxforddictionaries.com/definition/knowledge_management

²⁰ IHP+ Tools <http://www.internationalhealthpartnership.net/en/tools/>

²¹ Joint Learning Network <http://www.jointlearningnetwork.org/what-we-do>. The JLN currently has 27 member countries, which are predominantly middle-income countries.

²² *Health financing for universal coverage-Training, WHO* http://www.who.int/health_financing/training/en/

[ASEAN+3 UHC Network](#), and the tripartite [Partnership for Health Systems Strengthening in Africa](#) between Kenya, JICA and AMREG Health Africa to strengthen management capacities. A more systematic mapping and consultation with such knowledge sharing efforts will be essential to inform the UHC2030 approach.

Way forward to develop a UHC2030 knowledge management strategy

It is proposed that a time-bound **working group** is convened to develop the knowledge management strategy for UHC2030, for review by the Steering Committee in June 2017. This strategy should include a definition of what knowledge management entails for UHC2030, including a framework for knowledge management and clarity on the boundaries of what this involves and does not, and clarity on the added value of the partnership, including key partners, the ways of working, and specific activities to be undertaken, with a timeline and budget. This should ensure complementary to ongoing efforts by existing knowledge management efforts for EDC, HSS and UHC. The Core Team will work with interested partners to develop the ToRs and convene the knowledge management working group in January 2017.

Indicative Budget

	Area of work	1 Year budget \$ '000
1.	HSS coordination	
1.1	HSS shared vision and performance assessment	250
1.2	HSS support to fragile states	250
1.3	HSS in transition countries	150
1.4	Multi-sectoral approach to UHC	100
1.5	Public financial management	800
1.6	Update of existing tools	150
1.7	Demand driven country level support, including country grants	750
	Total HSS coordination	2'450
2.	Accountability	
2.1	Country level (incl. common platform for info and accountability and EDC monitoring)	750
2.2	Global level	250
	Total Accountability	1'000
3.	Political momentum	
3.1	Advocacy	150
3.2	Communication	150
	Total Political momentum	300
4.	Knowledge management	
4.1	Knowledge management strategy	150
4.2	Principles and lessons learned (e.g. technical assistance and other HSS/UHC related aspects)	250
	Total Knowledge management	400
5.	UHC 2030 governance, oversight and operations	
5.1	UHC2030 governance	150
5.2	Steering Committee and related ad hoc meetings	250
5.3	UHC2030 annual meeting	650
5.4	Coordination with related initiatives	300
5.5	Support to CSO engagement mechanism	250
5.6	Core team operations	425
	Total governance, oversight and operations	2'025
	TOTAL EXCLUDING PROGRAMME SUPPORT COSTS	6'175

Notes

- Cost estimates are indicative as in many areas, scope of work and budget implications will depend on more detailed planning undertaken in 2017 under various workstreams and possible associated working groups.
- Initial IHP+ budget for 2017 amounted to USD 4 million out of a total of USD 9 million for 2016-17.

- Programme costs need to be added to this total, calculated at 13% of funds used in WHO and 1% on funds passed through to the World Bank.
- Core Team staff costs have been allocated across the areas of work, based on estimated time inputs to each activity.