

# uhc2030

International Health Partnership



International Health Partnership for UHC 2030

# Core Team Report 2019





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# CONTENTS

<b>Introduction</b> .....	6
<b>Snapshot of UHC2030 in 2019</b> .....	8
<b>1. Voice</b>	
1.1 Strategic global advocacy.....	10
1.2 Country UHC campaigns.....	12
1.3 Civil society and private sector.....	14
1.4 Multistakeholder accountability approaches.....	17
<b>2. Working better together</b>	
2.1 Jointly agreed principles and tools to enhance coherence and effectiveness of efforts on health systems and UHC.....	18
2.2 Specific policy and implementation approaches developed collaboratively and promoted.....	19
Transition and sustainability.....	20
Public financial management in health.....	20
Health systems performance assessment.....	21
Fragile settings.....	22
<b>3. Knowledge and networks</b>	
3.1 Connection and coherence across the UHC2030 family of health systems Related Initiatives.....	23
3.2 Knowledge Hub.....	24
<b>4. UHC2030 governance, Core Team operations and communications</b>	
4.1 Steering Committee.....	25
4.2 Core Team operations.....	26
4.3 Communications.....	27
<b>4. UHC2030 finances</b>	
<b>Table 1</b> Summary of expenditure of the UHC2030 programme of work for 2019.....	29
<b>Annexes</b>	
1 UHC2030 members.....	30
2 UHC2030 Related Initiatives.....	32
3 Steering Committee 2019.....	33
4 UHC Movement Political Advisory Panel.....	34
5 CSEM Advisory Group.....	34
6 Private sector constituency.....	34
7 UHC2030 meetings and events.....	35
8 Overview of milestones and progress of the UHC2030 workplan for 2019.....	37

<b>Box 1</b> UHC2030: what it is, what it does and how it works.....	6
<b>Box 2</b> UHC2030 areas of work.....	7
<b>Box 3</b> Key commitments, targets and actions in the UN HLM Political Declaration on UHC.....	11
<b>Box 4</b> UHC Day advocacy activities.....	13
<b>Box 5</b> CSEM commentary on the 2019 Global Monitoring Report on UHC.....	13
<b>Box 6</b> The private sector statement on UHC.....	16
<b>Box 7</b> Kyrgyzstan: joint statement on health sector coordination.....	21
<b>Box 8</b> Yemen: Multistakeholder collaboration on health systems assessment.....	22

## ABBREVIATIONS

<b>CSEM:</b> Civil Society Engagement Mechanism
<b>GAP:</b> Global Action Plan for Healthy Lives and Well-being for All
<b>HLM:</b> High-Level Meeting
<b>IFRC:</b> International Federation of Red Cross and Red Crescent Societies
<b>PFM:</b> public financial management
<b>SDG:</b> Sustainable Development Goal
<b>UHC:</b> universal health coverage
<b>UHC2030:</b> International Health Partnership for UHC 2030
<b>UN:</b> United Nations
<b>UN HLM:</b> United Nations High-Level Meeting
<b>UNGA:</b> United Nations General Assembly
<b>WHA:</b> World Health Assembly
<b>WHO:</b> World Health Organization

# INTRODUCTION

UHC2030 is the global movement to build stronger health systems for universal health coverage (UHC). We provide a platform to convene and connect all stakeholders in support of countries' efforts to achieve UHC, including governments, international organisations and global health initiatives, philanthropic foundations, civil society, and the private sector.

This third UHC2030 Core Team report describes the implementation of the milestones and deliverables for our work, detailing what has been achieved in 2019.

## BOX 1

### UHC2030: what it is, what it does and how it works

Everyone, everywhere should have access to quality, affordable health services. UHC2030's vision is that countries build more resilient health systems based on primary health care as the bedrock for progress towards the interrelated goals of health security and UHC.

UHC2030 aims to accelerate progress towards UHC with the ambition to meet Sustainable Development Goal (SDG) target 3.8 with its indicators of 3.8.1 on coverage of essential health services and 3.8.2 on financial protection, and make a positive contribution of UHC to all the health SDG targets.

UHC2030 promotes enhanced political and financial commitments for UHC, more coherent health systems strengthening by all relevant health partners, inclusive approaches, and accountability for results. We convene and help build connections – and contribute advocacy, tools, guidance, knowledge and learning – that support countries and all relevant stakeholders to take more effective action.

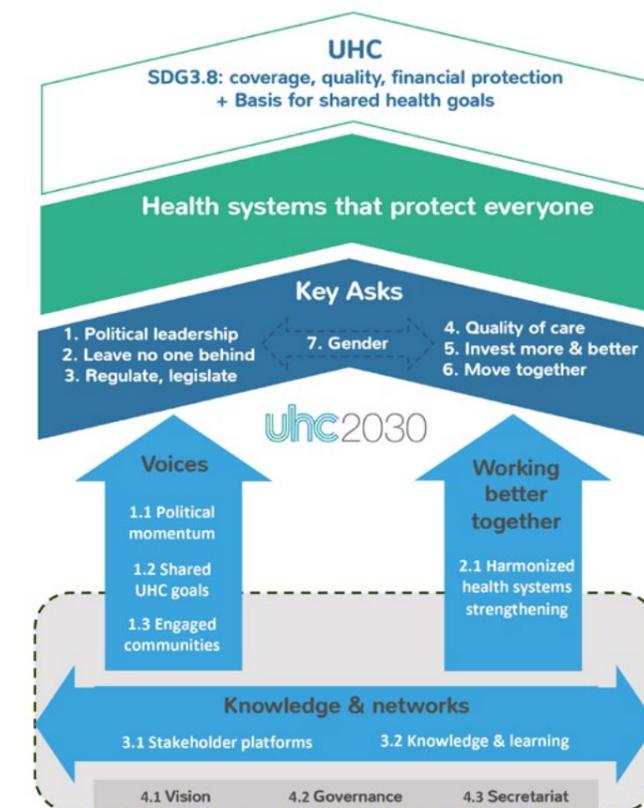
While much of UHC2030's work is at the global level, our goal is country-level impact, largely through implementation by country governments and other UHC2030 members. UHC2030 strives to ensure that everything it does is appropriately informed by country needs.

## BOX 2

### UHC2030 areas of work

UHC2030 focuses on results in the three areas of: voices for UHC, working better together for UHC, and 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. We coordinate and promote national and international advocacy, build consensus around priority messages and campaigns, and help 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, promoting joint working that helps countries to address key health systems bottlenecks. These "bottlenecks" include specific issues (such as ensuring sustainable coverage during transitions away from external financing), contexts (such as fragile and conflict-affected settings) and refocusing 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 2019

In 2019 UHC2030 played an instrumental role in bringing together diverse voices and securing historic commitments at the United Nations High-Level Meeting on Universal Health Coverage (UN HLM). UHC2030's constituencies and partners closely collaborated to produce a set of Key Asks from the UHC movement, which ultimately influenced the successful outcome and Political Declaration of the UN HLM.

UHC2030's influential role in co-constructing and co-promoting coherent messaging with a wide range of stakeholders across the health sector, particularly with civil society and communities, has been well recognized.

Accordingly, UHC2030 has assumed a highly strategic and increasingly visible role in the global health architecture. UHC2030 has continued to champion effective cooperation for health, helped ensure relevant commitments are reflected in the Global Action Plan for Healthy Lives and Wellbeing for All (SDG3 Global Action Plan), and developed and promoted tools and learning for harmonized health systems strengthening.

### Highlights from the UN HLM process

- UHC2030's strategic and coordinated global advocacy in the run up to the UN HLM brought together diverse stakeholder groups and ultimately influenced the Political Declaration on UHC.
- UHC2030 mobilized over 600 partners for the multi-stakeholder hearing in New York in April, a key moment that influenced the UN Political Declaration on UHC.
- UHC2030 delivered key strategic events that shaped the narrative on UHC throughout 2019, including the World Health Assembly, the multi-stakeholder meeting and the UN HLM and high-level briefings in Geneva and New York.
- UHC2030's strong collaboration with disease-specific partnerships promoted joint messages on UHC and led to discussions about follow up actions and tracking of commitments for UHC.
- UHC2030 and its membership mobilized and supported strong campaigns at country level with advocacy campaigns for both the UN HLM and UHC Day.



To reach agreement on the pioneer and far reaching UN Political Declaration on UHC was extremely difficult. I would like to thank civil society and especially the UHC2030 movement because you were the engine, you were the pushers and the makers during the process and it made a big difference.

