



International Health Partnership for UHC 2030

Core Team Report 2021



LEAVE NO ONE'S HEALTH BEHIND:

Invest in Health Systems for All

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ABBREVIATIONS

ACT-A	Access to COVID-19 Tools Accelerator
CSEM	Civil Society Engagement Mechanism
CSO	civil society organization
DAH	development assistance for health
GAP	Global Action Plan for Healthy Lives and Well-being for All
GFF	Global Financing Facility
HLM	High-Level Meeting
IFRC	International Federation of Red Cross and Red Crescent Societies
IPU	Inter-Parliamentary Union
NCD	non-communicable diseases
OECD	Organisation for Economic Co-operation and Development
PHC	primary health care
PMNCH	Partnership for Maternal, Newborn and Child Health
SDG	Sustainable Development Goal
UHC	universal health coverage
UHC2030	International Health Partnership for UHC 2030
UN	United Nations
UN HLM	United Nations High-Level Meeting
UNGA	United Nations General Assembly
WHO	World Health Organization

INTRODUCTION

Everyone, everywhere has a fundamental human right to health. Achieving universal health coverage (UHC) means ensuring that all individuals and communities exercise that right by accessing the health services they need without enduring financial hardship. Implementing UHC is a political choice, and it requires collective action. UHC2030 brings together diverse stakeholders in a shared endeavour to strengthen political commitment and promote collective country, regional and global action towards UHC.

This fifth UHC2030 Core Team report describes the implementation of the milestones and deliverables for our work, detailing what has been achieved in 2021.

BOX 1

What is UHC2030?

The International Health Partnership for UHC 2030 (UHC2030) is a multi-stakeholder platform which brings together diverse voices and perspectives for the common goal of achieving UHC, with the objective of sustaining momentum around UHC commitments, and promoting collective action. It helps convene and build connections through joint high-level events or gatherings of experts and contributes advocacy, tools, guidance, knowledge and learning. Our work helps stakeholders take more effective and coherent action in support of countries' efforts to achieve UHC, based on a shared vision for health systems that protect everyone and a shared commitment to leave no one behind.

UHC2030 brings together a range of constituencies, including governments, international organizations, global health initiatives, philanthropic foundations, civil society and the private sector (for membership list, see Annex 1). UHC2030 also unites ten partnerships, collaboratives and networks that focus on strengthening different aspects of health systems and promoting mutually reinforcing action and sharing of information, learning and resources.

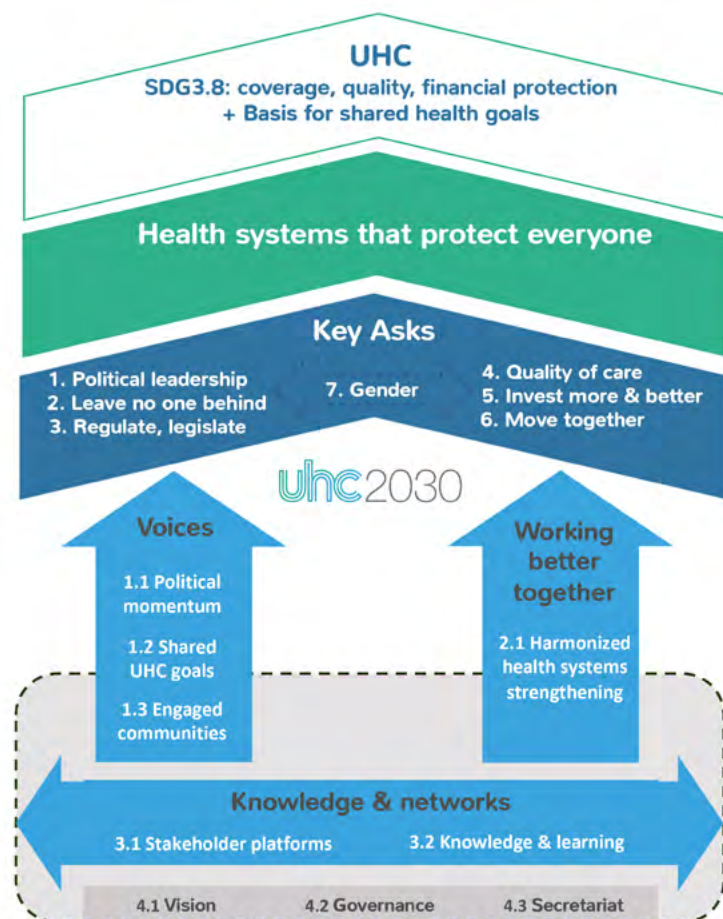
Areas of work

UHC2030 focuses on results in three key areas: (1) voices for UHC; (2) working better together for UHC; and (3) knowledge and networks for UHC. This allows us to coordinate and take further collective action around a set of political Key Asks for UHC, developed by the UHC movement.

Voices for UHC: UHC2030 brings together diverse voices to influence national and international commitments. It coordinates and promotes national and international advocacy, builds consensus around priority messages and campaigns, and helps people demand more of governments, in a more joined-up way, on health.

Working better together for UHC: National and international efforts to strengthen health systems and accelerate UHC progress need to be less fragmented and more coherent and effective. UHC2030 offers multi-stakeholder approaches to clarify roles, identify common principles and develop or strengthen guidance and tools for collaboration. It promotes joint work that helps countries address key health system bottlenecks, including specific issues or contexts and to refocus attention on effective behaviours for international health cooperation.

Knowledge and networks for UHC: Efforts towards UHC can be enhanced by sharing relevant knowledge, lessons and experience, including across the “UHC family” of international partnerships and initiatives. UHC2030 provides a platform to curate relevant evidence and learning, promote more joined-up approaches across different health systems networks, and connect countries with support that best meets their needs.



SNAPSHOT

of UHC2030 in 2021

Making progress towards achieving universal health coverage has never been more urgent. Health is an investment in the future well-being and safety of all and contributes to broader socioeconomic progress and prosperity.

It has become more evident than ever that health is an investment and not a cost. The COVID-19 pandemic has underscored the considerable health, social, political and economic risks and consequences of failing to invest adequately and efficiently in health. It has also highlighted the need for solidarity. COVID-19 has widened health inequities both within and between countries. Everyone, everywhere should have access to quality essential health services without financial hardship – including COVID-19 vaccines, tests and treatments. It is simply not fair that some countries face acute COVID-19 waves and new variants unprotected. It is also a question of enlightened self-interest: no one is safe until everyone is safe.

Throughout 2021, UHC2030 demonstrated its value in terms of mobilizing political commitment, demanding and tracking accountability, and promoting collective action for health systems. Firstly, we galvanized political leadership for UHC through unique reviews of progress on UHC commitments, and provided support to the powerful UHC Day campaign at both global and country levels. Secondly, UHC2030 advocated for and positioned UHC and health systems in the COVID-19 response and recovery efforts through sharing health systems messages, mobilizing diverse partners around health systems priorities for UHC and health security, and pushing for more and better-aligned resources, solidarity and equity.

Thirdly, UHC2030 provided a platform to elevate voices from civil society, mobilize the private sector, and bring together health systems networks and partnerships for shared learning on health systems strengthening.

However, progress towards UHC is off track. Before the pandemic struck, the world was already far short of reaching the Sustainable Development Goals (SDG) target 3.8, and the ongoing health crisis has only worsened this. Our 2021 State of UHC Commitment review shows that despite an increasing number of commitments, governments are not acting on their promises and gaps persist between policy, implementation and results.

This is why we need to renew our collective efforts across the UHC2030 membership to mobilize political commitment, demand and track accountability, and promote collective action for stronger health systems – building on the health systems momentum launched in 2021 and linking to preparations for the 2023 UN High-Level Meeting (HLM) on UHC.

UHC2020 highlights in 2021 include:

Advocated for and positioned UHC and health systems in the COVID-19 response and recovery efforts.

UHC2030 developed and promoted a shared vision for equitable and resilient health systems for UHC and health security, providing a narrative and a list of priorities that our membership can use as a basis for advocacy and action. UHC2030 constituencies are now working on how to advance the push on political leadership, develop more and better-aligned resources, and promote solidarity and equity.

Used the State of UHC Commitment review to advocate for a clear set of actions towards UHC.

UHC2030 has continued to strengthen accountability for UHC commitments by helping civil society and communities hold governments and leaders to account on UHC and ensuring they “Keep the Promise” made at the 2019 UN HLM on UHC. The 2021 review shows that, despite governments’ commitments, action towards UHC is uneven and insufficient. It provides recommendations on how to convert words into action and meaningful progress towards health for all.

Mobilized the Coalition of Partnerships for UHC and Global Health around a shared UHC goal.

Recognizing the need for greater collaboration and harmonization across health stakeholders and programmes, a group of health leaders and advocates joined forces in a common goal to align advocacy and accountability efforts to achieve UHC and advance the SDGs. The Coalition of Partnerships for UHC and Global Health brings together PMNCH, the NCD Alliance, the WHO Global NCD Platform, the RBM Partnership, the Stop TB Partnership and UNAIDS.

Scaled-up efforts to focus more systematically on gender equality and women’s and girls’ rights and empowerment.

During the Generation Equality Forum, UHC2030 co-produced campaigns on women’s leadership, in collaboration with the Alliance for Gender Equality and UHC and with PMNCH. We also used this event as a basis to initiate collaboration to develop guidance for gender-responsive health systems.

