International Health Partnership for UHC 2030
Core Team Report 2018

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Abbreviations
CSEM Civil Society Engagement Mechanism
CSO Civil society organization
DAH Development assistance in health
FENSA Framework for engagement with non-state actors
HLM High-level meeting
HSA Health systems assessment
JLN Joint Learning Network
MSH Management Sciences for Health
PFM Public financial management
PHC Primary Health Care
PLHIV People living with HIV
SDG Sustainable Development Goal
TWG Technical working group
UHC Universal health coverage
UNGA United Nations General Assembly
VNR Voluntary national review
WHA World Health Assembly
WHO World Health Organization
OVERVIEW

UHC2030 achievements in 2018

2018 was a hugely significant year for universal health coverage (UHC) – globally and nationally – in large part due to the unwavering efforts of UHC advocates everywhere. Never have we seen so much political momentum for UHC as we are seeing now.

UHC2030 is proud to support this movement and to provide a platform and space for multiple stakeholders to connect with each other on various political and technical issues relating to UHC. In doing so, UHC2030 is able to support a range of activities with greater impact than if each stakeholder acted alone.

For example, through bringing diverse voices together, we are aiming to influence national and international commitments, plans, actions and accountability for UHC. In 2018, UHC2030 coordinated strategic global advocacy efforts around a high-level side event during the UN General Assembly (UNGA) to increase momentum and identify opportunities for greater collaboration and synergies, preparing the ground in the lead up to the UN High-Level Meeting (HLM) on UHC that will take place on 23 September 2019 in New York. UHC2030 also mobilized partners around International Universal Health Coverage Day (UHC Day) celebrations on 12 December and produced advocacy materials to help partners organize campaigns and promote coherent messaging.

UHC2030 continued to convene multi-stakeholder groups to build consensus and promote effective ways of working that address key health systems issues and bottlenecks. Making relevant knowledge and resources available and accessible, and promoting and sharing evidence and experience on UHC is also vital, and UHC2030 performs a key role in bringing together these resources in one place. In 2018, UHC2030 undertook extensive preparation and laid the foundations for a knowledge hub on UHC, which is due to launch in 2019.

The global UHC movement is growing fast and with enthusiasm. UHC2030 welcomed many new members from governments and civil society in 2018. All demonstrated high levels of commitment to achieving UHC and agreed to work collaboratively to do so. We also invited the private sector to join a UHC2030 constituency group, given the private sector’s important role in health care in all countries around the world.

Here is a snapshot of UHC2030’s achievements of 2018.

Outstanding regional commitment to UHC

On 4 September 2018 in Salalah, Oman, ministers of health and heads of delegations from 22 countries and territories in the WHO Eastern Mediterranean Region signed the UHC2030 Global Compact to accelerate progress towards UHC. This marked a significant moment for UHC and demonstrated the depth and breadth of political commitment to achieve UHC in the region.

UHC2030 recognized in High Level Meeting-UHC Modalities Resolution

The UN HLM on UHC Modalities Resolution sets out the dates, length, agenda and other key details for the event, which is due to take place on 23 September 2019. Member states emphasized the participation of civil society and the private sector throughout the resolution. This included the agreement to hold a UN HLM multi-stakeholder hearing in New York. UHC2030 is recognized in this Resolution as playing a key role in bringing together multi-stakeholder voices as part of the political process.

International celebrations of the International UHC Day on 12 December

UHC2030 powered the multi-stakeholder group responsible to coordinate preparation of the UHC Day campaign, working closely with the UN Secretariat. This included developing the communication identity for UHC Day and making a microsite available where partners can access useful advocacy resources and also post their plans for UHC Day celebrations. UHC2030 also supported 57 events organized by civil society, which ranged from youth-centred events to rallies, panels and health fairs. All in all, partners around the world registered 187 events.

Civil society engagement

The Civil Society Engagement Mechanism (CSEM) now brings together 350 partner organizations in 70 countries and plays an increasingly instrumental role in creating a common platform for a diverse range of civil society and community groups and driving common campaigns across the health sector.

Private sector engagement

In 2018, UHC2030 established a platform to convene private sector entities that wish to exchange on and collaborate to achieve UHC. The UHC2030 private sector constituency fosters dialogue, convenes and collaborates with private sector actors, and provides the space for interaction between the private sector and all UHC2030 partners and health systems networks.