Maria Fernanda Espinosa Garces, President of the 73rd Session of the UN General Assembly

### UHC2030's constituencies grew in strength and power

- During 2019, the Civil Society Engagement Mechanism (CSEM) membership increased from 350 organisations in 70 countries to more than 850 organisations in more than 100 countries.
- The CSEM advised and influenced the SDG3 Global Action Plan.
- Strong CSEM commentary on the UHC Global Monitoring Report 2019 highlighted gaps in equity.
- Increasingly diverse membership in the Private Sector Constituency grew from 13 to 33 members in 2019 with a functioning governance arrangement.
- UHC2030 convened multi-stakeholder dialogue on role of the private sector, culminating in the Private Sector Constituency's statement on how it can contribute to UHC.

### Multi-stakeholder processes are a fundamental aspect to the role of UHC2030

We bring together diverse voices and perspectives for the common goal of achieving UHC. In 2019 UHC2030 promoted and secured the following:

- UHC2030 achieved high-level attention for multi-stakeholder social accountability, with clear references in the UN HLM Political Declaration to multi-stakeholder platforms, civil society and community involvement.
- UHC2030, in collaboration with partners, promoted peer exchange and learning on social participation.
- Strong references are made in the SDG3 Global Action Plan about the need to better leverage and strengthen civil society and community participation and to the UHC2030 Global Compact and seven behaviours for effective health cooperation.

# 1 Voice

## 1.1 Strategic global advocacy

Milestone: unified voices effectively champion a common UHC agenda and influenced UN HLM negotiations and outcomes.

### Key achievements

- UHC2030 brought multiple stakeholders together behind shared UHC goals and successfully influenced UN HLM commitments
- The UHC movement directly contributed key elements to the contents of the Political Declaration on UHC through the Key Asks
- UHC champions and disease-specific programmes shared a platform for the common goal of achieving UHC.

UHC2030 partners and constituencies made significant contributions to the UN Political Declaration on UHC, the most comprehensive agreement ever reached on global health and a monumental achievement. Since the beginning of 2019, UHC2030 helped prepare for the UN HLM, working with partners and a broad range of health stakeholders who collaborated to produce Moving Together to Build a Healthier World: Key Asks from

the UHC Movement (known as the Key Asks). This enabled the global UHC movement to speak with a common voice and send powerful and coherent messages to political leaders. In April 2019, a multi-stakeholder hearing created the space for the UHC movement to loudly declare its ambitions for the UN Political Declaration on UHC, and its messages informed the negotiating process with Member States.

During the UN HLM, Member States showed convergence in their statements around public finance, the prioritization of primary health care, the importance of focusing on the most marginalized and vulnerable populations, and the right to health, including sexual and reproductive health for women and girls. These were all significant issues raised by the UHC movement through the Key Asks. With around 50 Heads of State present during the UN HLM and 84 Member States making statements during the plenary, world leaders agreed to take ambitious actions to institute UHC in their countries and committed to strengthening primary health care (see box 3).

Also for the first time in global health, the broader UHC movement and disease-specific programmes shared the same platform for the common goal of achieving UHC. The implications of this are powerful as every disease and every health issue is part of the UN Political Declaration on UHC: as we all work towards health for all, we all move together.



**UHC is a political choice: today world leaders have signalled their readiness to make that choice.**

**Dr Tedros Adhanom Ghebreyesus,**  
Director-General of WHO, on the occasion of the UN HLM

### BOX 3

## Key commitments, targets and actions in the UN HLM Political Declaration on UHC

### Key Targets

Progressively cover 1 billion additional people by 2023, with a view to covering all people by 2030 (24a); Stop the rise and reverse the trend of catastrophic OPP health expenditure and eliminate impoverishment due to health-related expenses by 2030 (24b); Resource mobilization (42); Public spending on health (43); Health workforce (60).



### Ensure political leadership beyond health

- Commit to achieve UHC for healthy lives and well-being for all at all stages, as a social contract.
- Health-in-all-policies (26); Prioritize public health (27); Leadership capacity (55); Strategic political leadership (59); UHC in emergencies (73); UNSG and political momentum (81); Set national targets (79).



### Leave no one behind

- Pursue equity in access to quality health services with financial protection.
- Reduce financial barriers (39); Access to medicines and health products (49); Health workforce (61); Vulnerable/excluded people (70); Resilient health systems (72); Collect quality, timely, reliable data (67).



### Regulate and legislate

- Create a strong, enabling regulatory and legal environment responsive to people's needs.
- Transparency of prices (50); Effective institutions (56); Regulatory capacities (58); Strengthen legislative and regulatory frameworks (57).



### Uphold quality of care

- Build quality health systems that people and communities trust.
- Quality needs-based interventions (25); Primary health care (46); Safe, quality, people-centred health systems (48); Health workforce (62); Evidence-based decisions (65); Innovation and technology (66); Cover one billion more people with quality essential health services (24).

The numbers in brackets refer to the paragraph number in the Political Declaration.



### Invest more, invest better

- Sustain public financing and harmonize health investments.
- Nationally appropriate spending targets (40); Public financing (41); External financing (45); Invest in new technologies and innovation (66); Optimize budgetary allocations on health (43).



### Move together

- Establish multi-stakeholder mechanisms for engaging the whole of society for a healthier world.
- Private sector innovation (53); Whole of society approach (59); Global partnerships (77); Establishment of participatory and transparent multi-stakeholder platforms and partnerships (54).



### Gender equality

- Emphasize gender equality, redress gender power dynamics and ensure women's and girls' rights as foundational principles for UHC.
- Women's empowerment in the health workforce (63); Sexual and reproductive health (68); Gender perspective in all policies (69).
- Everyone, Everywhere should have access to quality and affordable health services.
- We call on political leaders to legislate, invest and collaborate with all of society to make UHC a reality.

### Follow-up Actions

Request the Secretary-General to provide a progress report during the seventy-fifth session of the General Assembly (82); Decide to convene a high-level meeting on universal health coverage in 2023 in New York (83).

## 1.2 Country UHC campaigns

Milestone: country-level advocates are supported with evidence-based tools and resources, including for UHC Day.

### Key achievements

- UHC2020 supported a high profile global UHC day campaign to “Keep the Promise” for commitments that political leaders made at the UN HLM
- At least 230 country UHC campaigns took place in 63 countries
- UHC2030 provided micro-grants to support events of 88 organisations from 58 countries.

Each year, UHC Day aims to raise awareness of the need for strong and resilient health systems and UHC. On and around 12 December annually, UHC advocates raise their voices to share stories of the millions of people still waiting for their health needs to be met, to call on leaders to make bigger and smarter investments in health, and to remind that Health for All is imperative to create the world we want.

Following the high-level commitments made by heads of states at the UN HLM on UHC this year, UHC advocates decided to send them a message loud and clear with the UHC Day campaign theme “Keep the Promise”. UHC2030 powered the multi-stakeholder Coordination Group of UHC Day 2019 which developed advocacy and communication materials that helped translate the key elements of the Political Declaration on UHC into common messages.

Events started with the international UHC Day 2019 Global Kick-Off Call on 11 December, with valuable remarks from high-level speakers including Her Excellency Ms María Fernanda Espinosa Garcés, and UHC2030 Co-Chairs Ilona Kickbusch and Githinji Gitahi. Messages were also heard from civil society organisations (CSOs) that had received micro-grants to support their UHC Day advocacy in countries.

The online global heat map for UHC Day 2019 saw over 230 organizations from 63 countries posting events, with probably many more other events also happening (see box 4). This is a promising increase in mobilization from 2018 when 189 events were posted.

While the number of global partner events grew substantially, so too did the amount of events and activities supported by the UHC Day micro-grants. UHC2030 and the World Health Organization (WHO) contributed a total of US\$ 141 900 to support 88 organizations from 58 countries (including multi-country events). The applications were stronger than ever this year, featuring activities as wide-ranging as political round tables to brass band marches, and which advocated for marginalized groups from people with albinism, to refugees, youth and women’s groups to the LGBTQ community.



**@UHC2030 @CSOs4UHC @UHC\_Day are a much needed spark. We are refugees but you enabled us to plan, to be daring, establish rapport, engage in cross-cultural initiatives to promote space for contribution to and demand universal health coverage. Thank you!**

Advocacy Network Africa

### BOX 4

#### UHC Day advocacy activities

On UHC Day, over 230 partners holding events posted them to this [interactive heat map](#).



