UHC2030 Working Group on Support to Countries with Fragile or Challenging Operating Environments

Terms of Reference: 2018-19

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Background

The technical Working Group (WG) on Support to Countries with Fragile or Challenging Operating Environments was established by the International Health Partnership for UHC 2030 (UHC2030) in 2016. This WG responds to the protracted poor health outcomes for over a billion people in the world, and the **need for novel approaches** given that traditional forms of assistance are ill-adapted to fragile settings. This will be crucial to advance the Sustainable Development Agenda commitment to leave no one behind.

The **original terms of reference** (ToRs) for the group are available here. The principles outlined in the original ToRs remain valid, acknowledging:

- The diverse nature of countries often referred to as fragile and therefore the importance of context specificity as the point of departure, including regional or local perspectives where conflicts/emergencies are transnational or subnational respectively.[1]
- That progressive realisation of the right to health through universal health coverage (UHC) is primarily a national responsibility, assisted through regional and global solidarity, exchange and international cooperation.[2]
- The reality – in some countries - of a largely dysfunctional or disinterested government, which poses a challenge to traditional approaches for effective development cooperation and requires different ways of working.
- The common challenges of fragmented external assistance and low capacities.
- The importance well-coordinated health system strengthening , with the integration of health security and allhazard disaster risk management, for managing the health effects of conflict and other emergencies, for preparedness for future events and for sustainable gains.
- The opportunity of the new way of working for the humanitarian-development-peace nexus – as laid out in the Grand Bargain - and the reality that this is rarely a linear continuum.

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[1] Consistent with this, any guidelines/tools/approaches could provide examples, best practices, things to avoid or options to consider, not a blueprint given the importance of context specificity.
[2] As per the UHC2030 Global Compact.

The planned deliverables for the WG were a literature review, country case studies, guidelines, adapted IHP+ tools, and actions in selected countries on partner coordination and health systems strengthening.

On completion of the literature review as a first deliverable, the WG was convened for the first face-to-face meeting in November 2017 to review and update the ToRs for the WG. This document is the outcome of that process, and serves as **updated ToRs for the WG for 2018 and 2019**.

These ToRs are consistent with the original ToRs for the WG, but sharpen the focus with greater specificity on the objectives and scope of work for 2018-19, with adjusted ways of working.

Aim and objectives

The **aim** of this group is to encourage the adoption of better-suited policies and practices for health system strengthening in fragile, conflict-affected, vulnerable and/or challenging operational environments that will accelerate progress towards UHC.

The **objectives** of the WG are to:
1. **Strengthen the evidence-base, technical tools/approaches, and knowledge sharing** on specific considerations for policies and programmatic approaches to address the challenges of delivering health services while strengthening health systems and accelerating progress towards UHC in fragile, conflict-affected, vulnerable and/or challenging operational environments;
2. **Bring these specific considerations to the attention of key stakeholders** for action and financial support; and
3. **Foster and support collaboration** between humanitarian and development action, among local, national and international stakeholders and authorities, including governments, to enhance the appropriateness, effectiveness and efficiency of support for health system strengthening and UHC in selected contexts.

While the potential scope of work is immense, this WG will initially focus on strengthening multi-stakeholder coordination, applying the humanitarian-development nexus, and catalysing multi-stakeholder technical work to address specific challenges for health system strengthening in fragile, conflict affected and vulnerable settings. We seek to influence the wider health systems work of UHC2030 through embedding Focal People into technical WGs and related initiatives/networks; investigate selected technical issues to develop or adapt guidance, and thereby contribute to shared learning; and advocate for shifts in institutional policies and practices as appropriate (in collaboration with the UHC2030 advocacy workstream). Upon request, the WG will mobilise technical assistance from partners to promote collaborative action in a limited number of countries/contexts.