Coordinated the UHC Day campaign on the theme “Leave no one’s health behind: invest in health systems for all”.

The purpose of the 2021 campaign was to emphasize that health is an investment, not a cost, and to hold governments accountable for honouring their commitments and rebuilding resilient, equitable health systems that prioritize the most vulnerable. Despite restrictions for in-person activities, the UHC movement and support for UHC are growing worldwide, as evidenced by the 100+ in-person and virtual events and the ever-increasing amount of social media attention.

Secured our role in the 2023 UN HLM on UHC

The UHC2030 Co-Chairs initiated a dialogue with the President of the UN General Assembly (UNGA), the co-facilitators, the Group of Friends of UHC and Global Health, and WHO to prepare for the upcoming UN HLM. The modality resolution includes a reference to the expected role for UHC2030.

Continued to promote diverse voices, multi-stakeholder engagement and shared learning, and mobilized a wide range of stakeholders to align interests for UHC through its unique platforms for civil society, the private sector and health systems partnerships.

The Civil Society Engagement Mechanism (CSEM) now has over 1000 organizations in more than 100 countries. Furthermore, the private sector constituency brings together about 40 entities to promote action on how the private sector can contribute to UHC goals, and ten different health systems strengthening networks have joined forces to share information, learning and resources, collaborating towards shared health systems objectives and UHC goals.

Developed the Health for all advocacy toolkit to drive country-level advocacy.

The toolkit provides national-level civil society organizations (CSOs) and health networks with the necessary resources to kick-start advocacy initiatives on UHC. It offers advocates a “one-stop shop” for key information and tools to advocate for UHC, hold policy-makers accountable for their commitments and build a broad social movement within civil society to support health for all.

Leveraged the reach of several parliamentary networks to raise the awareness of parliamentarians on their role in helping to translate global UHC commitments into tangible actions at the country level.

UHC2030 worked with 13 parliamentary networks to develop a parliamentary guide on UHC.



Universal health coverage should not be a privilege of a few but a right for all. Progress is being made to achieve health for all, but efforts will not suffice until we eliminate gender inequalities and discrimination in the health sector.

Maria Fernanda Espinosa, President of the UNGA 73 and member of the UHC Movement Political Advisory Panel of UHC2030

1

Voice – stronger and more coherent global and country voices for UHC

1.1 Political momentum

Milestone

- UHC2030 members and stakeholders champion the UN HLM Political Declaration on UHC in relation to the Key Asks.

Key achievements

Political momentum for UHC is sustained, with the 2021 State of UHC Commitment review informing the UHC Day campaign and targeted political statements on health systems strengthening for both UHC and health security.

- The 2021 State of UHC Commitment review, which includes a synthesis report and 45 updated country profiles, was launched ahead of UHC Day.
- UHC2030 key messages on UHC and health security were promoted through political advocacy statements to prioritize UHC in the pandemic response and building back better.
- Mobilization of parliamentary networks was initiated with the launch of the parliamentary guide and engagement in the UNITE Global Health Summit.
- The role of UHC2030 in the 2023 UN HLM on UHC was confirmed, with a dialogue initiated with the President of the UNGA, the co-facilitators, the Group of Friends of UHC and Global Health, and WHO to prepare for the HLM. Reference to UHC2030's role was also included in the modality resolution adopted in August 2021.

UHC2030 plays a critical role in strengthening accountability for UHC commitments by helping civil society and communities track progress and hold governments and leaders to account to “Keep the Promise” made at the 2019 UN HLM on UHC. The [2021 State of UHC Commitment review](#), which includes a synthesis report and individual country profiles, was launched in the lead-up to UHC Day, with a statement from the UHC2030 Co-Chairs to promote the messages to political leaders. The review provides a multi-stakeholder consolidated view on the state of progress towards UHC at country and global levels. It is political, country-focused and action-oriented in nature, and it complements the more technical UHC global monitoring report, which focuses on UHC indicators related to service coverage and financial protection. The CSEM also disseminated [lessons learned from country consultations](#) with the Asia Pacific Council of AIDS Service Organizations, the Global Health Council, the International Federation of Red Cross and Red Crescent Societies, Living Goods, the NCD Alliance, the People’s Health Movement, UNAIDS, and other country partners in 20 countries.

The UHC Movement Political Advisory Panel (see Annex 5 for composition) provided high-level guidance and promoted UHC2030’s messages to political leaders, including through the following statements:

- [“Dear Global Leaders: Now is the time to invest in better global governance, and stronger country health systems – for everyone”](#) (21 May 2021)
- [“Message for political leaders on UHC Day 2021”](#) (8 December 2021)

UHC2030 also promoted key messages on UHC and health security during the meetings around the World Health Assembly, ACT-A, the Global Health Summit, the UN HLM on HIV/AIDS and the Generation Equality Forum. The HIV/AIDS Political Declaration now includes language on UHC and health systems.

The Group of Friends of UHC and Global Health commemorated the 2019 UN HLM on UHC during the 2021 UNGA with ministers emphasizing the importance of reaffirming the commitments to UHC in the face of the COVID-19 pandemic. The event highlighted the need for stronger primary health care, integration of emergency preparedness, community empowerment and increased collaboration and coordination across sectors to support resilient and equitable health systems that protect everyone. Building on initial discussions from the UHC2030 Steering Committee meeting on the vision for meaningful outcomes of the 2023 UN HLM on UHC, the UHC2030 Co-Chairs initiated a dialogue with the President of the UNGA, the co-facilitators, the Group of Friends of UHC and Global Health, and WHO to prepare for the UN HLM. The modality resolution adopted in August 2021 refers to an expected role for UHC2030, and a [UNGA high-level event](#) provided an opportunity to kick off collaboration with key stakeholders.

UHC2030 also started working with more than 13 parliamentarian networks with a view to helping them translate political commitments into tangible action at the country level (see section 3.1)



Action is urgent. World leaders and the global health community have a crucial second chance to secure a safer and healthier future for everyone. We need resilient and equitable health systems that leave no one's health behind in crisis and in calm. We cannot afford to wait.

UHC2030 co-chairs and the UHC Movement Political Advisory Panel of UHC2030

1.2 Shared UHC goals

Milestones

- Health partnerships agree on an integrated accountability framework that aligns with SDG3 accountability and applies to all countries.
- Health disease programmes/initiatives champion common UHC goals.

Key achievements

Health partnerships were brought together to champion UHC goals, with agreement among principals of health partnerships on a shared approach for the 2023 UN HLM on UHC.

- Agreement was reached on a joint UHC advocacy and accountability strategy with health-related partnerships, with the Coalition of Partnerships for UHC and Global Health launched at the UN High-Level Political Forum on Sustainable Development with common advocacy and accountability plans.
- Coherent messages on equitable and resilient health systems were promoted in the context of the political advocacy statement (see section 1.1).

Recognizing that UHC is key to addressing barriers to health services and improving the quality of care across all areas of health, UHC2030 convened the [Coalition of Partnerships for UHC and Global Health](#) in a common goal to align advocacy and accountability efforts to achieve UHC and advance the SDGs. The members of the Coalition (see Annex 3) have agreed to align all advocacy and accountability efforts under the principles of people-centred, multisectoral and participatory approaches. The purpose is to advance the following commitments made in the 2019 Political Declaration on UHC:

- **Build** a foundation for multisectoral action and political leadership beyond health.
- **Optimize** budgetary allocations, broaden the fiscal space and prioritize health in public spending.
- **Increase** global awareness, international solidarity, international cooperation and action.

The Coalition's first op-ed highlighted the need to work together to improve the quality of care across all areas of health by prioritizing the needs of the most vulnerable and establishing legal and policy frameworks to identify and mitigate barriers to health. The Coalition also developed a [summary](#) of the 2015–2030 global health commitments adopted by the UNGA. By bringing together key health-related commitments in this way, this document provides a foundation to hold political leaders accountable for their commitments and to support other health advocates in working towards a more comprehensive and ambitious Political Declaration on UHC in 2023.

Together with the UN Department of Economic and Social Affairs, WHO and the Group of Friends of UHC and Global Health, UHC2030 also organized a workshop on SDG3 to share tools and experience for supporting country efforts to improve health-related accountability in the SDG formal accountability processes.

Civil society stakeholders, including members of the CSEM, engaged in the multi-stakeholder hearing ahead of the UN HLM on HIV/AIDS to call for the draft political declaration to emphasize the importance of integrating testing, care and treatment in UHC as part of a people-centred approach, and to guarantee service continuity for all, while leaving no one behind.

UHC2030 also scaled up its political advocacy on gender equality and women's rights in the context of the Generation Equality Forum.

It committed to champion gender equity in the health and care workforce in support of the Gender Equal Health and Care Workforce Initiative (GEHCWI). Working closely with the Alliance for Gender Equality and UHC through joint campaigns on [women's leadership and UHC](#), UHC2030 has also taken steps to ensure UHC reforms consider the specific needs of women and girls in all of their diversity, with a view to achieving gender equality and empowering women in relevant policies and specific health interventions.



Let's reverse our slogans: no healthy life without universal health coverage.

The Coalition of Partnerships for UHC and Global Health

1.3 Engaged citizens

Milestones

- More countries include civil society participation in national health planning and review processes.
- More countries have active campaigns on UHC.
- Countries provide better-aligned funding for CSO-led advocacy and accountability efforts.