Having a shared vision strengthens the transformative part of our movement. Partnerships like UHC2030 provide useful space to collaborate, learn and exchange information.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General, 23 May 2018 at the WHA
**INTRODUCTION**

UHC2030 is the global movement to build stronger health systems for universal health coverage. We are a multi-stakeholder partnership that convenes and connects stakeholders in support of countries’ efforts towards UHC.

We aim to accelerate progress towards UHC in ambition to meet the SDG target 3.8 with its indicators of 3.8.1 on service coverage and 3.8.2 on financial protection, and make a positive contribution of UHC to all the health SDG targets. To do this, stronger and more resilient health systems are needed, especially for primary health care. UHC2030 encourages countries and partners to make enhanced political and financial commitments to UHC and work in more coherent and joint ways on technical issues that are responsive to countries’ health system and UHC needs. Our three main areas of work are described in Box 1.

**It’s a really historical point in time for global health. There are several windows opening right now through the SDGs and through political commitment of countries. This focus that has developed on UHC is a fantastic strategic opportunity, combined with the commemoration of Alma Ata this year, UN activities and the commitments of the Director General of WHO.**

Professor Ilona Kickbusch, Co-chair of UHC2030

This second UHC2030 Core Team report describes the implementation of the milestones and deliverables for our work, detailing what we have achieved in 2018. On page 10 you can see an overview of the milestones of our workplan for 2018. The structure of our workplan will be adjusted from 2019 onwards to reflect our strategic narrative which was consolidated in December 2019 as described in Box 1.

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

Everyone, everywhere should have access to quality, affordable health services. Universal health coverage (UHC) means making good quality health services available for everyone, and ensuring people are not pushed into poverty by costs of healthcare. This is reflected in SDG target 3.8, and is relevant for all countries. Strong and resilient health systems, that ensure quality primary health care, are the backbone of UHC.

The International Health Partnership for UHC 2030 (“UHC2030”) is the multi-stakeholder movement to accelerate progress towards UHC. We are a global partnership that seeks to catalyse impact for (and in) countries towards SDG targets 3.8.1 (health service coverage) and 3.8.2 (financial protection). Our membership is diverse and includes countries, international organisations and global health initiatives, philanthropic foundations, civil society, and a private sector constituency.

The changes that UHC2030 wants to see are enhanced commitment (political and financial) for UHC, and more coherent joint working (by countries and all relevant health partners), responsive to countries’ health systems and UHC needs. Our rationale is that these changes are necessary conditions for stronger and more resilient health systems, and in turn for expanding health service coverage and financial protection.

To help make these changes happen, we focus on results in three areas:

i. **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.

ii. **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.

iii. **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 collaboratives, and connect countries with support that best meets their needs.

While much of our work is at the global level, our goal is country-level impact, largely through implementation by country governments and other UHC2030 members. We strive to ensure that what we do is appropriately informed by country needs. As set out above, our approach is to convene and help build connections – and contribute and coordinate advocacy, tools and guidance, and knowledge and learning – that help countries and all relevant stakeholders take more effective action.
### Area of work 1: Coordination of Health Systems Strengthening for UHC

- **Role of PFM**: Articulated to support increased allocation, and efficient use of domestic resources.
  - Lessons learned from PFM collaboration in health documented.
  - Policy brief on role of PFM in health: to be finalized in 2019.

- **Better coordination**: Across humanitarian and development stakeholders in fragile settings.
  - Advocacy for increased and more effective UHC investment through WHA and UNGA events.
  - Review of coordination: to be completed in 2019.
  - Draft health system assessment guidance for fragile settings: to be piloted in 2019.

- **Consensus**: Built on the sustainability objective in relation to transition from external finance meaning sustaining effective coverage of priority quality interventions and outcomes towards UHC.
  - UHC2030 statement on sustainability and transition from external funding launched.
  - Operationalization to be developed in 2019.

- **Use of joint health systems assessments approach for guiding decision-making and performance improvement**.
  - Common framework to align and enable comparison across different tools: to be completed in 2019.

- **Platform developed** to facilitate exchange and learning on multisectoral efforts for UHC.
  - On hold.

- **Renewed momentum** on the role of development cooperation for health systems strengthening.
  - Dialogue at the UHC Financing Forum and Global Conference on PHC.
  - Revitalised approach: to be developed in 2019.

### Area of work 2: Knowledge Management and Sharing

- **Knowledge hub**: Developed, providing an interface for navigating existing platforms and portals.
  - Taxonomy developed to provide common language for classifying and retrieving knowledge resources.

