
UHC2030 Working Group on UHC in Fragile Settings *Terms of Reference & Workplan 2019*

Contents

Background	1
Aim and objectives.....	2
Membership and ways of working	2
Workplan – 2019.....	4
Annex: Core Group Members	6

Background

The Technical Working Group (TWG) on Universal Health Coverage (UHC) in Fragile Settings¹ was established by the International Health Partnership for UHC 2030 (UHC2030) in 2016. This TWG 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.²
- That progressive realisation of the right to health through UHC is primarily a national responsibility, assisted through regional and global solidarity, exchange and international cooperation.³
- 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 of well-coordinated health system strengthening, with the integration of health security and all hazard 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.

¹ This TWG was initially named *Support to Countries with Fragile or Challenging Operating Environments*. This was revised in 2018 on agreement of the Core Group.

² 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.

³ As per the [UHC2030 Global Compact](#).

The planned deliverables for the TWG 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 in 2017, the TWG was convened for the first face-to-face meeting in November 2017 to review and update the ToRs for the TWG. This document is the updated ToRs, which were developed as an outcome of that process for 2018-19, and then revised in late 2018 to refine the focus for 2019.

Aim and objectives

The **aim** of this group is to encourage the adoption of better-suited policies and practices in fragile settings to enable and sustain quality health services^[1] that address the health needs of all people living in such contexts, while strengthening health systems and accelerating progress towards UHC.

The **objectives** of the TWG 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 and conflict-affected settings;
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 TWG will initially focus on strengthening multi-stakeholder coordination, applying the humanitarian-development nexus, catalysing multi-stakeholder technical work to address specific challenges for health system strengthening in fragile, conflict affected and vulnerable settings, and advocating for shifts in institutional policies, practices and financing as appropriate (in collaboration with the UHC2030 advocacy workstream).

Membership and ways of working

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

The TWG 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 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 TWG endeavours to be dynamic and inclusive, with 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

^[1] Including preventive, promotive, curative, rehabilitative and palliative services, at community, primary, secondary and tertiary care levels.



other UHC2030 technical TWGs/related networks, and a Wider TWG - 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.

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. 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 has been established through a transparent process with arrangements for periodic rotation. It is 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 are essential to ensure the work remains relevant and useful for operational purposes. Members of the Core Group are included in the Annex.

Time-bound Task Teams

The time-bound Task Teams have been convened for specific areas of activity, as outlined in the scope of work. The task team has first reviewed what is already being done in relation to the activity area to ensure complementarity and avoid duplication. Each Task Team then refines the necessary activities or transitions to a partner-led arrangement if appropriate. The progress made by the Task Teams is periodically reported to the Core Group.

Wider TWG

The existing TWG members, along with other interested organisations and experts, remain engaged in this TWG, but with less active engagement. Most communication happens 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 Health Systems Global thematic working group, the Core Group etc. The intention is to be more inclusive with wider reach, linking with other relevant initiatives, for broad engagement and dissemination.

UHC2030 Core Team

The UHC2030 Core Team will provide secretariat support to the Core Group and coordinate the Core Group meetings.