Key achievements

Civil society and communities were equipped to hold governments accountable to UHC commitments through various initiatives.

- UHC2030 coordinated the global UHC Day campaign on the theme “Leave no one’s health behind: invest in health systems for all”.
- Various tools and resources were made available for civil society advocates, such as the CSEM’s Health for all advocacy toolkit, the UHC2030/PMNCH budget toolkit and the collaborative agenda for UHC.
- Plans were developed to sustain political advocacy for social participation (around the WHO handbook implementation and the World Health Assembly resolution).

Each UHC Day on 12 December, UHC2030 supports global and country campaigns to advocate for UHC and power a multi-agency and multi-stakeholder coordination group to drive the global campaigns. The theme for the 2021 UHC Day was “Leave no one’s health behind: invest in health systems for all”. The purpose of the theme was to emphasize that health is an investment, not a cost, and to hold governments accountable for honouring their commitments and rebuilding resilient, equitable health systems that prioritize the most vulnerable. Despite restrictions on organizing in-person events, 2021 saw [growing engagement](#) through social media (see Box 3) and the emergence of a more decentralized campaign model led by country advocates.

In 2021, the WHO launched its [handbook on social participation for UHC](#), which aims to provide practical guidance to policy-makers on how to meaningfully engage with communities and civil society for policy- and decision-making. This tool was developed with support from the Social Participation Technical Network, convened by UHC2030 and the Health Systems Governance Collaborative. Social participation mechanisms are vital for responsive health reforms that leave no one behind in efforts to achieve UHC – this is in line with the UN HLM commitment to engage relevant stakeholders, including civil society, through establishing participatory and transparent multi-stakeholder processes for influencing policies and reviews of progress on UHC.

UHC Day 2021

UHC Day 2021 saw increased mobilization in comparison with previous years. There was an increase in the overall number of contributors posting campaign content on social media, with an uptick on UHC Day itself and a notable increase during the virtual rally period. Social media analytics show that people saw UHC Day messages more frequently, and the increase in contributors demonstrates that more people overall joined the conversation.

Campaign highlights include

- **Over 1.7 billion** potential Twitter impressions, **112 million** accounts reached, and **46,000** total UHC Day mentions (tagging @UHC_Day and/or using #UHCDay or #HealthForAll) on social media, between 29 November and 17 December.
- **19,500 visits to the @UHC_Day Twitter page** between 12 and 17 December.
- Almost **9000** visitors from **170+ countries** accessed the www.uhcd.org site.
- **150+** international articles and blogs focused on UHC, national policies and programmes, COVID-19, the “Walk the Talk: Health for All Challenge”, and the newly published UHC global monitoring reports.
- **16** governments announced new policies and/or programmes to promote health for all in their countries. (Note: This number was captured by organic coverage on traditional and social media and may not capture the true extent of country engagement for UHC Day.)
- **75** UHC Day Champion videos and quote graphics shared on social media, including national and local government leaders from **24 countries**.
- **Four UHC-focused reports:**
 - UHC2030: State of commitment to universal health coverage, 2021 synthesis
 - CSEM: Civil society perspectives on reaching universal health coverage
 - World Bank: Global monitoring report on financial protection in health 2021
 - WHO: 2021 UHC global monitoring report.
- **1700+** participants in this year’s global “Walk the Talk: Health for All Challenge”, reaching **13.7 million** steps – far surpassing the goal of 5 million.

UHC2030 continues to prioritise this agenda in all its political advocacy opportunities. It is also working closely with WHO, selected member states and civil society partners interested in exploring a more systematic implementation of the WHO handbook’s recommendations in countries. This may involve the co-production of a World Health Assembly resolution with civil society partners by 2024.

Other tools and resources developed and promoted include the CSEM’s Health for all advocacy toolkit (see section 3.1) and collaboration with the Global Fund, Gavi, the Global Financing Facility and PMNCH to align support for civil society capacity on health financing advocacy. This collaboration builds on the UHC2030 and PMNCH [budget literacy, advocacy and accountability toolkit](#).



To achieve health for all and leave no one behind, we need to invest in community systems for health and in civil society advocacy.

**Khuat Thi Hai Oanh, Executive Director,
Center for Supporting Community Development
Initiatives (SCDI), Vietnam**

2

Working better together – effective collaboration on priority and emerging health systems issues

2.1 Harmonized health systems strengthening

Milestones

- A narrative is developed to promote investment in health systems that protect everyone and of a shared policy agenda for health systems strengthening in pandemic response and recovery.
- Country-level UHC roadmaps and compacts are created.
- Harmonized health systems policy guidance and tools are developed focusing on the COVID-19 context and building back better.



Strengthening both global governance and country health systems is a question of enlightened self-interest. COVID-19 has made clear that health is central to all countries' economic and social goals and requires solidarity both within and between countries.

UHC2030 co-chairs and the UHC Movement Political Advisory Panel of UHC2030

Key achievements

Shared health systems narrative and priorities were agreed and promoted across UHC2030's membership. Constituencies are now following up on how to advance the push on political leadership, develop more and better-aligned resources and promote solidarity and equity.

- UHC2030 Health Systems Strengthening paper [Action on health systems, for universal health coverage and health security was published to provide a shared narrative](#).
- Regional learning and experience sharing on “Navigating roads to UHC” is now underway.
- Ongoing involvement of UHC2030 and key constituencies to promote harmonized approaches in the relevant SDG3 GAP accelerators (civil society, sustainable financing, primary health care).
- Collaboration with the Alliance for Health Policy and System Research and the WHO health finance team is underway to develop six country case studies on sustainability and transition from external funding.
- The [Health Systems Performance Assessment](#) framework was presented at the Health Systems Research Symposium (guidance publication forthcoming).

The annual priorities agreed on by the UHC2030 Steering Committee included advocating for the prioritization of UHC, health systems and common goods for health in the COVID-19 response and “building back better”. This initiated a health systems “push” by UHC2030.

Early highlights include [positioning UHC in COVID-19 vaccine rollout discussions](#) (see also section 3.1.4), followed by a multi-stakeholder effort to develop a shared policy narrative, making the case to increase investments and actions for stronger health systems (see Box 4). UHC2030 Steering Committee agreed on this narrative, along with priority actions for different constituencies, in September 2021.

The WHO Regional Office for the Eastern Mediterranean requested support from UHC2030 to co-develop a learning package on how to advance collective action for UHC, building on the experience of country compacts and UHC roadmaps. Regional webinars and consultations were well received, and a learning guide with a checklist of actions for different stakeholders will be published soon.

Towards the end of 2021, ahead of the World Health Assembly's special session on a new framework convention or international instrument for pandemics, UHC2030 was asked to adapt health systems messages for the Governing Pandemics Initiative. The policy brief [Why and how to reflect UHC in the pandemic treaty](#) was published in early 2022.

With WHO, UHC2030 concluded the work of several technical working groups, including on [health systems performance assessments](#). New work is underway on the future of health aid.

While overall health-related resources increased in the wake of the COVID-19 pandemic, largely due to increased spending in middle and high income countries, new calls for health spending increases are taking place in a constrained fiscal environment, making the efficient and effective use of resources for UHC all the more important. In 2021, Official Development Assistance reached a new record (USD 179 billion). Of the additional USD 18.7 billion mobilised for COVID-19 response in 2021, USD 6.3 billion was spent on COVID-19 vaccines through a mix of multilateral,

regional and bilateral channels. Development assistance for health (DAH) has a key role to play, particularly in low-income countries where it contributes up to 30 percent of health financing. DAH also plays an important role in middle-income countries, where it can support knowledge and capacity for optimal use of domestic resources. Lessons learned from the transition away from external funds can contribute to efficient and sustainable investments supported by DAH within a UHC context. To that end, UHC2030 has facilitated consensus among stakeholders on good practice principles for transition contexts.

UHC2030 has also worked with the Alliance for Health Policy and System Research and the WHO health financing team to develop a research programme involving country case studies from China, Sri Lanka, India, Kenya, Georgia and Uganda, analysing factors that impede or support sustained coverage of interventions previously covered by external funds. UHC2030 has also sustained engagement in the SDG3 GAP, especially strengthening linkages with the PHC Accelerator, and is contributing to the WHO-led work to help global health initiatives maximise their results and impact through a primary health care approach.

BOX 4

Action on health systems for UHC and health security

UHC2030's new paper, [Action on health systems, for universal health coverage and health security](#), provides a strategic narrative for strengthening health systems to guide national, regional and global advocacy and action. It brings together recommendations from recent high-profile initiatives and reports, focusing on priority actions and the roles of different partners and constituencies.

The paper helps distinguish goals (UHC and health security), means (strengthening health systems), approach (primary health care) and cross-cutting policy objectives (equity and resilience).

This “shared script” provides the basis for UHC2030’s diverse membership to:

- promote political leadership for stronger health systems;
- mobilize better-aligned resources for health systems, for UHC and for health security; and
- demand and act for solidarity and equity in health systems.



This is an absolute need that we are able to actually go by what national health strategies tell us to do as a donor community, what is in the plan of any given country, what is it that they want to do at their own national level.