- **Knowledge engagement** aligned with country demand.
  - Survey conducted among partners.

### Area of work 3: Accountability for progress towards HSS and UHC

- **capacity of civil society, young people, parliamentarians and media strengthened to hold governments accountable**.
  - Technical network established to promote social participation as a core principle in UHC reforms and advise on WHO handbook development.

- **Development partners held accountable**.
  - To be reviewed in 2019.

- **Greater convergence among accountability initiatives**.
  - Approach to strengthen SDG3 review mechanisms: to be consolidated in 2019.

### Area of work 4: Advocacy

- **Political support and grassroots demand for UHC built to motivate policy change and investment**.
  - UHC Advocacy Handbook launched, with social media toolkit and e-learning modules.

- **National action plans developed**.
  - 57 civil society-led events sponsored by UHC2030 187 events organized around the world.

- **Broad, inclusive and cohesive UHC community supported**.
  - Global coordination of UHC Day campaign.
  - Advocacy for UHC across health programmes in collaboration with CSEM.
  - Advocacy for using the UHC indicator framework to track progress of SDG targets 3.8.

### Area of work 5: Partnership Governance

- **UHC2030 value proposition strengthened and used as a basis for planning and reporting**.
  - Value proposal/strategic narrative consolidated Results framework: to be developed in 2019.

- **New partners** mobilized to join UHC2030.
  - 19 countries and 11 organisations mobilised.
  - Increased outreach to civil society through CSEM Private sector constituency established.

- **UCH2030 operationalized as the convening platform for health systems initiatives**.
  - Regular information exchange and consultation.
  - Retreat organized but annual meeting postponed.

- **CSOs actively engaged in UHC2030**.
  - Support provided to CSEM hosting arrangements.

- **Effective coordination** of UHC2030 operations.
  - Preparation of two Steering Committee meetings.
  - Fund-raising strategy: to be developed in 2019.

### MILESTONES

This table provide an overview of milestones related to priority objectives for UHC2030 for the period 2018-2019 and progress in implementation by end 2018.
1.1 UHC2030 new signatories to the Global Compact

The UHC2030 Global Compact for progress towards UHC reflects support for the aims of the SDGs and is consistent with the ambition and commitment of other intergovernmental agreements, including the Addis Ababa Action Agenda. Through the principles laid out in the Global Compact, UHC2030 signatories commit to work together with renewed urgency to accelerate progress towards UHC, as articulated in target 3.8 in the SDGs.

Signing the Global Compact for progress towards UHC is a formal requirement for new partners interested in joining UHC2030, and is a demonstration of commitment to take action to achieve UHC and follow common principles (Box 2).

Box 2: UHC2030 Global Compact for progress towards UHC

Signatories of the Global Compact collectively subscribe to the following key principles to guide their action:
- Leaving no one behind: a commitment to equity, non-discrimination and a rights-based approach;
- Transparency and accountability for results;
- Evidence-based national strategies and leadership, with government stewardship to ensure availability, accessibility, acceptability and quality of service delivery;
- Making health systems everybody’s business – with engagement of citizens, communities, civil society and the private sector;
- International cooperation based on mutual learning across countries, regardless of development status and progress in achieving UHC, and based on development effectiveness principles.

We gather here, as friends old and new, to affirm two essential truths: The first is that the global movement for universal health coverage is strong and growing stronger. The second is that the road ahead is not easy, and will require great courage, intelligence and leadership.

Dr. Naveen Rao, Managing Director, Health and Senior Advisor to the President, The Rockefeller Foundation

New members of UHC2030 were able to sign the UHC2030 Global Compact at three main signing ceremonies:
- A high-level side event on 23 May 2018 at the Seventy-first World Health Assembly (WHA) welcomed new members, which all signed the Global Compact. They included: Ghana, Iran, International Federation of Red Cross and Red Crescent Societies, Management Sciences for Health, International Federation of Medical Students’ Association, Women in Global Health, and the Worldwide Hospice Palliative Care Alliance.
- In Salalah, Oman on 4 September 2018, ministers of health and heads of delegations from 22 countries and territories in the Eastern Mediterranean Region signed the Global Compact during the Ministerial Meeting on the Road Towards Universal Health Coverage. This demonstrated the depth and breadth of political commitment towards achieving UHC in the region.
- At the UN General Assembly in New York, on 26 September 2018, UHC2030 organized a high-level side event to increase momentum for political action towards UHC and identify opportunities for greater collaboration and synergies among our members.