### BOX 5

#### CSEM commentary on the 2019 Global Monitoring Report on UHC

The UHC2030 Civil Society Engagement Mechanism (CSEM) responded to the Global Monitoring Report on UHC with its own specific commentary on the findings. [“Leaving No One Behind”: Delivering on the Promise of Health for All](#) contains reflections, observations and recommendations. Key recommendations made in the CSEM report include:

1. The UHC movement should firmly uphold the principle of “leaving no one behind”, which is articulated in the SDG Agenda as “reach the furthest behind first”.
2. The monitoring of UHC, at all levels, should embrace the “leaving no one behind” mindset and make every effort to gather the most accurate and up-to-date information about UHC progress among people who are furthest behind.
3. To improve service coverage of UHC, intensified efforts are needed in low-income countries and lower middle-income countries where service coverage is far below the global average level.
4. To get closer to the targets of covering one billion more people by 2023 and to achieve UHC by 2030, the pace of expanding population coverage needs to be significantly accelerated.
5. The recent deterioration of financial protection is unacceptable and is the biggest failure of the UHC promise, and this necessitates immediate attention.
6. Engagement of and investing in civil society as a key stakeholder is essential to achieving UHC that leaves no one behind.

## 1.3 Stakeholder constituencies

Milestone: the CSEM is fully operational and facilitating CSOs' participation in the UN HLM and SDG Global Action Plan.

Milestone: the Private Sector Constituency is established and operational, and includes the private sector in UHC debates.

### Civil society

#### Key achievements

- CSEM membership grew from 350 member organizations in 70 countries to 850 member organizations in over 100 countries
- Community and civil society voices were strong and loud during the UN HLM process
- CSEM demanded accountability on UHC achievements, through its critical commentary on the Global Monitoring Report on UHC.

The Civil Society Engagement Mechanism (CSEM) is the civil society constituency of UHC2030, which is hosted with Management Science for Health. Over the course of 2019, [the CSEM grew](#) from having 350 member organizations in 70 countries to more than 850 member organizations in over 100 countries. The CSEM provides a common platform for a diverse range of civil society and community organizations across the health sector. As such, it contributes to consolidating the UHC movement and ensures consistent messaging about UHC among the various groups active in disease or specific health issues. The increasing membership also helps to ensure that global advocacy efforts do not come just from the top but involve mobilization from the grass roots.

At the end of 2019, membership of the CSEM Advisory Group was renewed (12 out of 18 members). The Advisory Group fosters civil society representation in UHC2030 at global and national levels, conveys constituency priorities based on national inputs, and acts as a technical hub (see list in Annex 5).

During the lead up to the UN HLM, the CSEM engaged hundreds of civil society representatives from all regions of the world, culminating in the development and dissemination of various advocacy tools, including consultations on the priority actions to feed into the Political Declaration on UHC. These consultations resulted in the development of the [Civil Society Priority Actions for the UN High-Level Meeting on Universal Health Coverage](#) in support of the Key Asks from the UHC Movement.

CSEM Advisory Group members lobbied for “leaving no one behind” in UHC during the [Interactive Multi-stakeholder Hearing for the UN HLM](#) in April 2019 in New York. It also supported [UHC country advocacy meetings](#) in 13 countries in the build-up to the UN HLM on UHC. It launched the [#UHC4Me Global Video Campaign](#) to create widespread awareness of the right to health and mobilize people, communities, and civil society to lobby and advocate UHC.

On the eve of the UN HLM it launched the CSEM Commentary on the 2019 Global Monitoring Report on UHC, published by WHO (see Box 5). The CSEM also established a subgroup to provide advisory inputs from civil society into the SDG3 Global Action Plan (see section 2.1).

The CSEM developed and published its [communications and advocacy strategy](#), and launched the [CSEM website](#), social media, and members-only CSEM Voices newsletter. The CSEM also participated in planning the annual [UHC Day campaign](#).

### Private sector

#### Key achievements

- UHC2030 mobilized the UHC2030 Private Sector Constituency which involved a new approach to engaging the private sector with other stakeholders for the goal of UHC
- The Private Sector Constituency membership grew to 37 members representing a diverse mix of global- and country-level businesses and associations
- UHC2030 launched the Private Sector Constituency Statement at the UN HLM; the statement has received high-level buy-in and support (see box 6).

UHC2030 recognizes the importance of engaging the private sector given its role in health care, not only in high-income, but particularly in low- and middle-income countries. The UHC2030 Private Sector Constituency has been established as the convening platform for private sector entities wishing to exchange on and collaborate towards UHC. It brings together for-profit entities that directly provide services and goods within the health value chain, such as service providers, health insurers, and manufacturers and distributors of medicines and health products as well as innovative and disruptive technologies with applications to the health market. The constituency, hosted by the World Economic Forum, 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. Since the launch of the Private Sector Constituency at the end of 2018, 37 private sector entities have joined the UHC2030 Private Sector Constituency (see list in Annex 6).

Definitions and theoretical frameworks surrounding private sector engagement for UHC are currently inadequate and require a common understanding to be reached among all stakeholders including governments, civil society, academia and the private sector itself. In 2019, UHC2030 initiated a multi-stakeholder dialogue with a view to decide what role the private sector can and should play to reach UHC. It included looking at options for aligning the business objectives of the private sector to provide return on investment with public policy objectives of improved equitable access and financial protection.

“[Profiting from Profit: Aligning Private Sector Interests with UHC Goals](#)” was a side event during the 72nd World Health Assembly that took place on 21 May 2019 in Geneva. It was organized by UHC2030 together with WHO, the World Economic Forum and the Independent Accountability Panel for Every Woman, Every Child, Every Adolescent.

The event also kicked off the process to develop a multi-stakeholder statement on private sector engagement for UHC that was launched during the UNGA week. This was an important opportunity for the private sector to collectively recognize the significant role it can play in achieving UHC and the importance of principles such as affordability, quality and equity in access to health care services. The UHC2030 Private Sector Constituency also provided inputs on the development of the Key Asks by organizing two consultations with the private sector during the World Economic Forum Annual Meeting 2019 and the Africa Health Agenda International Conference held in Kigali, Rwanda.

## BOX 6

### The private sector statement on UHC

In September 2019, the UHC2030 Private Sector Constituency launched its statement on UHC, highlighting how the private sector can work together with other stakeholders to achieve better health and well-being for all people at all ages. The statement is a product of lively multi-stakeholder dialogue, which sets out principles, the enabling environment and actions to maximise the private sector's contributions to UHC. The statement received high-level buy-in and support and provides a basis for further dialogue with all UHC stakeholders to promote mutual understanding, a shared vision, and collaborative action for how the private sector can most effectively contribute to UHC.

**To build on and maximize the private sector's existing contributions to UHC, the UHC2030 Private Sector Constituency will promote both the principles in the statement and enhanced action across the private sector to:**

- Offer quality products and services that consider the needs of all people including poor and marginalized populations, and make these affordable, accessible and sustainable;
- Incorporate UHC principles, including to leave no one behind, in core business models and objectives;
- Develop, test and scale up innovative business models that align with UHC goals;
- Create, adapt, apply and scale up innovations;
- Help strengthen the health workforce, responding to local context, priorities and needs;
- Contribute to efforts to raise the finance available for UHC; and
- Engage in, champion and build capacities for relevant policy dialogue and partnerships with government and other stakeholders.

**To create an enabling environment for private sector contributions towards UHC, governments (primarily) and other UHC stakeholders should ensure the following:**

- Processes for structured and meaningful engagement of all partners;
- National health strategies and plans that set clear, evidence-based policy objectives;
- A robust regulatory and legal system;
- More and better investment in health, especially to strengthen health systems;
- Appropriate capacity and procedures to work with non-state actors; and
- Knowledge and evidence on "what works" for health systems and UHC.



**Good intentions and promises for delivering UHC are not enough. The people to whom these promises have been made are not beneficiaries of charity; they are holders of human rights. Accountability is crucial.**

Alicia Ely Yamin, a member of the UN Secretary-General's Independent Accountability Panel (IAP) for Every Woman, Every Child, Every Adolescent

## 1.4 Multi-stakeholder social accountability approaches

Milestone: CSOs, media and parliamentarians are better equipped to engage with and shape decision-making on health policies, including health budget discussions for UHC.

### Key achievements

- UHC2030 mobilized stakeholders to promote social participation at global health forums
- UHC2030 worked with partners to convene the Social Participation Technical Network, which aims to mobilize political will for social participation for UHC
- UHC2030 developed a budget toolkit aimed at CSOs, media and parliament, which will be tested in 2020.

### Social participation

As part of the UHC2030 remit to strengthen social accountability, focus is on the participation of populations, communities and civil society in national planning processes. Participatory governance can make public policy more responsive to the needs of the most vulnerable groups, yet few countries systematically and meaningfully engage populations, communities and civil society in decision-making processes.

UHC2030, the CSEM and WHO convened a Social Participation Technical Network, hosted within the [Health Systems Governance Collaborative](#) as a time-bound multi-stakeholder group to mobilize political will for social participation as a core principle in UHC reform processes and to advise on the development of a WHO Handbook on Social Participation for UHC planned for mid-2020.