Scope of work

In 2018-19, the WG will undertake the following:

a) **Embed Focal People** into existing UHC2030 technical WGs and related initiatives/networks as appropriate and feasible. [3]

The objective is to ensure systematic consideration of the specific needs for fragile, conflict affected, vulnerable and/or challenging operating environments in health system technical work, for better understanding and more appropriate tools, policies and practice among partners in fragile contexts. Any resulting deliverables (such as technical guidance on rapid health system assessment in fragile contexts, for instance) could be supported and

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[3] Working Group members will also advocate for colleagues from their respective organisations to raise and support the identification of specific considerations for fragile contexts within UHC2030 technical WGs and related networks.

pursued jointly by this WG and the relevant health system technical WG or related networks. This activity will be piloted in 2018 and reviewed after one year.

b) **Develop a tool for the review and adaptation of stakeholder coordination[4]** on planning and implementation of health system strengthening in fragile contexts, across humanitarian and development action and linked with local authorities and government.

This will involve selected country reviews, piggy-backing on Global Health Cluster coordination architecture reviews, and/or the Inter-Agency Standing Committee (IASC)/United Nations Development Group (UNDG) Humanitarian-Development Nexus (HDN) multi-sectoral missions, and/or national assessments and planning for health emergency risk management, including IHR monitoring and evaluation. This deliverable will be completed in 2019.

c) **Provide real time support to field operations to address health system challenges**.

This should be demand-driven, facilitating a process to convene the necessary evidence, expertise and experience to support stakeholders at field level to collective identify solutions to a health system related challenge, such as the payment of health workers in Yemen. This approach will be piloted in 2018 and reviewed after one year.

d) **Collaborative advocacy, communications, research and events**.

The objective is to identify institutional or political bottlenecks and influence more appropriate and effective policies and practices for health system strengthening among a range of stakeholders in fragile and conflict-affected contexts. This will also engage a wider community on the objectives and outputs of this WG. Key global moments in 2018 could include the World Health Assembly, High Level Political Forum, launch of the Global Compact on Refugees at the UN General Assembly, and Global Symposium on Health System Research.

e) **Feed into the updating of IHP+ tools**[5] to be sensitive to specific considerations in fragile and conflict-affected contexts,[6] involving humanitarian and development action and coordination architecture at local and national levels.

These areas of activity are not mutually exclusive. For example, requests for real-time collective country support could emerge from country coordination reviews or relate to the application of a technical deliverable from collaboration across technical WGs/networks (such as a tool for the rapid assessment of health systems), and advocacy priorities may stem from country-specific work.

Membership and ways of working

Membership includes institutions and experts committed to the aim and objectives of this WG, bringing together humanitarian and development actors with a common interest in addressing the protracted challenge of poor health outcomes in fragile contexts.

The WG is currently comprised of the following stakeholders: governments, bilateral and multilateral development partners, humanitarian assistance organisations, civil society, academics/researchers, and independent experts. The mix of institutional representation (of operational partners and funders) and independent expertise is valued and should be maintained. Members should have technical expertise on this

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[4] This should include a mapping of humanitarian and development coordination structures.
[5] These tools include: Country Compacts, Joint Assessment of National Health Strategy (JANS), Joint Annual Health Sector Reviews (JARS), Joint Financial Management Assessment, Country-led Platform for Information and Accountability, available at: https://www.uhc2030.org/what-we-do/coordination-of-health-system-strengthening/
[6] As well as the management of health risks from conflict and other emergencies.

agenda, with sufficient scope to influence the policies and operations of their organisations. Members should also commit to proper handover to prevent the challenges associated with regular staff turnover.

The WG endeavours to be dynamic and inclusive, with leadership from Co-Chairs, a hands-on Core Group to provide strategic direction and oversee implementation, active time-bound Task Teams to pursue deliverables, Focal People to engage in other UHC2030 technical WGs/related networks, and a Wider WG - or community - to solicit inputs from and disseminate outputs to. The UHC2030 Core Team will support efforts to convene and catalyse technical work, which partners will implement.

Co-Chairs
The Co-Chairs will lead the Core Group and provide progress reports to the Steering Committee, with support from the Core Team. Co-chairs will be elected from among the Core Group.