At the UN event, we welcomed new members: Kyrgyzstan, Congo, Georgia, The Global Financing Facility, Save the Children UK, The CORE Group and the International Pharmaceutical Students’ Federation.

UHC2030 also welcomed other members throughout the year: a full list of all new and existing UHC2030 members can be found in Annex 1.
1 Partners, related initiatives and constituencies

1.2 Related initiatives

UHC2030 provides a platform for other existing partnerships, alliances and networks (referred to as “related initiatives”) to collaborate around achieving UHC through strengthening health systems. These related initiatives focus on strengthening specific areas of health systems and are committed to the principles of the UHC2030 Global Compact for progress towards UHC. A full list of UHC2030 related initiatives can be found in Annex 2.

UHC2030 is increasingly recognized as a credible convening platform for UHC. In 2018, UHC2030 intensified the exchange with the related initiatives through regular meetings and updates. A two-day meeting in May 2018 brought the related initiatives together in Bonn, Germany to discuss UHC2030’s progress towards UHC. A full list of UHC2030 related initiatives can be found in Annex 2.

Related initiatives are also engaging in joint advocacy efforts and took part in several consultations to determine a joint taxonony developed to inform the UHC2030 Knowledge Hub. The related initiatives were invited to the UHC2030 Steering Committee meetings, with the Health Data Collaborative, for instance, presenting their work programme to promote cross-linkages between the data and health information agenda and other areas of health systems.

In October 2018, at the Fifth Global Symposium for Health Systems Research held in Liverpool, UK, UHC2030 coordinated with the related initiatives to host a marketplace stall to share information about UHC2030 and the work of the related initiatives. Around 2,000 delegates from around the world attended the Symposium, which presented a good opportunity to reach out to a global health audience and encourage greater engagement with UHC2030 and the related initiatives.

1.3 Civil society

The Civil Society Engagement Mechanism for UHC2030 (CSEM) is the civil society constituency of UHC2030. It is a growing global civil society movement, with over 350 member organizations in more than 70 countries bringing together a range of UHC champions and advocates across health issue areas. The CSEM Advisory Group is a key element of civil society representation in UHC2030. The Advisory Group links the global and national levels, ensures representativeness of CSD diversity, sets constituency priorities based on national inputs and acts as a technical hub. The group is composed of 18 members, including the three CSD representatives (and their alternates) to the UHC2030 Steering Committee. The CSEM Secretariat is hosted by Management Sciences for Health (MSH), and provides day-to-day support for CSEM activities and the work of the Advisory Group.

The CSEM raises civil society voices to ensure that UHC policies are inclusive and equitable, and that systematic attention is given to the most marginalised and vulnerable populations so that no one is left behind. The CSEM advocacy efforts focus on the following priority issues: leave no one behind; increase public financing for health; improve involvement of CSOs and citizens, transparency and accountability at all levels; and invest in health workers.

Some highlights from the CSEM efforts in 2018, which demonstrate the CSEM’s success in mobilising an increasingly diverse range of civil society organisations, include the following:

- Based on inputs gathered from hundreds of civil society organizations through online and in-person consultations, the CSEM produced and publicized the On the Road to UHC: Leave No One Behind declaration, CSEM Communications and Advocacy strategy and the Civil Society Statement: Global Conference on Primary Health Care. These documents are deliberate efforts to directly and indirectly influence policymakers, civil society, and other implementers in and out of the health sector, to take actions that contribute to the realisation of Universal Health Coverage, leaving no one behind.

- The CSEM successfully advocated with WHO for civil society consultation on further development of Towards a Global Action Plan for Healthy Lives and Well-being for All: Uniting to Accelerate Progress towards the Health-Related SDGs, also known as the Global Action Plan (GAP). CSEM subsequently facilitated the establishment of the GAP Civil Society Advisory Group, which is currently leading civil society engagement on the GAP.

- Through various channels including Advisory Group members’ engagement in over 17 key global health events in 2018, the CSEM promoted civil society collaboration and integration of UHC messages into disease-specific advocacy.