The group also helped raise attention on the importance of social participation during a side event of the [World Health Assembly](#) organized

by Japan, Kenya and Thailand and another side event organized during the [UNGA](#) week by Thailand. Collective advocacy and peer exchange in collaboration with WHO and UHC2030 partners have paid off with the power of social participation and accountability being increasingly valued, and with explicit references to multi-stakeholder platforms, civil society and community involvement in the UN HLM Political Declaration.

### Health budget analysis, advocacy & accountability

Health budget analysis, advocacy and accountability have collectively been identified as an area where UHC2030 can add value in strengthening the capacities of CSOs, the media and parliaments in a way that promotes coherence and constructive national multi-stakeholder collaboration. In 2019, UHC2030 developed a budget toolkit building on a broad consultative process during the course of 2018 with a range of partners to frame the development of a toolkit for capacity strengthening.

Rather than consisting of technical guidance, this toolkit aims to be an instrument to build skills among CSOs, the media and parliaments on how they can meaningfully engage to influence the mobilization and use of resources for UHC. The toolkit will be tested in 2020 through collaboration involving the Global Fund, Global Financing Facility, Gavi, the Partnership for Maternal, Newborn and Child Health (PMNCH) and other health partnerships with a view to strengthen collaborative advocacy action across health disease programmes and support national civil society platforms for health.

# 2 Working better together

## 2.1 Jointly agreed principles and tools to enhance coherence and effectiveness of efforts on health systems and UHC

Milestone: actions to strengthen country-level coordination included in SDG Global Action Plan and tools to support country-level coordination updated and made available for use by countries and partners.

### Key achievements

- UHC2030 kept effective cooperation for health systems strengthening on the agenda in both the UN HLM Political Declaration and the SDG3 Global Action Plan
- UHC2030 facilitated the sharing of knowledge and experience across countries on coordination needs and successful approaches.

The Key Asks to 'invest more and better' and to 'move together' include specific actions to foster strong alignment and enhance international cooperation to strengthen national health systems. UHC2030 helped ensure these points were reflected in the UN HLM Political Declaration, health declarations by the G7 and G20, and the Global Action Plan for Healthy Lives and Wellbeing for All (SDG3 Global Action Plan).

The SDG3 Global Action Plan (GAP) sets out the collective commitment by 12 agencies to strengthen their collaboration in support of countries and represents "a more purposeful, systematic, transparent and accountable collaboration" to accelerate progress. UHC2030 contributed to the

development of the GAP through dialogue with the GAP secretariat, inputs to GAP Sherpas meetings, responses to consultations and collaboration with agencies in specific GAP accelerators. The GAP, launched at UNGA in September, includes strong references to the UHC2030 Global Compact and seven behaviours for effective health cooperation, plus the need to better leverage and strengthen civil society and community participation.

UHC2030 identified opportunities for collaboration on specific actions and contributed to GAP accelerators:

- Primary health care - UHC2030 is supporting alignment of work on health systems assessment
- Health financing - UHC2030 began developing a toolkit on budget watchdog functions, generated evidence and analysis on development assistance for health, and promoted joint learning and knowledge sharing especially on sustainability and transition
- Civil society and community engagement - the CSEM hosted an advisory group for this accelerator and UHC2030 promoted coordinated support to communities and civil society and improved alignment of funding.

UHC2030 mobilized dialogue with countries at the World Health Assembly on global and in-country coordination needs, and facilitated the sharing of experience across more than 30 countries at the UHC Partnership's annual meetings. The Core Team has reviewed existing tools and is currently responding to requests from several countries to support

development of country compacts, which will inform guidance on new tools. UHC2030 continues to share experience of effective health systems strengthening coordination approaches and identified collaboration opportunities with the UHC Partnership and primary health care accelerator to translate global coordination principles to country-level action.

## 2.2 Specific policy and implementation approaches developed collaboratively and promoted

Transition and sustainability milestone: consensus principles are reflected in key agencies' implementation plans, SDG3 Global Action Plan, UN HLM outcomes and fund replenishment.

Public financial management milestone: joint advocacy messages and policy guidance are agreed and promoted with/by UHC2030 members.

Health systems performance assessment milestone: health systems performance assessments: a new template and harmonization of existing assessments are agreed and piloted.

Fragile settings milestone: learning is generated for application of new tools/guidance for health systems assessment and for humanitarian health coordination.

### Key achievements

- UHC2030 promoted principles on transition and sustainability across disease-specific programmes and in multi-country meetings and these were reflected in agency policies
- We developed a multi-agency policy note on public financial management (PFM), along with specific joint actions agreed to PFM work in several countries
- We developed and promoted a harmonized approach to health systems performance assessment, based on two years of background technical work and collaboration
- We published guidance on health systems assessment in fragile settings, and documented learning on humanitarian-health coordination.

UHC2030 technical working groups develop and promote harmonized policy and implementation approaches for priority health systems strengthening issues. Most of these groups were established in 2017 and 2018, and developed interim products in 2019 en route to final products and promotion of country-level implementation in 2020.

The groups are multi-stakeholder and activity-oriented, bringing together experts and managers from partners and Related Initiatives to collectively deliver products on a health systems issue. They are time-limited and set up with the agreement of the Steering Committee, which approves their terms of reference.

### Transition and sustainability

The working group on sustainability and transition has brought together representatives of ministries of health and finance, health system and disease experts from the World Bank and WHO, bilateral donor agencies, global health initiatives, and other organizations, including academia, think tanks and CSOs. Country interest has been particularly strong with 15 countries contributing to the work.

UHC2030 launched its [statement on sustainability and transition from external funding](#) in 2018 following wide consultation. The statement includes ten recommendations/principles directed at governments of countries experiencing transition from external funding and the broad range of development partners working in these contexts. It provides an agreed framework for how countries can sustain essential coverage of priority health interventions as they transition.

In 2019, members of the working group used their institutional platforms to promote and follow up on the UHC2030 statement. UHC2030 brought together disease-specific programmes to identify how to apply the principles and a “UHC lens” to improve service coverage sustainably. The World Bank and WHO presented the UHC2030 sustainability and transition principles in multi-country meetings where their work on transition is discussed and planned. UNAIDS have integrated them in global guidance on HIV and their framework on sustainability and AIDS response results. The Alliance for Health Policy and System Research developed a work programme that will help inform good practice for countries, with six case studies to be conducted in 2020. Discussions are underway to institutionalize the collection of transition data across donors and countries, building on the data set of external funders’ transition timelines that UHC2030 developed.

The UHC2030 transition principles have also been taken up in some countries such as Kyrgyzstan where they have been integrated to the new sector coordination agreements (see Box 7). The working group is now finalizing its approach to support wider operationalization of these principles, which will be available in 2020.

### Public financial management in health

The working group on PFM brings together experts from UHC2030 member organizations and constituencies to: i) promote joint approaches to PFM in health; ii) synthesize and share knowledge on PFM issues in health; iii) champion the connections between PFM, service delivery and health financing; and iv) facilitate support to the implementation of joint financial management harmonization and alignment approaches.

In 2019 the group developed a joint policy note on public financial management for health. Through the process of developing this, members gained understanding of their agencies’ respective approaches and fostered alignment and consensus. The note will be finalized and published in first half of 2020 and promoted with policymakers as the basis for a shared understanding of PFM issues and approaches in the health sector.

The group has also made links with the SDG3 Global Action Plan’s sustainable finance accelerator, and provided a platform to exchange knowledge and promote alignment on PFM issues. Results include policy alignment (for example collaboration on country action plans and support for PFM reforms in several countries) and operational efficiencies (for example shared panels of audit firms, aligned agency PFM assessment tools).

### BOX 7

#### Kyrgyzstan: joint statement on health sector coordination

In 2018 and 2019, the Ministry of Health, working closely with WHO, the World Bank Group and other development partners, updated sector coordination mechanisms around the new national health strategy, with a view to improve efficiency in how all actors work together to implement the new national health programme and move towards UHC. Coordination modalities are now outlined in a “Joint Statement” of the Government of Kyrgyz Republic and Development Partners and take into consideration the changing context of Kyrgyzstan becoming a lower-middle-income country with a gradually expanding economy and decline in external funding.

Reflecting the evolving economic and social context in Kyrgyzstan, the joint statement underlines the importance of targeting development assistance to health in a way that catalyzes adequate health sector prioritization in public budgets and effective use of domestic resources. It shows the significance of designing responses to transition from external funding that aim at sustaining or increasing the effective coverage of priority interventions for UHC. This process also promotes the value of actors working in a coordinated manner based on transparent well-coordinated transition plans with clear timelines.

### Health systems performance assessment

Assessing health systems performance is vital for identifying practical policy actions to make progress towards UHC. Many countries have multiple, fragmented health systems assessments conducted with or by multiple partners, and many of these assessments focus on inputs and outputs without systematically considering health system performance. The working group on health systems assessments (HSA) is developing a shared approach, template and guidance to address these issues, so that assessments are better harmonized and more useful to inform policy decisions.