Workplan – 2019

Pillar	Task Team	CT Focal Person	Activity	Timeline	Estimated Budget (USD)	Status
1. Health System Assessment (HSA) for fragile settings guidance	Andre Griekspoor, WHO & Karl Blanchet, LSHTM lead with advisory group: Barbara Profeta, SDC Nigel Pearson Lara Ho, IRC TBC, UNICEF A Vaifee Tulay, MoH Liberia Kanitsorn Sumriddetchkajorn, MoH Thailand Sophie Witter, ReBUILD Sameera Al Tuwaijri, WBG Xavier Modol Paul Spiegel, JH-CHH	LB (with Dheepa Rajan)	<i>Desk based review, consultation and report on guidance</i> Guidance tool development from consultant report if necessary Meeting to discuss guidance & get buy-in (sidelines UHC Partnership meeting or WHA?) Pilots in 1-2 settings Finalise guidance & translate (French)	Oct-Dec 2018 Jan-Dec 2019	25,000 TBC Estimated - 10,000 consultant 30,000 meeting 20,000 pilots 5,000 finalise guidance (Total for 2019: 65,000)	TT convened ToR drafted with inputs from HSA and FS TWGs Advisory Group convened (TT no longer active) Consultants recruited to produce a report on HSA guidance in fragile settings Draft outline shared for feedback Need to find an appropriate opportunity for the face to face meeting in Q2 (with coordination)
2. Scoping on the interface of health humanitarian and development coordination	Andre Griekspoor, WHE Amy Kay, USAID Karl Blanchet, LSHTM Hala Abou-Taleb, WHO EMRO Barni Nor, SDC Ben Lane, WHO Linda Doull, WHE Olga Bornemisza, GFATM Dirk Horemans, WHO Renee van de Weerd, WHE	LB	<i>Contract consultant</i> Draft report from desk based research Summary case studies report Summary consultation report Final report Meeting to discuss recommendations, get buy-in and explore next steps including influencing other tools such as those for the Global Health Cluster, JANS++, UHC Partnership work Consider potential tool	Nov 2018 Jan 2019 Feb Mar Apr May Jun	50,000 (in HSA) TBC (Total for 2019: 0)	TT convened Failed RFP, extended deadline 29 Oct. Panel ready to review NB Consider undertaking case studies in DARES and/or WHO JWT countries TT to transition to Advisory Group and review membership Need to find an appropriate opportunity for the face to face meeting in Q2 (with HSA)
3. Advocacy for political commitment, shifts in institutional policies and practices and increased and amended modalities for financing UHC in fragile settings	Barni Nor, SDC Andre Griekspoor, WHE Ben Lane, WHO Amy Kay, USAID Tim Martineau, ReBUILD/LSTM/HSG Marwin Meier, CSEM Egbert Sondorp, KIT/HSG Jesse Hartness, CORE Group Nick Hooton, ReBUILD Rachel Thompson, Chatham House Mehr Shah, PMNCH Hamzah Zekrya, GAVI Lasha Gogvadze/Mark Johnson, IFRC Paul Spiegel, JH-CHH Hyo-Jeong Kim, WHO NB engage wider WG around specific events	KI, LB (in collaboration with the UHC2030 advocacy workstream)	Develop advocacy brief on operational and financing asks Collaboration with Switzerland and Afghanistan on follow-up to the Call to Action on UHC in Emergencies Outreach to countries/missions and other key stakeholders with briefs to influence HLM-UHC processes, as per advocacy brief Events during WHA & UNGA to raise the profile of UHC in fragile settings and associated key messages	January Ongoing Ongoing May September	Translation of brief (500) 20,000 events (WHA, UNGA) (Total for 2019: 20,500)	Task Team convened Co-sponsored WHA side event with Afghanistan and Switzerland concluded with flyer about TWGs & meeting report Partner inputs to the contents of the call to action Co-sponsored UNGA event on UHC in Emergencies with flyer about TWG Advocacy brief being developed Clarity needed on Swiss/Afghan roadmap and UHC2030 engagement Linkages with HLM-UHC process/advocacy necessary Explore opportunities to link with the G7 and G20 processes

						<p>NB Global Action Plan accelerator on innovative programming in fragile and vulnerable states and for disease outbreak responses</p> <p>Explore opportunities to influence any WHA resolutions in 2019</p> <p>NB international conference of the Red Cross in December 2019 as another target</p>
Misc – Core Group operations	N/A	LB, KI	<p>Organise a webinar on DARES to better understand the initiative and explore linkages between global health advocacy and country operations</p> <p>Input to the updating of IHP+ tools to be relevant and applicable in fragile settings</p> <p>Outreach with related initiatives to explore potential collaboration/joint deliverables</p> <p>Face to face meeting in late February or early March to take stock of progress and re-strategise</p> <p>Potentially a second meeting later in the year to review the work of the TWG and decide whether to continue etc.</p>	<p>Q4 2018</p> <p>TBC</p> <p>Ongoing</p> <p>February or March</p> <p>Q4 TBC</p>	<p>10,000</p> <p>TBC</p> <p>(Total for 2019: 10,000)</p>	<p>ToRs finalised</p> <p>Core Group established through a transparent process</p> <p>TTs operational</p> <p>Wider WG updated as needed</p> <p>In-person meeting of Core Group to plan for 2019 held in October 2018</p>

By end 2019, KPIs:

- HSA in FS guidance developed and piloted in 1-2 settings
- Review with case studies on stakeholder coordination and potential product developed
- High-level meeting declarations such as HLM-UHC include content on UHC in fragile settings with concrete political commitments and operational actions

Annex: Core Group Members

Name	Organisation
Amy Kay/Sonia Walia	USAID/OFDA
Andre Griekspoor	WHO WEP
Barni Nor	SIDA
Claudia Vivas	UNICEF
Dirk Horemans/Ben Lane	WHO
Egbert Sondorp	Royal Tropical Institute, KIT & Health Systems Global Thematic Working Group on Health System in FCAS
Emanuele Capobianco	IFRC
Fiona Campbell	DFID
Hala Abou-Taleb/Ali Ardalan	WHO/EMRO
Harriet Adong	Foundation for Integrated Rural Development – CSEM representative
Jacob Hughes	MSH
Karl Blanchet	LSHTM
Marwin Meier	World Vision – CSEM representative
Olga Bornemisza	The Global Fund
Tim Martineau	Liverpool School of Tropical Medicine
<i>Abir Shady/Mehr Shah</i>	<i>PMNCH observers – for coordination purposes</i>