Core Group (10-15 people)
The Core Group will be responsible for providing strategic oversight of the implementation of the workplan, including leading on the time-bound Task Teams. They will also mobilise partners to engage in the Task Teams or as Focal People. They will support fundraising for activities as necessary, and promote collaboration with relevant initiatives. They will serve as champions for this agenda within their institutions, and advocate donor/funding agency policy review and revision for better alignment with aid effectiveness principles as appropriate. The Core Group will also revisit the name for this Working Group - a priority that was identified during the face-to-face meeting.[7]

The Core Group will be established through a transparent process with arrangements for periodic rotation. It will be comprised of a range of stakeholders to represent institutional engagement, expertise and operational realities, with a willingness to devote time to engage in this role. Close connections to the field will be essential to ensure the work remains relevant and useful for operational purposes.

Time-bound Task Teams
The time-bound Task Teams will be convened for specific areas of activity, as outlined in the scope of work, and led by a member of the Core Group. Each Task Team will develop a concept note, detailing the rationale, approach, activities, timeline, budget and partners involved, to be approved by the Core Group. A first step will be to review what is already being done in relation to the activity area to ensure complementarity and avoid duplication. Each Task Team will also need to consider how to conclude the activity or transition to a partner-led arrangement if appropriate. The Task Teams will report to the Core Group.

Focal People
Focal People will be identified to participate in UHC2030 technical WGs and related networks, representing this WG and raising the issue of specific considerations for fragile, conflict-affected and vulnerable contexts. The Core Group will develop ToRs for the Focal People and decide how best to identify them. Focal people will report back to the Core Group.

Wider WG
The existing WG members, along with other interested organisations and experts, will remain engaged in this WG, but with less active engagement. Most communication will happen through the website, email and webinars, to share updates, solicit participation in activities, and disseminate outputs etc. Over time, this will shift towards more of a loose community of practice, and link with other existing groups/listserves such as the

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[7] The reference to countries is often misplaced, as many crises take place at a sub-national or trans-national level. It will be important to identify an appropriate title that reflect the focus of the WG and get widespread buy-in.

Health Systems Global thematic WG, the Core Group etc. The intention is to be more inclusive with wider reach, linking with other relevant initiatives, for broad engagement and dissemination. We will explore how to use an interactive web platform, with discussion space for the community, and convene opportunistic meetings for the community on the sidelines of existing meetings, such as the World Health Assembly or the Global Symposium on Health Systems Research.

UHC2030 Core Team
The UHC2030 Core Team will provide secretariat support to the Co-Chairs and Core Group.

Workplan for 2018

Timeline (2018)	Deliverable	Lead partner	Comments	Estimated budget (USD)
Jan	Finalised ToRs	Core Team	Including an update to the Steering Committee and any red lines addressed	
Feb	Establish the Core Group	Core Team and Co-Chairs	Facilitate a transparent process to identify the Core Group	
Ongoing	Focal People embedded in other UHC2030 WGs and related initiatives/networks	Core Group	Jan-Feb: consultation with WGs/networks, identify Focal People with clear criteria & responsibilities	15,000
TBC	2 country coordination reviews to inform the development of guidance	Coordination Task Team	To piggy back on Global Health Cluster evaluations and IASC HDN missions	50,000
Q4	Guidance on country coordination developed	Coordination Task Team/Consultant	Building on the country reviews	20,000
TBC	Real time support to field operations on a health systems challenge	Task Team	On demand from stakeholders at field level, Core Group to identify a Task Team to take this forwards in collaboration with the relevant initiative/network etc.	50,000
Ongoing	Ad hoc activities (advocacy, events etc.) to raise the profile, e.g.	Core Team	Process to include convening the task team, developing and implementing ToRs for the deliverable with oversight by the Co-Chairs/core group	20,000
Jan-Mar	Interactive web platform for WG	Core Team		5,000
Q4	In-person meeting of Core Group to strategise for 2019	Core Team and Co-Chairs/core group		40,000
Total				200,000