Building on a study of different assessment tools in 2018, in 2019 the group developed a framework of health systems functions (service delivery, governance, financing, and resource generation e.g. health worker training), performance dimensions (such as equity, efficiency and responsiveness) and suggested indicators. This includes both a substantial body of technical work (in collaboration with WHO), and extensive multi-stakeholder engagement to build consensus. The framework was nearing completion at end of 2019; there will be further consultation with the group and the template and guidance will be finalized and launched by mid-2020. UHC2030 has made links with the GAP accelerator on primary healthcare and identified opportunities to align approaches and promote joint work in countries.



**Country leadership is critical. If leaders commit to building smarter, data-driven, cost-effective health systems, they can deliver affordable, quality health care.**

David Malpass, World Bank Group President

BOX  
8

### Yemen: Multistakeholder collaboration on health systems assessment

In September 2019, a range of health stakeholders gathered to initiate an inclusive process to assess Yemen's health system and identify opportunities for collaboration to make it stronger. The meeting brought together a range of health stakeholders including: DFID, ECHO, WHO Head Quarters, Regional and Country Offices, EU, GIZ, IOM, Save the Children, UNICEF and USAID. Yemeni professionals familiar with the health sector and the ongoing work of the Yemen Ministry of Public Health and Population took also part in the meeting.

Participants fostered a common understanding of what is needed to support Yemen's efforts to rebuild the health system. It demonstrates the mutual benefits of sharing knowledge in a multi-stakeholder context.

Follow up steps after the workshop include collecting and analysing data in relation to health system needs; reviewing and appraising possible collaborations for health systems interventions and fostering ownership of the process by national stakeholders; and reaching out to those health and other stakeholders who were absent at the first meeting.

### Fragile settings

Over one billion people live in fragile, conflict-affected and vulnerable settings. Many of them lack access to quality health services. This technical working group aims to identify and promote policies and practices for health systems strengthening in these settings.

In 2019 the working group focused on three areas:

- Shared advocacy messages on UHC needs in fragile settings. These were reflected in the Key Asks and, ultimately, the UN HLM Political Declaration
- Convening key humanitarian and development partners to develop and align tools for joint assessments and planning in fragile settings. UHC2030 published an extensive guidance document for health systems assessment in fragile settings. WHO is trialing the guidance in Yemen (see Box 8)

- Coordination across the humanitarian development nexus. UHC2030 is working with WHO's Emergencies Programme on a series of studies and dialogue to strengthen multi-stakeholder coordination across existing humanitarian and development coordination mechanisms (the 'humanitarian-development nexus'). In 2019 UHC2030 commissioned a background review of existing approaches, findings and implications of which have been discussed with the working group, and a first country study in Nigeria (Borno state) was completed. Further country studies and policy guidance will promote joint planning and coordination across the humanitarian development nexus.

# 3 Knowledge and networks

## 3.1 Connection and coherence across the UHC2030 family of health systems Related Initiatives

Milestone: "network of networks" enables information to be shared efficiently and adds value through joint dialogue and lessons sharing.

### Key achievements

- Health systems Related Initiatives joined coordinated advocacy efforts to prepare for the UN HLM and influence the Political Declaration on UHC with the Key Asks
- Health systems Related Initiatives participated in UHC2030 technical working groups and the co-construction of tools and frameworks to support the development of stronger health systems.

UHC2030 has been established to promote collaborative working on health systems strengthening and provides a platform to promote more joined-up approaches across different health systems networks and collaboratives. 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 2019, Related Initiatives engaged in joint advocacy efforts in preparation for the UN HLM and contributed to shape and amplify messages from the Key Asks through their respective networks. UHC2030 has also intensified regular exchanges among Related Initiatives through meetings and updates. Basic information sharing has enabled some concrete collaboration, with examples including:

- UHC2030 Statement on Sustainability and Transition: The Alliance for Health Policy and System Research developed a work programme that will help inform good practice on transition from a country perspective. It builds on the UHC2030 principles, and six case studies will be conducted in 2020.
- Health Systems Performance Assessment Tool: Related Initiatives have been invited to contribute to finalizing the common framework for health systems performance assessments that will be launched in 2020.
- Knowledge Hub: Related Initiatives have contributed actively to develop the taxonomy that is being used to classify, organize, store and retrieve resources. The Joint Learning Network, Health Systems Global and the Alliance for Health Policy and Systems Research have contributed to testing the indexing system by cataloguing their knowledge products using established criteria and protocols.

## 3 Knowledge and networks

### 3.2 Knowledge Hub

Milestone: prototype and operational versions of the Knowledge Hub and management/sustainability plan are agreed for keeping the hub relevant, responsive and up-to-date.

#### Key achievements

- UHC2030 organised consultations with knowledge networks and knowledge users in countries to ensure that the Knowledge Hub is sustainable and responsive to needs.

UHC2030 has closed the preparatory phase of the Knowledge Hub development and recommends proceeding with the implementation phase, subject to funding availability.

The first phase of work includes the following outputs: (i) standard taxonomy for indexing; (ii) pilot testing of indexing of about 170 knowledge products by knowledge networks from the Related Initiatives, the CSEM, and multilateral partners; and (iii) functional design and technical specifications for the Knowledge Hub IT solution.

The Knowledge Hub has been developed to improve access to knowledge, often of a more applied nature, produced by countries, international health organizations, knowledge networks, the private sector and civil society that is not published or indexed in academic literature. Final consultations with knowledge producers (knowledge networks) and knowledge users (countries) took place to get feedback for the proposed functional solution; in particular, on whether it responds to the stated knowledge need at the time of original landscaping and its sustainability prospects in terms of knowledge producers' readiness to submit knowledge and self-index. These consultations confirmed the expected benefits of the Knowledge Hub to widen the reach of knowledge products produced but highlighted the importance of the hub being proactive in assessing whether indexed materials respond to the needs of users in countries; such as identifying gaps, inclusion of analytics on search patterns, feedback mechanisms from users, and driving the efforts to fill the gaps.

UHC2030 is now looking at options for hosting such a platform, including opportunities for different funding arrangements.



It goes without saying that, in achieving UHC, no government can do this alone. We need your support, your knowledge, your resources, your experiences and your strong will. Only collective multi-stakeholder actions and meaningful partnerships can bring us forward.

H.E. Mr. Vitavas Srivihok, Permanent Representative of Thailand to the United Nations

## 4 UHC2030 governance, Core Team operations and communications

### 4.1 Steering Committee

Milestone: accountability for appropriate strategic direction that ensures UHC2030 remains relevant and results stay focused.

#### Key achievements

- Post UN-HLM vision and workplan for 2020 agreed at Steering Committee meeting in December.

The Steering Committee is responsible for setting overall strategic directions and oversight of UHC2030. It approves the UHC2030 workplan and budget. It includes a constituency-based representation that enables broader representation and a more participatory process (a list of representatives and the two Co-Chairs is provided in Annex 3). The Steering Committee includes the following constituencies:

- Governments
- Multilateral organizations
- Philanthropic foundations
- Civil society organizations
- Private sector entities.

During the two Steering Committee meetings that took place in June and December 2019, discussions were focused first on the preparation of the UN HLM and UHC2030 contribution in mobilizing multi-stakeholder voices in the process; then on building on the successful and highly valued contribution of UHC2030 to the success of the UN HLM and the role of UHC2030 in stepping up advocacy and accountability efforts based on the Key Asks and the UN HLM Political Declaration commitments. The Steering Committee also reviewed progress in implementing the workplan for 2019 and discussed the proposed workplan and budget for 2020, that was approved in the first quarter of 2020.

The Steering Committee agreed to establish a Political Advisory Panel to advise UHC2030 on how to sustain political momentum until 2023, particularly exploring ways to strengthen its political engagement in political processes and move the agenda from inside (for panel members, see Annex 4).

## 4.2 Core Team operations

Milestone: structures and processes are in place and managed effectively to support the implementation of the UHC2030 workplan.

### Key achievements

- Steering Committee and constituencies mobilised and effective support to UHC 2030 management and administration provided.

The UHC2030 Secretariat is co-hosted by WHO and the World Bank Group. It includes a core team across the two 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 2019, the UHC2030 Core Team comprised the following staff:

- WHO included a team of six professional staff, one junior professional officer and one assistant.
- The World Bank supported the Core Team with five staff engaged in varying roles on a part-time basis, equivalent to less than two full-time positions.
- Communication support was provided through a part-time consultant and part-time support from WHO and World Bank staff.
- As co-hosts of the UHC2030 Secretariat, WHO and the World Bank provided substantial in-kind support to the operations of UHC2030 which included staff time, office space and oversight inputs.