Stéphanie Seydoux, Ambassador for Global Health, France

3

Knowledge and networks – high-quality platforms and learning

3.1 Stakeholder platforms

Milestones

- The CSEM provides an effective platform to convene global and country CSOs.
- The Private Sector Constituency facilitates effective engagement and collaboration.
- Information is shared and collaborations are identified through the Related Initiatives network.

Key achievements

UHC2030 mobilized a wide range of stakeholders to align interests for UHC through its unique platforms for civil society, the private sector and health systems partnerships.

- The CSEM scaled up its country-level engagement through the Health for all advocacy toolkit.
- The Private Sector Constituency promoted sharing experience and lessons learned on how the private sector contributes to strengthening health systems for UHC and health security, including by leveraging digital health.
- The UHC2030 Related Initiatives were mobilized to support common messaging and events on health systems and collective action.
- UHC2030 initiated collaboration with parliamentarian networks.

3.1.1 The Civil Society Engagement Mechanism

The Civil Society Engagement Mechanism (CSEM) is the civil society constituency of UHC2030, facilitating a common platform for UHC with a diverse range of civil society and community voices. With over 1200 members from around the world, CSEM fosters civil society representation in key global, regional and national dialogues for equitable and inclusive UHC policies and programmes. Its Advisory Group, comprised of 18 civil society leaders, helps set constituency priorities and acts as a technical hub (see Annex 6).

In 2021, the CSEM developed the *Health for all advocacy toolkit* (available in [English](#), [French](#) and [Spanish](#)), a new resource to build capacity, inspire and mobilize civil society in support of the global movement for UHC. The toolkit (see Box 5) is designed to be used by civil society and community advocates who are interested in learning more about what UHC means, understanding the commitments made thus far by decision-makers, and exploring how they can incorporate messages for UHC in their advocacy campaigns. It was launched through virtual events on the sidelines of the UNGA and the Civil 20 (C20) Summit in 2021.

Since then, the CSEM has been conducting advocacy workshops in partnership with regional partners to introduce the resource to broad groups of civil society and community representatives. Online sessions were conducted for the Asia Pacific on 18 November 2021, for Eastern and Southern Africa on 23 November 2021, for Latin America and the Caribbean on 27 April 2022, and for Francophone West Africa on 8 June 2022. Over 300 individuals attended these workshops. Moreover, the learning materials, including presentations about the toolkit and a guide for facilitators, have been made available [online](#) so that any interested attendees can conduct additional trainings within their organizations or networks.

The CSEM continued efforts to support national and global accountability processes to ensure political leaders are held accountable for their UHC commitments. The group contributed to the overall methodology development of the UHC2030 State of the UHC Commitment review, mobilized civil society input for the multi-stakeholder review through the non-state actor survey, and shared the completed review with CSOs as a tool to support formal accountability processes in their countries. Additionally, as a part of the State of UHC Commitment review, CSEM – in partnership with UNAIDS, the International Federation of Red Cross and Red Crescent Societies (IFRC), Save the Children, NCD Alliance, Living Goods, People's Health Movement (PHM), APCASO, Global Health Council and other country partners – conducted 19 focus groups to highlight the specific perspectives of civil society and communities.¹

Focus group participants discussed the state of UHC in their countries, key challenges they face, and opportunities to accelerate progress. Results from the focus groups were published in a summary report, [From commitments to action: civil society perspectives on reaching universal health coverage](#). These reflections complemented the multi-stakeholder review with stories of lived experiences, ground-level insights on the gaps in policy and practice, and recommendations from civil society for the road ahead.

The CSEM Advisory Group and the UHC2030 Secretariat worked to elevate the importance of UHC within various fora and partnerships throughout the year, such as through leadership and regular engagement with the C20 in the lead-up to the G20 Summit in Italy, the Platform for Civil Society and Community Representatives to the ACT-A since its inception, groups of HIV advocates in the lead-up to the UN HLM on HIV/AIDS, and the coalition of civil society actors working to improve social participation in health governance.

¹ Focus groups were held in: Bhutan, Burkina Faso, Cambodia, Colombia, Egypt, Georgia, India, Japan, Kazakhstan, Kenya, Lao PDR, Mexico, Nepal, Niger, Pakistan, South Africa, United States and Vietnam. A joint focus group was held in the Caribbean region with participants from Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Haiti, and Saint Vincent and the Grenadines.

The CSEM continued to facilitate [partnerships](#), release [statements](#) and support [speaking roles](#) for civil society leaders at key events and conferences, emphasizing the importance of building strong health systems that can achieve UHC to accelerate progress towards multiple global goals. Topics included: gender and UHC; climate change and strong health systems; equitable access to digital health; health systems responding to people with disabilities; non-communicable diseases (NCDs) and strong health systems; immunization access; and health in humanitarian settings.

Along with other UHC2030 constituencies, the CSEM amplified these messages in the lead-up to, and during, [UHC Day](#) on 12 December 2021. Advisory Group members mobilized for the global UHC Champions campaign and events for UHC Day. CSEM members contributed to the virtual rally through videos, blogs, virtual and offline events, and social media posts. At the Dubai Expo event, the CSEM emphasized key

lessons from the country focus groups, namely: the need for multidimensional commitments for equitable access to health that address the needs of the most vulnerable groups; the importance of empowering and engaging the communities served by health systems in its planning; and the role of scaling up investments in primary health care and community systems for health to provide quality health services to all.

The CSEM continues to grow its membership base and, importantly, to strengthen the depth of engagement with civil society partners across the world. The ongoing regional workshops and associated new communications channels are creating more opportunities for coalition-building and civil society mobilization for UHC, including for the critical advocacy activities in the lead-up to the 2023 UN HLM on UHC. The constituency will continue to champion equity and inclusion in the UHC conversation and strengthen civil society contributions to the global movement for health for all.

BOX 5

Health for all advocacy toolkit: A new resource for UHC advocates

The Health for all advocacy toolkit offers civil society and community advocates a central reference point for UHC – a “one-stop shop” for key information and tools to advocate for UHC, hold policy-makers accountable for their commitments, and build a broad social movement to support health for all. It introduces key UHC concepts and describes some of the many roles civil society plays – not only in local and national contexts but also in global health governance – to ensure no one is left behind on the road to UHC.

The toolkit may be useful for CSOs advocating for specific health issues or for SDGs beyond health, as it provides information on how connecting to UHC advocacy can strengthen those efforts. It is based on the understanding that health is a human right, and that our combined efforts are needed to ensure that the UHC conversation reaches within and beyond health system walls to reflect the realities of people and communities.

The toolkit comprises three sections: (1) Introduction to UHC, which describes what UHC is, why health for all is vital, and how it can contribute to health as well as to other SDGs; (2) Why civil society needs to engage in UHC, which details the role of CSOs in all stages of UHC design and implementation; and (3) How to participate, which provides a set of advocacy tools in a step-by-step format to advocate for UHC at the national level. The resource library further links users to complementary toolkits, additional learning materials and tools for their advocacy campaigns.

The Health for all advocacy toolkit was launched in 2021 in English, French and Spanish, with an interactive online version as well as downloadable PDFs. The toolkit was developed by the CSEM, with support from the UHC2030 Core Team, Equal International and a reference group of Advisory Group members and partners. It is available at www.csemonline.net.

3.1.2 The Private Sector Constituency

The [UHC2030 Private Sector Constituency \(PSC\)](#) is the convening platform for private sector entities wishing to exchange and collaborate on UHC. The PSC brings together entities that directly provide health-related services and goods, such as service providers, health insurers, manufacturers and distributors of medicines and health products, as well as innovative and disruptive technologies with applications to the health market. Comprising a broad mix of private sector entities from around the globe, the PSC currently has 41 members (see Annex 7).

Hosted by the World Bank, the PSC aims to foster dialogue, convene and collaborate with private sector actors, and provide a platform for interaction with the private sector for all UHC2030 partners and health systems networks. Its workplan is structured around four priority pillars: (1) constituency development; (2) cross-constituency work; (3) joint outreach; and (4) country engagement.

In 2021, the PSC was an active hub of collaboration and engagement, with several new members coming onboard. During the height of the COVID-19 pandemic in 2020, [PSC members provided critical interventions to help boost service delivery](#). In 2021, members took the long view by rallying around the importance of strengthening health systems as the means to adequately prepare and respond to current and future public health crises. Their collective call to action was published in the blog: "[Mobilizing private sector contributions to resilient and equitable health systems – what will it take?](#)" The messages build on the [2019 UN HLM Private Sector Constituency statement](#) which shows how access to products, services and innovation are important principles to guide the actions of the private sector to help governments keep the health system functioning while urgently increasing their capacity to test, trace and treat COVID-19 patients and also to maintain essential health services.

Fostering meaningful dialogue within the group and with other UHC2030 partners, constituencies and networks was a major focus area of 2021. To this end, member spotlight and guest speaker presentations became permanent fixtures on the constituency's monthly meeting agenda. These engaging discussions gave members the opportunity to learn more about others' contributions to UHC, and engendered opportunities for further cross-stakeholder collaboration.

The constituency also focused on leveraging opportunities hosted by PSC members for joint outreach in 2021. A highlight event from the year was the 2021 Digital Health Week, which the PSC jointly organized with the [Digital Connected Care Coalition](#). A series of three closely connected events, the sessions examined the challenges and opportunities for scaling digital health tools and how to better align the public and private sectors to deliver health services.