The CSEM mobilised civil society representatives from various health-related initiatives, including the GAVI CSD Constituency, Global Financing Facility (GFF) Civil Society Coordinating Group, ICSS – Global Fund Advocacy Network, Scaling Up Nutrition (SUN) Civil Society Network, and The Partnership for Maternal, Newborn & Child Health (PMNCH), to discuss how to strengthen collaboration and identify opportunities to shape advocacy initiatives that reinforce each constituencies respective agendas and accelerate progress to achieve UHC. A joint statement was produced during the WHA in May 2018, calling on all agencies and donors to harmonize efforts in support of civil society organizations leading advocacy, policy and accountability efforts that can benefit our collective goal of making health for all a reality.

Because we [JLN] are country-led and country-owned, we can feed into and enhance country efforts. We are doing what we can but a larger network such as UHC2030 can come with other solutions, so JLN can be a vehicle for greater opportunities that exist as being part of UHC2030. We can draw other networks into the gaps that we identify. 

Modupe Ogundimu, General Manager at the National Health Insurance Scheme, Nigeria and Convener of the Joint Learning Network (JLN)
UHC2030 partners recognize that achieving UHC requires coordinated efforts by all stakeholders across multiple sectors. To reach UHC by 2030, the partnership specifically recognizes the importance of engaging the private sector given its important role in health care, not only in high-income, but particularly in low- and middle-income countries. Therefore, it was decided to establish the UHC2030 private sector constituency as the convening platform for private sector entities wishing to contribute to exchange on and collaborate towards UHC. The constituency aims to foster dialogue, convene and collaborate with private sector actors and provide a platform for interaction with the private sector for all UHC2030’s partners and health systems networks.

Based on the recommendation of the Steering Committee, UHC2030 set up the UHC2030 private sector constituency in a transparent way, using the WHO Framework for Engagement with Non-State Actors (FENSA) for due diligence purposes. After a consultation process, in October 2018 UHC2030 launched a global call of interest for private sector entities directly working on health systems strengthening to join the constituency.

UHC2030 contracted the World Economic Forum to support the governance arrangements, the development of the constituency’s workplan and the management of the constituency. By the end of 2018, the constituency was composed of 13 entities and more entities are expected to join as UHC2030 makes further calls for expression of interest. In 2019, UHC2030 will work towards a more balanced representation from different sectors, aiming at involving private sector organizations directly involved in providing health services or goods, including digital technology, finance, health-care providers, medical technologies, pharmaceuticals and commodities.

Currently, definitions and theoretical frameworks surrounding private sector engagement for UHC are inadequate and we need to reach a common understanding among all stakeholders including governments, civil society, academia and the private sector itself. UHC2030 convened these different stakeholders together to discuss the private sector’s role in achieving UHC.

At the sidelines of the WHA in May 2018, UHC2030 together with WHO, organized an event that brought together a range of government, private sector, academia and civil society actors to discuss how countries can engage the private sector productively; and how countries can engage the private sector in a way that does not put UHC in peril. The key messages to emerge from the meeting were:

• The private sector is a heterogeneous group; it is not just pharmaceutical companies or private care providers
• In order to reach UHC by 2030, we need to engage with the private sector and the private sector needs to commit to UHC
• We must work with the private sector because the private sector is part of any health system and it would be inefficient for the public service to try to produce these products

• It is important to engage the private sector and ensure that the population can access these goods and services at an affordable price
• Risk mitigation and regulation is key when governments engage with the private sector.

In October, UHC2030 co-organised a country simulation exercise to explore accountability problems of the private health insurance market in a fictitious country at the Fifth Global Symposium on Health Systems Research in Liverpool. Materials of the country simulation were subsequently made available as a training pack for partners keen to run similar exercises. Discussions confirmed there is a need to promote another concept of governance for the private sector that goes beyond accountability to shareholders and profits, towards the social logic of benefiting society and the environment, thereby aligning the incentives of the private and public sector. Guidance on what works in terms of policy, governance and regulatory arrangements for steering the private sector towards UHC would help governments address the challenges they face in this area. It was also stressed that there is a lack of trust between the different stakeholders, suggesting that UHC2030 can play a role to bring everybody together.

We should not think of winners and losers, we should think of partners who work collectively toward the common goals.

Bakhuti Shengelia, Executive Director for Global Policy and Healthcare Systems, Novartis Oncology
UHC2030 has a variety of activities relevant for countries which provide opportunities to better support governments in their efforts to achieve UHC. These include, for example, forging consensus on good practice principles and developing guidance to incentivize and facilitate accountability on adherence at country level; and supporting advocacy for UHC at country level with tools and activities, including through strong civil society voice. Many networks and initiatives work at country level and opportunities for greater harmonization among their respective activities should be considered. Examples of UHC2030 country-focused work include public financial management (PFM) with useful lessons learned in developing harmonized financial management assessments and support to strengthen and use countries’ PFM systems, (see section 2.2.1), and the UHC2030 statement on sustainability and transition from external financing (see section 2.2.3).