## 4.3 Communications

Milestone: members are kept engaged and up-to-date.

### Key achievements

- Partners were kept up-to-date on UN HLM preparation and wider UHC2030 work through regular newsletters
- Twitter coverage and reach increased.

In 2019, communicating with UHC2030 members, partners and constituencies continued to be effective through a range of communication channels including the UHC2030 website, newsletter and Twitter account. The website has been maintained and regularly updated with news, information and new publications throughout the year. The website site traffic in 2019 significantly increased compared with the previous year, with new users up by 34% and the average session duration increasing by 17%. After the home page, the UN HLM page was the most visited page in 2019. The UN HLM event page was viewed by over 2 000 users on the day of the event, and saw the highest spike in visitors during the year.

In 2019, the use of the UHC2030 newsletter platform escalated with the various activities leading up to the UN HLM and the UN HLM itself. To communicate clearly with our partners about consultation and registration processes and meetings, UHC2030 sent out 12 “news flashes” specifically about the UN HLM. It also sent out four general newsletters during the year that highlighted the work of UHC2030, its partners and that of Related Initiatives. Subscribers to the newsletter reached around 2 300 individuals.

UHC2030 was very active on Twitter in 2019, using the platform to advocate the Key Asks from the UHC Movement to political leaders and disseminate key messages and technical information about health systems strengthening and UHC. In 2019, UHC2030 gained 3 807 new followers (up from 4 600 to 8 407 in total) with the highest number of new followers in September, during the month of the UN HLM.

UHC2030 was also active in communicating and disseminating information and promotional materials about UHC2030 itself and the target of UHC, at face-to-face meetings and events in liaison with its partners, constituencies and Related Initiatives (see Annex 2).

# 5 UHC2030 finances

The UHC2030 programme of work for 2019 was partially funded, with financial contributions provided by the European Commission and the governments of Germany, Japan and Luxembourg.

Funding available for 2019 included carry-over from the previous year and new resource mobilization, which amounted to US\$ 3.115 million, covering 70% of the proposed annual budget of US\$ 4.449 million. The income for 2019 included a contribution of US\$ 0.25 million from WHO to cover some of the deficit, which amounted to US\$ 0.640 million following consolidation of accounts at the end of 2019.

Despite funding shortfalls in 2019, the Core Team continued to implement the UHC2030 workplan because of the importance of supporting preparations for the UN HLM (including mobilization of partners and communication work) and sustaining the momentum with UHC Day organization. In other areas, planning of some activities was well advanced and could not be postponed (such as social accountability, coordination in fragile settings, and the Knowledge Hub).

As co-hosts of the UHC2030 Secretariat, WHO and the World Bank contributed substantial in-kind support to the operations of UHC2030 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 is extended to the various areas of UHC2030 work.

Several other partners provided in-kind support, consisting of support to country advocacy meetings for the UN HLM (IFRC and UNAIDS), support to UHC2030 Private Sector Constituency (World Economic Forum) and meeting rooms for Steering Committee meetings and UNGA events (European Commission, Gavi, the Global Fund, Ford Foundation, Rockefeller Foundation and UNFPA).

Table 1 provides a summary of expenditure by areas of the UHC2030 programme of work for 2019 and types of expenditure.

**Table 1. Summary of expenditure of the UHC2030 programme of work for 2019, in US\$**

	Approved Budget 2019	Staff	Consultants / Contractual Services	Travel	Meetings	Operations	Expenditure in 2019
<b>1 VOICE FOR UHC</b>							
1.1. Global advocacy/HLM	465,000	323,944	39,574	128,648	12,726	33,389	538,280
1.2. UHC campaigns/UHC day	385,000	145,000	349,148	1,956		1,986	498,091
1.3. CSO engagement mechanism	620,000	75,000	427,500	22,321			524,821
1.4. Social accountability	241,500	75,000	236,700	8,313			320,013
<b>Sub-total 1</b>	<b>1,711,500</b>	<b>618,944</b>	<b>1,052,922</b>	<b>161,238</b>	<b>12,726</b>	<b>35,375</b>	<b>1,881,206</b>
<b>2 WORKING BETTER TOGETHER FOR UHC</b>							
2.1. Country-level coordination	142,500	55,000		7,612			62,612
2.2. Transition and sustainability	242,500	190,000	9,781	29,157	5,315	2,822	237,075
2.3. PFM in health	227,500	76,281					76,281
2.4. Health systems performance	152,500	105,000		5,840		1,500	112,340
2.5. Private sector engagement	157,500	104,975	12,599	6,237	3,232	3,882	130,926
2.6. Fragile settings	242,500	105,000	79,562	396			184,957
<b>Sub-total 2</b>	<b>1,165,000</b>	<b>636,256</b>	<b>101,942</b>	<b>49,242</b>	<b>8,547</b>	<b>8,204</b>	<b>804,192</b>
<b>3 KNOWLEDGE AND NETWORKS FOR UHC</b>							
3.1. Network of networks	37,500	25,000					25,000
3.2. UHC2030 HSS resources	32,500	25,000					25,000
3.3. Knowledge hub	697,500	72,830	94,840				167,670
<b>Sub-total 3</b>	<b>767,500</b>	<b>122,830</b>	<b>94,840</b>				<b>217,670</b>
<b>4 PARTNERSHIP GOVERNANCE AND SECRETARIAT</b>							
4.1. Communications	290,000	120,058	155,439	5,941		8,216	289,654
4.2 Strategic planning and reporting	105,000	105,000		10,875			115,875
4.3 UHC2030 steering committee	212,500	155,000		62,221	17,967	4,497	239,685
4.4 Resource mobilisation	32,500	25,000					25,000
4.5 UHC2030 management & admin	137,500	139,834			9,998	6,997	156,829
4.6 Relationship management	27,500	25,000					25,000
<b>Sub-total 4</b>	<b>805,000</b>	<b>569,892</b>	<b>155,439</b>	<b>79,037</b>	<b>27,965</b>	<b>19,710</b>	<b>852,043</b>
<b>TOTAL</b>	<b>4,449,000</b>	<b>1,947,922</b>	<b>1,405,144</b>	<b>289,517</b>	<b>49,238</b>	<b>63,290</b>	<b>3,755,110</b>

# 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  
**Kyrgyz Republic:** September 2018  
**Kuwait:** September 2018  
**Lebanon:** September 2018

**Partner:** member since

**Liberia:** April 2016  
**Libya:** September 2018  
**Luxembourg:** May 2014  
**Madagascar:** May 2008  
**Mali:** October 2007  
**Mauritania:** May 2010  
**Morocco:** September 2018  
**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:** February 2009  
**September 2018**  
**Senegal:** September 2009  
**Sierra Leone:** January 2010  
**Somalia:** September 2018  
**South Africa:** May 2017  
**Spain:** January 2010  
**Sudan:** May 2011  
**Sweden:** May 2008  
**Switzerland:** December 2018  
**Syrian Arab Republic:** September 2018  
**Thailand:** May 2017  
**Togo:** January 2010  
**Tunisia:** September 2018  
**Ukraine:** May 2019  
**Uganda:** February 2009  
**United Arab Emirates:** September 2018  
**United Kingdom:** September 2007  
**United States of America/USAID:** May 2013  
**Viet Nam:** May 2010  
**Yemen:** September 2018  
**Zambia:** September 2007

### Philanthropic organizations

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

### Civil society organizations

**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  
**FALCOH Foundation (Cameroon):** December 2018  
**G4 Alliance:** December 2018  
**Health Enabled, South Africa:** January 2018  
**HelpAge:** July 2019  
**Humanity and Inclusion:** May 2019  
**International Alliance of Patients Organizations:** 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  
**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  
**Positive Generation, Cameroon:** November 2017  
**Rare Diseases International:** November 2019  
**Sante Diabetes:** November 2019  
**Save the Children:** July 2018  
**Smile Train:** November 2019  
**The World Hospice Palliative Care Association:** May 2018  
**Tunisian Centre for Public Health:** February 2019  
**Youth Association for Development:** February 2019  
**Women in Global Health:** May 2018  
**World Heart Federation:** May 2019  
**Worldwide Medical Association:** May 2019  
**World Organization of Family Doctors:** September 2019

### Multilateral organizations and global health initiatives

**African Development Bank:** September 2007  
**Gavi, the Vaccine Alliance:** September 2007  
**Global Financing Facility:** 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:** September 2007  
**International Organization for Migration:** November 2017  
**Inter-Parliamentary Union (IPU):** November 2019  
**OECD:** May 2017  
**UNAIDS:** September 2007  
**UNICEF:** September 2007  
**UNDP:** September 2007  
**UNFPA:** September 2007  
**WHO:** September 2007  
**World Bank:** September 2007

## 2 UHC2030 Related Initiatives

### Health systems specific initiatives

- Alliance for Health Policy and Systems Research
- Providing for Health Global (P4H) – Global Network for health financing and social health protection
- Global Health Workforce Network
- Global Service Delivery 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

### Other related initiatives

UHC2030 also engages with a range of other partnerships and initiatives to facilitate a more integrated approach to advocacy and accountability for UHC and shared health goals.