In the context of achieving UHC, multi-stakeholder partnerships are integral for success. In 2021, PSC continued to explore country engagement opportunities by inviting World Bank Group teams and other partners to share updates on relevant ongoing work. At the country level, the goal is to underscore and showcase how collaborations between companies and governments can contribute to speeding up progress toward UHC.

Looking ahead to 2022, key priorities for the constituency include: continuing with mutual understanding and trust-building engagements among UHC2030 constituencies; creating country engagement opportunities to action on the [PSC statement](#) on contributions towards UHC; and elevating the PSC's voice and visibility at high-level global health events and conferences.

3.1.3 Parliamentary networks

Parliamentarians play an important role in advancing the UHC agenda, and they have the ability to deliver the right to health for all of their constituents. In developing laws and legislation and ensuring an adequate budget for those laws to be implemented, parliamentarians are able to prescribe an essential package of primary health care services that underpin a national UHC strategy. Keeping the right to health at the centre of health policy and legislation means ensuring that sufficient resources are allocated so that no one is left behind.

In 2021, UHC2030 initiated collaboration with parliamentary networks. This included the development of the [Parliamentarian guide: 6 action steps to achieve universal health coverage](#) in collaboration with European Parliamentary Forum for Sexual and Reproductive Rights and the African Parliamentary Forum on Population and Development. The guide provides lawmakers with the necessary tools to undertake tangible actions toward UHC, which include the following action steps: lead; protect; legislate; advocate; invest; and collaborate.

UHC2030 also partnered with the Global Fund to organize the session "[Leave no one's health behind: invest in health systems for all](#)" at the second annual [UNITE Global Summit](#) to discuss the role of parliamentarians in supporting UHC reforms. Speakers reiterated the importance of parliamentarians working together, including across national borders, and working with their governments, civil society and other partners to provide the political leadership and financial resources necessary to achieving UHC.

3.1.4 UHC2030 Related Initiatives

UHC2030 was established to promote collaboration on health systems strengthening and provide a platform to promote more unified approaches across different health systems networks and collaboratives towards the common objective of making progress towards UHC. As such, UHC2030 brings together existing partnerships, alliances and networks, referred to as "Related Initiatives", which focus on strengthening specific areas of health systems to collaborate around achieving UHC, including through

knowledge exchange. A full list of UHC2030 Related Initiatives can be found in Annex 2.

In 2021, UHC2030 continued providing a platform for Related Initiatives to share insights, learning and guidance about responses to COVID-19 in relation to stronger health systems. The joint news article on "[How to strengthen health systems for UHC and equitable access to COVID-19 tools](#)" (see Box 6) provides a collection of lessons to help policy-makers identify and promote priorities for action. A blog series coordinated by the UHC2030 Secretariat also promoted evidence and learnings on the COVID-19 response and perspectives from several key health systems areas such as: Health Workforce, Data and Information Systems, Health Governance and Primary Health Care. UHC2030 prepared the [UHC2030 Health Systems](#) Related Initiatives [joint video](#) as part of the UHC Day campaign, highlighting the contributions of the different partnerships and alliances towards stronger health systems for achieving UHC goals.

UHC2030 is also collaborating with several health systems partnerships in specific areas of work. Here are a few examples:

- Health Systems Global supported the preparation of the State of UHC Commitment Review and UHC Day campaign in 2021.
- The Health Systems Governance Collaborative and UHC Partnership supported the development and launch event of the *Handbook on social participation for universal health coverage*.
- UHC2030 worked with P4H to organize a webinar to share [learning on links between vaccine equity, PHC and UHC](#) (based on Ghana's experience as the first country to benefit from the vaccine rollout through the COVAX facility).
- UHC2030 collaborated with the Alliance for Health Policy and Systems Research and WHO on the development of case studies on sustainability and transition, including an analytical framework and a proposal for a special supplement of the *Health Policy and Planning* journal focused on rethinking external assistance in health (see section 2.1 for details).

“How to strengthen health systems for UHC and equitable access to Covid-19 tools: eight lessons from UHC2030 Related Initiatives”

The unequal access to COVID-19 vaccines and other tools in low-income countries shows the acute need to invest in health systems to support the ongoing COVID-19 response, protect other essential health services and advance UHC.

To help identify and promote priorities for action, UHC2030 worked with the Related Initiatives to compile the following eight lessons on how to help countries strengthen their health systems and accelerate progress towards UHC:

1. Leverage primary health care for vaccine rollouts and other essential health services.
2. Prioritize common goods for health.
3. Support the health workforce: invest in and protect those who protect us all.
4. To get money where it is needed, align public financial management with health financing policies.
5. Strengthen data and information systems to guide decision-making.
6. Support policy-makers with practical guidance based on research and evidence.
7. Promote cross-country learning and information sharing.
8. Respond to emerging country priorities in an agile way.



By bringing innovations and expertise to the table and partnering with governments and other health ecosystem stakeholders, companies can help strengthen health systems to meet both current and emerging needs. Partnerships born during the pandemic can be useful in the future of, for example, routine immunization and ensuring readiness to face future crises.

UHC2030 Private sector constituency

3.2 Knowledge and learning

Milestones

- New initiatives use the UHC2030 platform.
- Knowledge and learning are relevant to different country contexts (e.g. low-, middle- and high-income countries and fragile contexts).
- UHC2030 thought leadership is recognized.

Key achievements

Messages on health systems for both UHC and health security were disseminated through multiple blogs/papers.

- The UHC2030 platform was used for civil society engagement by ACT-A Health Systems Connector partners.
- The UHC Data Portal was updated for 45 countries.
- Tools and guidance were developed and substantive blogs and papers were published by the Secretariat and different constituencies.

The Health System Connector of the Access to COVID-19 Tools Accelerator (ACT-A), led by the Global Fund, the World Bank and WHO, addresses cross-cutting aspects of health systems to ensure rapid deployment of new tools as they become available, including capacity and infrastructure that should be radically upgraded in order to deploy the COVID-19 tools and system investments that will be required to complement the new tools.

The CSEM supports the [Platform for Civil Society and Community Representatives to the ACT-Accelerator](#) (co-led by WACI Health, Global Fund Advocates Network and STOPAIDS) by serving as the focal point for representatives on the Health Systems and Response Connector. In this role, the CSEM Secretariat coordinates civil society input with the primary goal of addressing health systems gaps during the COVID-19 pandemic. The group has [advocated](#) for a strong focus on protecting and supporting the health workforce, strengthening community-led responses for health,

and investing in the building blocks of health systems. Civil society and communities working on the COVID-19 response at the country level were linked to the global conversations through civil society briefings on ACT-A's progress led by the platform.

UHC2030 made progress in offering tools to promote knowledge and learning relevant for different country contexts. The [UHC Data Portal](#) provides a single entry point for access to multiple databases, including the State of UHC Commitment country profiles for all Member States (see section 1.1).

Building on the UHC2030 [narrative on health systems for UHC and health security](#), the UHC2030 Secretariat, its constituencies and Related Initiatives also developed substantive blogs and papers (see section 4.1.2) that culminated with the [UHC Day campaign](#) on 12 December (see section 1.3).



As we learn about these efforts to vaccinate the most left behind, we must echo the commitments we have made to achieve UHC which go beyond vaccinations to building strong primary health care systems and making sure essential services are maintained during times of crisis.

Francesca Colombo, Head OECD Health Division,
Employment, Labour and Social Affairs Directorate, Organisation
for Economic Co-operation and Development (OECD)

4

UHC2030 governance and operations

4.1 Vision and Communications

Milestone

- An appropriate strategic direction is developed to ensure UHC2030 remains relevant through the “now to 2023” vision.
- Members are kept engaged and up to date.

Key achievements

Momentum was built around a UHC2030 “push” on health systems strengthening for UHC in the ongoing COVID-19 response and recovery and communications are on track to keep partners engaged.

- A narrative for stronger focus on resilient and equitable health systems was consolidated in a UHC2030 paper on health systems action for UHC and health security, with a link to UHC Day and strategies leading up to the 2023 UN HLM on UHC.
- Coverage and reach on social media increased thanks to the acquisition of an additional 2000 followers, bringing the total to 12,700.
- Partners and constituencies continued to engage on UHC issues through the contribution of blog posts and a range of events.
- UHC Day campaign results demonstrate that awareness of and advocacy for UHC continues to grow around the world.

4.1.1 Shared vision of health systems

The UHC2030 Secretariat worked closely with its constituencies to develop a new UHC2030 strategic narrative to guide advocacy and action on health systems for UHC and health security goals. The discussions also involved follow-up to identify specific actions to promote political leadership for resilient and equitable health systems, mobilize better-aligned resources, and demand and act for solidarity and equity (see section 2.1).

4.1.2 Communications

In 2021, the Core Team continued to communicate with UHC2030 members, partners and constituencies using a range of communication channels, including the UHC2030 website, newsletter and Twitter account.

An external website audit led to a number of improvements to align the website with current best practices and enhance search engine optimization. The number of visitors to the website, the average length of visit and the type of visitors remained roughly comparable to 2020, and testing is underway to optimize the performance of key pages. A review of the 2021 website analytics shows that “Resources” is one of the site’s most visited pages. Other highly frequented sections include “Our mission”, the UHC Data Portal and the history of UHC, closely followed by visits to the “News” page and the UHC State of Commitment synthesis report.

In addition to uploading nine new blogs written by Related Initiatives and private sector partners, the website was regularly updated throughout 2021 with political statements released by the Co-Chairs, and news stories, blogs and publications. These are:

Political statements:

- On the occasion of the World Health Assembly Special Session in November 2021: "[Action on health systems, for universal health coverage and health security](#)"
- In a Letter to the Editor published in The Lancet in June 2021: "[A call to action on UHC](#)

[commitments from UHC2030 Co-Chairs](#)"

- On the occasion of the Global Health Summit in May 2021: "[Dear Global Leaders: now is the time to invest in better global governance and stronger country health systems – for everyone](#)"
- Civil society call for health for all at the UN multi-stakeholder hearing on HIV/AIDS in May 2021: "[To make progress on HIV/AIDS, we must make universal health coverage a reality](#)"
- In April 2021, "[A message from UHC2030 Co-Chairs on the first anniversary of the Access to COVID-19 Tools Accelerator](#)"
- In March 2021, "[An open message from UHC2030 Co-Chairs to the Generation Equality Forum](#)"
- On the occasion of International Women’s Day on 8 March, "[Time to act now for gender equality to achieve universal health coverage](#)"

New publications:

- [State of commitment to universal health coverage: synthesis 2021](#)
- [Action on health systems, for universal health coverage and health security](#)
- [Parliamentarian guide: 6 action steps to achieve universal health coverage](#)
- [Voice, agency, empowerment: a handbook on social participation for universal health coverage](#) (with WHO)
- [Health budget literacy, advocacy and accountability for universal health coverage: toolkit for capacity building](#) (with PMNCH)

UHC2030 also published articles in various external publications, most notably:

- [Letter to the Editor](#) from the Co-Chairs, which appeared in The Lancet
- Joint UHC2030/PMNCH article on "[Social participation, universal health coverage and health security](#)", which appeared in the December 2021 issue of the WHO Bulletin
- Joint article by members of the Coalition of Partnerships for UHC and Global Health: "[Let’s reverse our slogans: no healthy life without universal health coverage](#)".

The UHC2030 newsletter continued to reach approximately 2200 subscribers, with quarterly issues supplemented by single-topic “newsflashes” for important events such as UHC Day.

Social media continued to be an important tool for UHC2030 in 2021. Twitter followers grew by approximately 2000, bringing the total followers as of December 2021 to 12,700. In addition to promoting key messages and disseminating outputs and materials relating to UHC from UHC2030 and partners, several targeted campaigns were also implemented, such as in support of the Gender Equality Forum and UHC Day.

UHC Day was again a focal point for communications activities, including a Twitter campaign emphasizing the principle that health is an investment, not a cost, and that governments must be held accountable for their commitments to UHC and rebuild resilient and equitable health systems that prioritize the most vulnerable. Awareness of and advocacy for UHC is growing worldwide, as demonstrated by the fact that more countries were involved in UHC Day activities in 2021, people worldwide saw UHC Day messages more frequently (an increase in year-on-year impressions), and more people overall joined the conversation (an increase in the number of contributors). A complete report on UHC Day is available [here](#).



To realize gender equality, we must invest in and strengthen primary health care systems that place the needs of women and girls, particularly the most marginalized, at the center.

Githinji Gitahi, Group CEO, Amref Health Africa and Co-chair of the PMNCH Strategic Advocacy Committee

4.2 Governance

Milestone

- Accountability is built for appropriate strategic direction and focus on results.

Key achievements

The Steering Committee was able to provide strong strategic direction to UHC2030 through its leadership and committed representatives.

- Steering Committee meetings organized with each constituency engaged, leading to a strong narrative on UHC in the context of the COVID-19 crisis.
- On-boarding of new Co-Chairs at the beginning of 2021.

The Steering Committee is responsible for setting the overall strategic direction and oversight of UHC2030 and approves the workplan and budget. It includes a constituency-based representation that enables broader representation and a more participatory process (a list of representatives is provided in Annex 4). The Steering Committee includes:

- governments;
- multilateral organizations;
- philanthropic foundations;
- CSOs; and
- private sector entities.

In addition, the Political Advisory Panel advises UHC2030 on how to sustain political momentum until 2023, particularly exploring ways to strengthen its political engagement in political processes and promote the agenda from the inside (for its composition, see Annex 5).

During its virtual meeting on 3–4 February 2021, the Steering Committee agreed on priorities for 2021, had an initial discussion on the aims and contributions towards the 2023 UN HLM on

UHC and agreed on revised governance and working arrangements that would include the OECD as a third member of the Secretariat. The virtual meeting on 14–15 September provided an opportunity to review how to build momentum around a UHC2030 “push” on health systems strengthening for UHC in the ongoing COVID-19 response and recovery while linking to plans for UHC Day and strategies for the lead-up to the 2023 UN HLM on UHC.

At the beginning of 2021, UHC2030 bid farewell to its outgoing Co-Chairs, Professor Ilona Kickbusch, Chair, International Advisory Board, Global Health Centre, Graduate Institute for International and Development Studies Geneva, and Dr Githinji Gitahi, CEO and Director General of Amref Health Africa Group. The new Co-Chairs are Gabriela Cuevas Barron, former Member of Parliament at the Mexican Congress and Dr Justin Koonin, President of ACON (AIDS Council of New South Wales) and Australian community advocate.

4.3 Secretariat

Milestone

- Effective structures, processes and resources are established to support the implementation of the UHC2030 workplan.

Key achievements

The UHC2030 Secretariat provided efficient oversight of the workplan implementation and overall management and administration.

- The 2020 Core Team Report was finalized and disseminated mid-2021.
- Funding for the base programme was secured, with new funding from the Government of France obtained for 2021, alongside existing funding from the European Commission and the Government of Japan.
- Revised Secretariat administrative arrangements were finalized.

The UHC2030 Secretariat is provided by WHO, the World Bank Group and OECD. It includes a core team across the three organizations, which is responsible for managing the UHC2030 workplan, budget and communications under the oversight of the Steering Committee. It takes forward Steering Committee decisions, organizes Steering Committee meetings and facilitates working group meetings.

In 2021, the Steering Committee approved updated administrative arrangements to reflect how collaboration among WHO, the World Bank and OECD leverages their respective mandates, convening power, unique organizational perspectives and strategic leadership on UHC and health systems.

In 2021, the UHC2030 Core Team comprised the following staff:

- WHO included a team of six professional staff and one assistant.
- The World Bank and OECD supported the Core Team with staff on a part-time basis, equivalent to less than two full-time positions.
- Communications support was provided through a part-time consultant.
- As the UHC2030 Secretariat, WHO, the World Bank Group and OECD provided substantial in-kind support to the operations of UHC2030, which included staff time, office space and oversight inputs.



Parliamentarians play an important role in advancing the UHC agenda and the ability to deliver the right to health to all the constituents of our nations. In developing laws and legislation and allocating sufficient budget for those laws to be implemented.

Prof. Keizo Takemi, Member of the House of Councillors,
The National Diet of Japan and WHO Goodwill Ambassador for UHC



UHC2030 finances

The UHC2030 programme of work for 2021 was fully funded, with continued support from the European Commission and the governments of Japan and France. Total expenditure in 2021 was USD 2.887 million, above the budget of USD 2.5 million. This reflects the reimbursement of UHC2030's outstanding debt with respect to expenditures incurred in 2019 and 2020 due to delays in mobilizing resources.

In 2021, UHC2030 benefited from significant in-kind support. As the UHC2030 Secretariat, WHO, the World Bank Group and OECD contributed substantial in-kind support to UHC2030's operations in terms of staff time, office space and oversight inputs, which are not reflected in the overview of expenditure provided in this section. This in-kind support extended to the various areas of UHC2030 work.

Additional in-kind support was provided by the World Bank Group, which is hosting the Private Sector Constituency. The Global Fund, the GFF and Gavi also provided parallel funding to civil society engagement in health financing advocacy through a collaboration between UHC2030 and PMNCH. UNAIDS and the IFRC collaborated with the CSEM to support country consultations for the State of UHC commitment review.

Table 1 provides a summary of expenditure by areas of the UHC2030 programme of work for 2021 and types of expenditure.