- Family Planning 2020
- Global Health Cluster
- Global Health Security Agenda
- WHO Coordination Mechanism on the Prevention and Control of Non Communicable Diseases
- Partnership for Maternal, Newborn and Child Health
- Universal Social Protection 2030
- Stop TB Partnership

## 3 Steering Committee 2019

### Co-Chairs

- **Dr Githinji Gitahi**, Global CEO and Director-General, Amref Health Africa, Kenya
- **Prof. Dr Ilona Kickbusch**, Chair, International Board of the Global Health Centre, Graduate Institute for International and Development Studies, Switzerland

### Countries

- **Dr Mohsen Asadi-Lari**, Assistant Minister of Health and Medical Education, Ministry of Health and Medical Education, Iran
- **Dr Bocar Mamadou Daff**, Directeur Général, Agence de la couverture maladie universelle, Senegal
- **Ilse Hahn, Head of Division**, Policy Issues of Displacement and Migration, Federal Ministry of Economic Cooperation and Development (BMZ), Germany
- **Dr Emmanuel Odame**, Director, Policy, Planning and Monitoring and Evaluation, Ministry of Health, Ghana
- **Dr Walaiporn Patcharanarumol**, Director, International Health Policy Program, Ministry of Public Health, Thailand
- **Dr Matthias Reinicke**, Health Sector Advisor, Europe Aid, European Commission, Belgium
- **Dr Manabu Sumi**, Director, Global Health Policy Division, International Cooperation Bureau, Ministry of Foreign Affairs, Japan
- **Dr Aquina Thulare**, Technical Specialist, Health Economics/National Health Insurance Department of Health, South Africa
- **Mr Vaiffee Tulay**, Deputy Minister for Planning and Research Development, Ministry of Health and Social Welfare, Liberia

### Civil society organizations

- **Rosemary Mburu**, Executive Director, WACI Health, Kenya
- **Dr Oanh Khuat Thi Hai**, Founder and Executive Director, Centre for Supporting Community Development Initiatives (SCDI), Vietnam (nominated as Alternate)
- **Simon Wright**, Head of Child Survival, Save the Children, United Kingdom
- **Dr Justin Koonin**, President, ACON, Australia (nominated as Alternate)
- **Dr Santosh Kumar Giri**, Secretary and Executive Director, Kolkata Rista, India
- **Harriet Adong**, Executive Director, Foundation for Integrated Rural Development (FIRD), Uganda (nominated as Alternate)

### Foundations

- **Kate Dodson**, Vice President, Global Health, United Nations Foundation, United States of America

### Private sector

- **Dr Dessislava Dimitrova**, Practice Lead, Health Systems and Joint Ventures, World Economic Forum, Switzerland
- **Nicole Denjoy**, Secretary General, European Trade Association for Medical Imaging, Radiotherapy, Health ICT and Electromedical Industries (COCIR), Belgium

### Multilateral organizations

- **Dr Susan Brown**, Director, Public Policy Engagement, Gavi, the Vaccine Alliance, Switzerland
- **Francesca Colombo**, Director, Health, Directorate for Employment, Labor and Social Affairs, Organisation for Economic Co-operation and Development (OECD), France
- **Dr Stefan Peterson**, Chief Health Section, United Nations Children's Fund (UNICEF), United States of America

### World Bank

- **Dr Muhammad Ali Pate**, Global Director, Health, Nutrition and Population, World Bank, United States of America

### World Health Organization

- **Dr Peter Salama**, Executive Director, UHC and Life Course, World Health Organization, Switzerland

## 4 UHC Movement Political Advisory Panel

- **Mr Elhadj As Sy**, Chair of the Board, Kofi Annan Foundation
- **Ms Emilia Saiz**, Secretary General of the United Cities and Local Governments
- **Ms Gabriela Cuevas Barron**, President of the Inter-Parliamentary Union
- **Dr Gro Harlem Brundtland**, Board Members of The Elders
- **Prof. Keizo Takemi**, Member of the House of Councillors, Japan
- **Ms María Fernanda Espinosa Garcés**, President of the 73rd Session of the UNGA
- **Dr Vytenis Povilas Andriukaitis**, Former European Commissioner

## 5 CSEM Advisory Group

- **Laura Adams**, Global Health Programme Advisor, Christian Aid
- **Anamaria Bejar**, Director of Advocacy, International Planned Parenthood Federation
- **Javier Hourcade Bellocq**, Founder and Editor, The Key Correspondent Team
- **Ariana Childs Graham**, Director, Primary Health Care Initiative, PAI
- **Dumiso, Founder**, Success Capital NGO
- **Kurt Frieder**, President, Fundación Huésped
- **Katie Husselby**, Coordinator, Action for Global Health Network
- **Masaki Inaba**, Program Director on Global Health, Africa Japan Forum
- **Cary James**, Chief Executive Officer, World Hepatitis Alliance
- **Evalin Karijo**, Project Director, Y-ACT, Youth in Action
- **Justin Koonin**, President, ACON
- **Esther Njoroge-Muriithi**, Vice President and Regional Director, Africa, Smile Train
- **Jose Maria 'Lloyd' Nunag**, Youth Coalition for Sexual and Reproductive Rights
- **Khuat Thi Hai Oanh**, Executive Director, Center for Support Community Development Initiatives
- **Itai Rusike**, Executive Director, Community Working Group on Health – Zimbabwe
- **Smitha Sadasivan**, Accessibility Consultant, Election Commission of India
- **Dr Julia Tainijoki**, Medical and Advocacy Advisor, World Medical Association
- **Johannes Trimmel**, Programme Director – Disability Inclusive Development, Sightsavers

## 6 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
- **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
- **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
- **Royal Philips**, Netherlands
- **Sanofi**, France
- **Sumitomo Chemical Company**, Japan
- **Swoop Aero**, Australia
- **Takeda Pharmaceutical Company**, Japan
- **Taleam Systems**, Canada

## 7 UHC2030 meetings and events

### UHC2030 MEETINGS IN 2019: Steering Committee and constituencies

- **28 March (online meeting)**: UHC2030 Steering Committee call to finalize the Key Asks from the UHC Movement
- **22 May, Geneva**: Meeting of UHC2030 Private Sector Constituency, organized by the World Economic Forum during the 72nd WHA
- **17–18 June, Geneva**: Meeting of the CSEM Advisory Group
- **19–20 June, Geneva**: UHC2030 Steering Committee meeting
- **8–9 December, Brussels**: Meeting of the CSEM Advisory Group
- **10–11 December, Brussels**: UHC2030 Steering Committee meeting

### UHC2030 MEETINGS IN 2019: Technical working groups and related initiatives

- **28 January, Bangkok**: Meeting of the UHC2030 Technical Working Group on Sustainability, Transition from Aid and Health Systems Strengthening
- **11 February**: Webinar to discuss UHC2030 related initiative inputs for the UN HLM on UHC
- **18 March, Geneva**: Meeting of the UHC2030 Technical Working Group on UHC in Fragile Settings to discuss application of the draft guidance on health systems assessments in distressed settings
- **14–15 May, London**: Meeting of the Secretariat of the UHC2030 Technical Working Group on Health Systems Assessments and the European Observatory to discuss technical inputs on the four health systems functions
- **2 July (online meeting)**: UHC2030 Technical Working Group on Health Systems Assessment to discuss “From health systems assessments to health systems performance assessments: from functions to outcomes”
- **9 July (online meeting)**: UHC2030 Technical Working Group on Sustainability, Transition from Aid and Health Systems Strengthening
- **11 November, Montreux**: Meeting of the UHC2030 Technical Working Group on Public Financial Management
- **April, June, September, November**: Online meetings with UHC2030 Related Initiatives