Table 1 in US\$	Approved Budget 2020 (base)	Staff	consultants services	Travel	Operations	Total expenditure
1 VOICE FOR UHC						
1.1 Political momentum						
1.1.1 "State of UHC Commitment" report	305,000	150,000	196,014			346,014
1.1.2 UHC political advocacy	55,000	45,000	30,168		5,929	81,097
1.2 Country UHC campaigns						
1.2.1 Integrated UHC accountability approach	25,000	25,000	19,089			44,089
1.2.2 Campaigns on common goods for health and health systems	105,000	25,000	82,267			107,267
1.3 Engaged communities						
1.3.1 Country advocacy/accountability	25,000	25,000	21,634			46,634
1.3.5 UHC Day campaigns	190,000	90,000	189,515			279,515
Sub-total 1	705,000	360,000	538,687	0	5,929	904,616
2 WORKING BETTER TOGETHER FOR UHC						
2.1 Harmonised health systems strengthening						
2.1.1 "Health systems that protect everyone" investment case + shared policy agenda	142,500	135,000	28,261			163,261
2.1.2 Country UHC roadmaps and compacts	245,000	125,000				125,000
2.1.3 Harmonised health systems policy guidance and tools	107,500	95,000				95,000
Sub-total 2	495,000	355,000	28,261	0	0	383,261
3 KNOWLEDGE AND NETWORKS FOR UHC						
3.1 Stakeholder platforms						
3.1.1 Civil society engagement mechanism	525,000	35,000	500,000			535,000
3.1.2 Private sector constituency	25,000	15,000				15,000
3.1.3 UHC2030 related initiatives	90,000	75,000	10,649			85,649
3.2 Knowledge and learning						
3.2.1 UHC2030 knowledge platform & resources	95,000	50,000				50,000
3.2.2 UHC2030 thought leadership	40,000	30,000				30,000
Sub-total 3	775,000	205,000	510,649	0	0	715,649
4 PARTNERSHIP GOVERNANCE AND SECRETARIAT						
4.1 Vision						
4.1.1 'Now to 2023' vision	50,000	29,000				29,000
4.2 Governance						
4.2.1 Strategic oversight	205,000	175,000				175,000
4.3 Secretariat						
4.3.1 UHC2030 operations + communications	270,000	171,636	171,137		1,298	344,071
4.3.1 Reimbursement to WHO for loans in 2019 and 2021)		335,339				335,339
Sub-total 4	525,000	710,975	171,137	0	1,298	883,410
TOTAL	2,500,000	1,630,975	1,248,734	0	7,227	2,886,936

ANNEXES

1 UHC2030 members

Countries and territories

Afghanistan: September 2013
Australia: May 2008
Bahrain: September 2018
Belgium: January 2010
Benin: September 2009
Burkina Faso: September 2009
Burundi: September 2007
Cabo Verde: May 2012
Cambodia: September 2007
Cameroon: June 2010
Canada: September 2007
Chad: March 2011
Chile: May 2017
Comoros: July 2014
Congo: September 2018
Côte d'Ivoire: February 2008
Democratic Republic of Congo: November 2009
Denmark: May 2014
Djibouti: July 2009
Egypt: September 2018
El Salvador: May 2011
Ethiopia: September 2007
European Union–European Commission: September 2007
Finland: May 2008
France: September 2007
Gambia: May 2012
Georgia: September 2018
Germany: September 2007
Ghana: May 2018
Guinea: May 2012
Guinea Bissau: May 2013
Haiti: May 2013
Indonesia: May 2017
Iran (Islamic Republic of): May 2018
Iraq: September 2018
Italy: September 2007
Japan: November 2014
Jordan: May 2017
Kenya: September 2007
Kuwait: September 2018
Kyrgyzstan: September 2018
Lebanon: September 2018
Liberia: April 2016
Libya: September 2018
Luxembourg: May 2014
Madagascar: May 2008
Mali: October 2007
Mauritania: May 2010
Morocco: September 2018

Partner: member since

Mozambique: September 2007
Myanmar: January 2014
Nepal: September 2007
Netherlands: September 2007
Niger: May 2009
Nigeria: May 2008
Norway: September 2007
Occupied Palestinian Territory: September 2018
Oman: September 2018
Pakistan: August 2010
Portugal: September 2007
Qatar: September 2018
Rwanda: February 2009
Saudi Arabia: September 2018
Senegal: September 2009
Sierra Leone: January 2010
Somalia: September 2018
South Africa: May 2017
Spain: January 2010
Sudan: May 2011
Syrian Arab Republic: September 2018
Sweden: May 2008
Switzerland: December 2018
Thailand: May 2017
Togo: January 2010
Tunisia: September 2018
Uganda: February 2009
Ukraine: May 2019
United Arab Emirates: September 2018
United Kingdom of Great Britain and Northern Ireland: September 2007
United States of America: May 2013
Viet Nam: May 2010
Yemen: September 2018
Zambia: September 2007

Philanthropic organizations

Bill & Melinda Gates Foundation: September 2007
Medtronic Foundation: May 2020
Rockefeller Foundation: May 2017
United Nations Foundation: May 2017

Private sector entities

See Annex 6

Multilateral organizations and Global Health Initiatives

African Development Bank (AfDB): September 2007
Gavi, the Vaccine Alliance: September 2007
Global Financing Facility (GFF): September 2018
Global Fund to Fight Aids, TB and Malaria: September 2007
East Central and Southern Africa Health Community (ECSA): November 2019
International Labour Organization (ILO): September 2007
International Organization for Migration (IOM): November 2017
Inter-Parliamentary Union (IPU): November 2019
Organisation for Economic Co-operation and Development (OECD): May 2017
Joint United Nations Programme on HIV/AIDS (UNAIDS): September 2007
United Nations International Children's Emergency Fund (UNICEF): September 2007
United Nations Development Programme (UNDP): September 2007
United Nations Population Fund (UNFPA): September 2007
World Health Organization (WHO): September 2007
World Bank: September 2007

Civil society organizations

Access Challenge: April 2020
African Health Budget Network: July 2020
ACON: November 2019
African Health and Policy Economics Association (AfHEA): July 2018
Amref Health Africa: November 2017
BRAC, Bangladesh: November 2017
Community and Family Aid Foundation (CAFAF-Ghana 360): December 2017
Community Working Group on Health (CWGH), Zimbabwe: May 2017
Community Health Development Initiative (Tanzania): December 2018
CORE Group: July 2018
El Foro de Presidentes y Presidentas de Poderes Legislativos de Centroamérica y el Caribe (FOPREL): May 2021
European Parliamentary Forum for Sexual & Reproductive Rights (EPF): June 2021
FALCOH Foundation (Cameroon): December 2018
G4 Alliance: December 2018
Global Health Council: June 2021
Health Enabled, South Africa: January 2018
Healthcare Information and Management Systems Society: July 2020
HelpAge: July 2019
Humanity and Inclusion: May 2019
International Alliance of Patients Organisations: July 2019
International Council of Nurses: May 2019
International Federation of Medical Students' Associations: November 2017
International Federation of Red Cross and Red Crescent Societies: May 2018
International Pharmaceuticals Student Federation: September 2018
JHPIEGO: July 2020
Living Goods: November 2019
Management Sciences for Health: March 2018
Medical Impact: November 2019
Medicus Mundi International Network: November 2017
Motus Health Initiative: February 2019
Outreach Scout Foundation, Malawi: November 2017
PAI: June 2019
PATH: June 2021
Positive Generation, Cameroon: November 2017
Rare Diseases International: November 2019
Sante Diabetes: November 2019
Save the Children: July 2018
Smile Train: November 2019
Somali Health and Demographic Organisation: July 2020
The World Hospice Palliative Care Association: May 2018
Tunisian Centre for Public Health: February 2019
UNITE – Global Parliamentarians Network to End Infectious Diseases: May 2021
United Cities and Local Governments (UCLG): May 2021
Youth Association for Development: February 2019
We Care Bill Foundation: July 2020
Women in Global Health: May 2018
World Heart Federation: May 2019
World Federation of Societies of Anesthesiologists (WFSA): April 2020
World Hepatitis Alliance: April 2020
Worldwide Medical Association: May 2019
World Organisation of Family Doctors (WONCA): September 2019
Youth Association for Development: February 2019

2 UHC2030 Related Initiatives

- Alliance for Health Policy and Systems Research
- Providing for Health Global (P4H) – Global Network for health financing and health protection
- Global Health Workforce Network
- Health Data Collaborative
- Health Systems Global
- Health Systems Governance Collaborative
- Joint Learning Network for UHC
- Primary Health Care Performance Initiative
- Universal Health Coverage Partnership

3 Coalition of Partnerships for UHC and Global Health

- Non-Communicable Disease Alliance
- Partnership for Maternal, Newborn and Child Health (PMNCH)
- Roll Back Malaria
- Stop TB Partnership
- UNAIDS
- WHO Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases

4 Steering Committee in 2020

Co-Chairs

- **Gabriela Cuevas Barron**, former Member of Mexican Parliament, former President of the Inter-Parliamentary Union (IPU)
- **Justin Koonin, President**, ACON (AIDS Council of New South Wales), Australia

Countries

- **Bernd Appelt**, Directorate-General for International Partnerships, European Commission, Belgium
- **Mohsen Asadi-Lari**, Assistant Minister of Health and Medical Education, Ministry of Health and Medical Education, Iran
- **Patrick Banda**, Assistant Director, Budgeting and Planning, Ministry of Health, Zambia
- **Jenifer Clark**, Head of Global Health Policy, Human Development Department, France (January–September 2021)
- **Serawit Bruck-Landais**, Director of the Quality and Health Research Unit, Sidaction, France (September–December 2021)
- **Satoshi Ezoe**, Director, Global Health Policy Division, International Cooperation Bureau, Ministry of Foreign Affairs, Japan
- **Tamar Gabunia**, First Deputy Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, Georgia
- **Emmanuel Odame**, Director, Policy, Planning and Monitoring and Evaluation, Ministry of Health, Ghana
- **Aquina Thulare**, Technical Specialist, Health Economics/National Health Insurance Department of Health, South Africa

Civil society organizations

- **Khuat Thi Hai Oanh**, Executive Director, Center for Supporting Community Development Initiatives; Smitha Sadasivan, Accessibility Consultant, Election Commission of India (nominated Alternate)
- **Masaki Inaba**, Program Director, Global Health Africa, Japan Forum; Mr Cary James, Chief Executive Officer, World Hepatitis Alliance, Switzerland (nominated Alternate)
- **Javier Luis Bellocq**, Founder and Editor, Key Correspondents Team for Latin America, Argentina; Evalin Karijo, Project Director, Y-ACTION, Youth in Action at Amref Health Africa, Kenya (nominated Alternate)

Foundations

- **Kate Dodson**, Vice President, Global Health, United Nations Foundation, USA

Private sector

- **Edward Booty**, Chief Executive Officer, Allied World Asia (formerly Reach52), Singapore
- **Ruchika Singhal**, Vice President, Medtronic Labs, USA

Multilateral organizations

- **Bruno Rivalan**, Senior Partnership Specialist, Global Financing Facility, World Bank
- **Fodé Simaga**, acting Director, Fast Track Implementation Department, Joint United Nations Programme on HIV/AIDS (UNAIDS)
- **Francesca Colombo**, Head OECD Health Division, Employment, Labour and Social Affairs Directorate, Organisation for Economic Co-operation and Development
- **Feng Zhao**, Global Practice Manager, Health, Population and Nutrition, World Bank
- **Joseph Kutzin**, acting Director, Health Systems Governance and Financing, World Health Organization

5 UHC Movement Political Advisory Panel

- **Dr Vytenis Povilas Andriukaitis**, former European Commissioner
- **Elhadj As Sy**, Chair of the Board, Kofi Annan Foundation
- **María Fernanda Espinosa Garcés**, President of the 73rd Session of the UNGA
- **Prof. Ilona Kickbusch**, Chair, International Advisory Board, Global Health Centre, Graduate Institute for International and Development Studies Geneva
- **Ms. Joy Phumaphi**, Executive Secretary, the African Leaders Malaria Alliance
- **Emilia Saiz**, Secretary General of the United Cities and Local Governments
- **Prof. Keizo Takemi**, Member of the House of Councillors, Japan

6 CSEM Advisory Group

- **Maxwell Antwi**, Country Director – Ghana, PharmAcces Foundation
- **Anamaria Bejar**, Director of Advocacy, International Planned Parenthood Federation
- **Tara Brace-John**, Head of Health: Global Policy, Advocacy & Research, Save the Children
- **Cary James**, Chief Executive Officer, World Hepatitis Alliance
- **Javier Hourcade Bellocq**, Founder and Editor, The Key Correspondent Team
- **Dumiso**, Founder, Success Capital NGO
- **Kurt Frieder**, President, Fundación Huésped
- **Katie Hesselby**, Coordinator, Action for Global Health Network
- **Masaki Inaba**, Program Director on Global Health, Africa Japan Forum
- **Pauline Irungu**, Global Policy and Advocacy Advisor, PATH
- **Nupur Nalvani**, Founder Director, Blue Circle Diabetes Foundation
- **Jose Maria ‘Lloyd’ Nunag**, Youth Coalition for Sexual and Reproductive Rights
- **Eliana Monteforte**, Director of Special Projects, Global Health Council
- **Nkeiruka Obi**, Vice-President and Regional Director Africa, Smile Train
- **Smitha Sadasivan**, Accessibility Consultant, Election Commission of India
- **Dr Julia Tainijoki**, Medical and Advocacy Advisor, World Medical Ass
- **Dr Rispah Walumbe**, Health Policy Advisor, Amref Health Africa

7 Private Sector Constituency

- **Accessible Quality Health Services**, South Africa
- **Allied World Asia**, Singapore
- **Amref Enterprises Limited**, Kenya
- **Apollo Hospitals**, India
- **Becton, Dickinson and Company**, USA
- **Common Health Inc**, USA
- **Dimangi**, USA
- **Fullerton Healthcare Corporation Limited**, Singapore
- **GE Medical Systems**, France
- **German Health Alliance**, Germany
- **GlaxoSmithKline**, UK
- **Global Diagnostic Imaging, Healthcare IT & Radiation Therapy Trade Association**, Belgium
- **Global Self-Care Federation**, Switzerland
- **Healthcare Federation of Nigeria**, Nigeria
- **HealthSetGo**, India
- **Henry Schein**, USA
- **International Federation of Pharmaceutical Manufacturers and Associations**, Switzerland
- **Japan Pharmaceutical Manufacturers Association**, Japan
- **Johnson Johnson**, Belgium
- **Kenya Association of Pharmaceutical Industry**, Kenya
- **Mamotest**, Argentina
- **MEDx eHealthCenter**, Netherlands
- **Medtronics Labs**, USA
- **Merck**, USA
- **mHealth Global**, Canada
- **Mission & Co**, Malaysia
- **Novartis**, Switzerland
- **Novo Nordisk**, Denmark
- **Organization of Pharmaceutical Producers of India**, India
- **Ottobock**, Germany
- **Pfizer**, USA
- **Pharmaceutical Society of Kenya**, Kenya
- **Praava Health Bangladesh Limited**, Bangladesh
- **reach 52**, Singapore
- **Roche**, Switzerland
- **Royal Philips**, Netherlands
- **Sanofi**, France
- **Sumitomo Chemical Company**, Japan
- **Swoop Aero**, Australia
- **Takeda Pharmaceutical Company**, Japan
- **Taleam Systems**, Canada

8 UHC2030 meetings and events

UHC2030 Steering Committee meetings in 2021:

- **3–4 February:** UHC2030 Steering Committee meeting
- **22 June:** UHC2030 Steering Committee interim update
- **14–15 September:** UHC2030 Steering Committee meeting
- **3 December:** UHC2030 Steering Committee interim update – presentation of the State of UHC Commitment review
- **March, May, September and November:** Four virtual meetings of the UHC Movement Political Advisory Panel

Other events in 2021

- **14 January:** "The EU and collective action for universal health coverage", a webinar organized jointly by the European Commission, the UHC Partnership and UHC2030
- **10 February:** WHO, The European Observatory on Health Systems and Policies and UHC2030 organized a satellite session at the Health Systems Research Symposium "Health System (Performance) Assessment – how to stop performance from drifting away?" to present the HSPA framework
- **16 March:** "Leaving no one behind: COVID-19 vaccine equity and universal health coverage in Ghana", a webinar organized jointly by P4H and UHC2030
- **8 April:** Voluntary National Review Workshop on SDG3, hosted by WHO and UHC2030 and supported by the Group of Friends of UHC and Global Health
- **31 May:** "Voice, agency, empowerment: anchoring social participation into the health sector's modus operandi", launch of WHO handbook on social participation, in collaboration with CSEM partners
- **6 July:** "The importance of rehabilitation for achieving SDG3: challenges and best practices to access quality rehabilitation services and inclusive health systems", CSEM contribution to a side event at the UN High-Level Political Forum on Sustainable Development, organized with Luxembourg, Guyana, and Humanity and Inclusion
- **6 July:** "Accelerating progress towards the health-related SDGs in a time of crisis: solutions for an equitable and resilient recovery", UHC2030 contribution to a side event at the UN High-Level Political Forum on Sustainable Development
- **8 July:** "SDGs in focus: SDGs 3, 10, 16, 17 and interlinkages among those goals and with other SDGs", launch of the Coalition of Partnerships for UHC and Global Health during the event at UN High-Level Political Forum on Sustainable Development
- **13 July:** "Equity in the era of COVID-19 and the SDGs: improving accountability for the health and rights of vulnerable women, children and adolescents", an event hosted by the Government of Estonia and co-organized by PMNCH, UNICEF, UNFPA, WHO and UHC2030
- **19 July:** "Accelerating digital health solutions to deliver UHC post COVID-19", an event organized by the Co-Chairs of the Group of Friends of UHC and Global Health (Permanent Missions of Georgia, Japan and Thailand to the UN), WHO and UHC2030
- **30 September:** "Road to 2023: gaps, challenges and opportunities to accelerate progress on UHC", an event co-hosted by the Co-Chairs of the Group of Friends of UHC and Global Health, WHO and UHC2030, on the margins of the 76th Session of the UN General Assembly
- **29 November–3 December:** "Global moment to champion the role of digital health in universal health coverage", a series of events organized by the UHC2030 Private Sector Constituency in collaboration with the Digital Connected Care Coalition
- **8 December:** "Leave no one's health behind: invest in health systems for all", a session at the UNITE Summit, organized by UHC2030 and the Global Fund
- **12 December:** Dubai's expo UHC Day commemoration, UHC2030 Co-Chair's contribution to the event "Lessons learnt from COVID-19: strengthening the health systems that drive UHC and health security"
- **13 December:** "Leave no-one's health behind: how are we working together to build equitable and resilient health systems for all?", an event organized by UHC2030 and PMNCH in collaboration with Canada, Japan, France and the UK
- **13 December:** "Strengthening health systems to achieve equity", UHC2030 Co-Chair's contribution to the event organized by Rare Disease International
- **13 December:** "UHC Day commemorative event," UHC2030 Co-Chair's contribution to the event organized by the Group of Friends of UHC and Global Health
- **15 December:** "Country perspectives on reaching universal health coverage", UHC2030 Co-Chair and Core Team contribution to civil society-led event to mark UHC Day
- **17 December:** "Gender equity in the health and care workforce: a critical foundation for global health security", UHC2030's contribution to the event organized by the French Government, WHO and Women in Global Health

UHC2030

International Health Partnership

 www.UHC2030.org

 info@UHC2030.org

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