### Meetings in preparation for the UN HLM in 2019

- **23 January–10 March**: UHC2030 online consultation on the preparation for the UN HLM on UHC open to all partners and constituencies
- **30 January, Bangkok**: Side event at the Prince Mahidol Award Conference to discuss with academia and CSO inputs on the UN HLM on UHC
- **22 February, New York**: Side event to discuss with parliamentarians inputs on the UN HLM on UHC on the margins of Inter-Parliamentary Union’s Annual Parliamentary Hearing at the United Nations
- **4 March, Kigali**: Side event to discuss with youth and civil society groups inputs on the UN HLM on the margins of Africa Health Agenda International Conference
- **4–7 March**: Series of informational webinars on the UN HLM hosted by the UHC2030 CSEM
- **14 March, Geneva**: Informal round table – UHC2030 Asks for the UN HLM on UHC 2019. Group of experts convened to review the Key Asks in collaboration with the Global Health Centre of the Geneva Graduate Institute for International and Development Studies
- **1 April, New York**: Launch of the Key Asks from the UHC Movement at an informal briefing of the Group of Friends of UHC and Global Health
- **29 April, New York**: Multi-Stakeholder Hearing in preparation for the UN HLM on UHC organized by the UNGA President with the support of WHO and UHC2030
- **29 April, New York**: Luncheon on the UHC Key Asks, organized by the Group of Friends of UHC
- **9 May, Geneva**: Civil society perspectives from the UHC2030 CSEM, UN HLM briefing for UN missions in Geneva, organized by the UN missions from Thailand and Georgia
- **April–July**: National consultations and advocacy meetings in Argentina, Panama, Georgia, Kazakhstan, Nigeria, South Africa, Kenya, CAR, Ghana and Pakistan, organized by the IFRC, UNAIDS and UHC2030 CSEM. Served to introduce the UHC2030 Key Asks and initiate national consultations among CSOs and community-based organizations to advocate support to the preparatory process and the UN HLM

## Other events in 2019

- **23 January, Davos:** "Together for a Healthier World", meeting organized by World Economic Forum and the UHC2030 Private Sector Constituency to build trust and dialogue between different stakeholders
- **21 May, Geneva:** Side event at the 72nd WHA, "Partnerships for Health Systems Strengthening – Prepared for Emergencies", organized by Afghanistan, Colombia, Islamic Republic of Iran, Switzerland and co-sponsored by UHC2030
- **21 May, Geneva:** Side event at the 72nd WHA, "Action and Accountability on UHC: Building Momentum Towards the UN High-Level Meeting", organized by Save the Children, IFRC, UNAIDS, UHC2030, CSEM, Action contre la Faim and Global Health Council
- **21 May, Geneva:** Unofficial side event, "Profiting from Profit: Aligning Private Sector Interests with UHC Goals", organized by UHC2030, WHO, the World Economic Forum and the Independent Accountability Panel of the Every Woman, Every Child, Every Adolescent
- **22 May, Geneva:** Side event at the 72nd WHA, "Good Governance and Multisectoral – Actions for UHC – Partnerships and Paradoxes", organized by Thailand, Japan and Kenya, and co-sponsored by UHC2030
- **23 May, Geneva:** Informal briefing for UHC2030 members organized by the UHC2030 Core Team during the 72nd WHA to discuss the UHC2030 country offer
- **17 September, New York:** Two short plays: "People Who Care" and "Celebrating Health Challenges and the People Who are Solving Them", organized by WHO and UHC2030
- **22 September, New York:** "Walk the Talk: Health for All Challenge", organized by WHO, City of New York and UHC2030
- **22 September, New York:** Launch of the 2019 Global Monitoring Report on UHC, together with WHO, World Bank, UNICEF and OECD
- **23 September, New York:** Reception, "Toast to the UHC Movement", organized by UHC2030, CSEM and Management Sciences for Health
- **23 September, New York:** Side event during the 74th UNGA, "Making Voices Heard: Social Participation for Equity and Accountability in Pathways Towards UHC", organized by the government of Thailand, WHO and UHC2030
- **24 September, New York:** Side event during the 74th UNGA, "UN High-Level Meeting on Health-Hitting the Targets", organized by Stop TB Partnership, UHC2030, WHO, Japan, UNAIDS and NCD Alliance
- **25 September, New York:** Breakfast meeting during the 74th UNGA, "1460 Days Left: Countdown to 2023 – Towards the Mid-point of SDGs", organized by UHC2030, the government of Japan, United Nations Foundation, Global Financing Facility, World Bank and Save the Children. Also included UHC2030 Global Compact signing ceremony for new members.
- **11 December, Brussels:** Global UHC Day Kick-off meeting with UHC2030 Co-Chairs, at the end of the UHC2030 Steering Committee meeting

## 8 Overview of milestones and progress of the UHC2030 workplan for 2019

Output 1: Voices	
MILESTONES	PROGRESS
Unified voices effectively champion a common UHC agenda and influence UN HLM negotiations and outcomes.	UHC2030 brought multiple stakeholders together behind shared UHC goals and successfully influenced UN HLM commitments.
	The UHC movement directly contributed key elements to the contents of the Political Declaration on UHC through the Key Asks.
	UHC champions and disease-specific programmes shared a platform for the common goal of achieving UHC.
Country-led advocates are supported with evidence-based tools and resources including for UHC Day.	UHC2020 supported a global UHC day campaign to "Keep the Promise" for commitments that political leaders made at the UN HLM.
	At least 230 country UHC campaigns took place in 63 countries.
	UHC2030 provided micro-grants to support events of 88 organisations from 58 countries.
CSEM is fully operational and facilitating participation of CSOs in UN HLM and SDG3 Global Action Plan.	CSEM membership grew from 350 member organizations in 70 countries to 850 member organizations in over 100 countries.
	Community and civil society voices were strong during the UN HLM.
	CSEM demanded accountability on UHC achievements through its critical commentary on the Global Monitoring Report on UHC.
Private Sector Constituency is established, operational and includes the private sector in UHC debates.	UHC2030 mobilized the Private Sector Constituency with a new approach to engaging the private sector with other stakeholders for UHC.
	The Private Sector Constituency grew to 37 members representing a diverse mix of global- and country-level businesses and associations.
	UHC2030 launched the Private Sector Constituency Statement at the UN HLM; the statement has received high-level buy-in and support.
CSOs, media and parliamentarians are better equipped to engage with and shape decision-making on health policies, including health budget discussions for UHC.	UHC2030 worked with partners to convene the Social Participation Technical Network to mobilize political will for social participation for UHC.
	UHC2030 developed a budget toolkit aimed at CSOs, media and parliament, which will be tested in 2020.

Output 2: Working better together	
MILESTONES	PROGRESS
Actions to strengthen country-level coordination included in SDG Global Action Plan and tools to support country-level coordination updated and made available for use by countries and partners.	UHC2030 kept effective cooperation for health systems strengthening on the agenda in the UN HLM Political Declaration and the SDG3 GAP.
	UHC2030 facilitated the sharing of knowledge and experience across countries on coordination needs and successful approaches.
Transition and sustainability: consensus principles are reflected in key agencies' implementation plans, SDG3 GAP, UN HLM outcomes and fund replenishment.	UHC2030 promoted principles on transition and sustainability across disease-specific programmes and in multi-country meetings, and these were reflected in agency policies.
Public financial management (PFM) in health: joint advocacy messages and policy guidance are agreed and promoted with/by UHC2030 members.	UHC2030 developed a multi-agency policy note on public financial management (PFM), along with specific joint actions agreed to PFM work in several countries.
Health systems performance assessments: a new template and harmonization of existing assessments are agreed and piloted.	UHC2030 developed a harmonized approach to health systems performance assessment, based on background technical work and collaboration.
Fragile settings: Learning is generated for application of new tools/guidance for health systems assessment and for humanitarian health coordination.	UHC2030 published guidance on health systems assessment in fragile settings, and documented learning on humanitarian-health coordination.

Output 3: Knowledge and resources	
MILESTONES	PROGRESS
"Network of networks" enables information to be shared efficiently and adds value through joint dialogue and lessons sharing.	Health Systems Related Initiatives joined coordinated advocacy efforts to influence the Political Declaration on UHC with the Key Asks.
	Health Systems Related Initiatives participated in UHC2030 technical working groups and the co-construction of tools and frameworks to support the development of stronger health systems.
Prototype and operational versions of Knowledge Hub and management/sustainability plan agreed for keeping the hub relevant, responsive and up to date.	UHC2030 organised consultations with knowledge networks and knowledge users in countries to ensure that the Knowledge Hub is sustainable and responsive to needs.

Output 4 – Partnership governance	
MILESTONES	PROGRESS
Accountability for appropriate strategic direction that ensures UHC2030 remains relevant and results-focused.	Post UN HLM vision and workplan for 2020 reviewed at Steering Committee meeting in December.
Structures, processes and resources are in place and managed effectively to support UHC2030.	Steering Committee and constituencies mobilised and effective support to UHC 2030 management and administration provided.
Members are kept engaged and up-to-date.	Partners were kept up-to-date on UN HLM preparation and wider UHC2030 work through regular newsletters and increased Twitter coverage and reach.
Relationship management.	1 country and 19 organizations mobilized.
	Collaboration deepened including joint advocacy work with other partnerships around the UN HLM.

# UHC2030

International Health Partnership

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