Discussions in the Steering Committee recommended considering the following areas as critical for engagement on UHC with low-and middle-income countries:

- Working with all actors to develop an updated effective development cooperation agenda in health which is fit for the SDG era;
- Ensuring a strong and explicit country focus throughout UHC2030 work;
- Continuing work to facilitate greater harmonization of health system initiatives (and other initiatives) to reduce fragmentation at country level;
- Scaling up UHC advocacy and CS engagement in countries on UHC; and
- Contributing to scaled-up support for health systems strengthening, and efficiency of development assistance, including integrated long-term country-based support.

Financial and technical support should directly refer to a country’s needs. Strengthening national capacities and governance is core, instead of vertical programs, multisectoral action is needed.

Tran Thi Mai Oanh, Director Health Strategy and Policy Institute, Vietnam.

2 The role of development cooperation in the SDGs

2.1 The role of development cooperation in the SDGs

UHC2030 continues to prioritize generation of results at the country level through developing tools and joint approaches, and facilitating coordinated technical assistance upon request of governments. This includes continued work on the unfinished International Health Partnership plus (IHP+) effective development cooperation agenda. In 2018, UHC2030 stimulated dialogue on the changing role of development cooperation that needs to be fit for the SDGs purpose. UHC2030 organized side events in collaboration with the CSEM and other civil society partners during the UHC Financing Forum in April 2018, held in Washington DC and the Global Conference on Primary Health Care, in October 2018, in Astana, Kazakhstan.

In line with the Addis Ababa Action Agenda, which recognizes that the primary mechanism for meeting the resource needs for achieving the SDGs will be domestic, countries have agreed to an array of measures to increase domestic revenues, mostly through progressive taxation. Meanwhile, many countries have moved to middle-income status and both overall official development assistance and the part allocated to the health sector represent a decreasing proportion of both national budgets and health expenditures, including many low-income countries. The discussions confirmed that international cooperation should focus on strengthening the systems in place, and focus should be on health, not on diseases, addressing all sectors that affect health, health policies and health systems. This should also include support to strengthening responsive and democratic national structures that help people and communities to participate in public health policy-making and service delivery. Global solidarity and cooperation might shift towards producing and financing global public goods such as research and regulation that will support countries in their health policies.

Understanding how and through which channels Development Assistance in Health (DAH) flows is an important aspect of ensuring funding for health systems strengthening. The UHC2030 Core Team reviewed different existing, and potential future, ways of doing DAH tracking, in order to inform a discussion on what kind of tracking of aid flows for health we should aim for in the SDG era. The analysis of findings is being peer reviewed with publication foreseen in 2019.

UHC2030 started to explore implications of principles for coordination in a lower-middle income country. The core team provided support to the WHO country office in Kyrgyzstan to update sector coordination mechanisms around the country’s new health strategy 2019–2030, bringing together stakeholders and development partners working in the health sector. The coordination modalities are outlined in the 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 an economy that gradually expands and a decline in external funding. The joint statement thus 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. The importance of designing responses to transition from external funding that aim at sustaining or increasing the effective coverage of priority interventions for UHC is underlined, as well as all actors working in a coordinated manner based on transparent well-coordinated transition plans with clear timelines.
2.2 UHC2030 Technical Working Groups

UHC2030 Technical Working Groups are multi-stakeholder and activity oriented, and they bring together technical experts from among partners and related initiatives to collectively deliver on a priority area of work as identified in the UHC2030 workplan. They are time-limited and set up with the agreement of the Steering Committee, which approves their terms of references.

2.2.1 Public Financial Management

The TWG on public financial management (PFM) was established under the IHP+, which aimed to improve effective development cooperation in health. The objectives of the TWG are to:

- promote joint approaches to PFM in health studies;
- synthesize and share knowledge on PFM issues in health;
- champion the connections between PFM, service delivery and health financing; and
- facilitate support to the implementation of joint financial management harmonization and alignment approaches.

In 2018, the TWG documented the work done to date in promoting financial management collaboration; see Box 3.

2.2.2 Support to Countries with Fragile or Challenging Operating Environments

The TWG on support to countries with fragile or challenging operating environments was established in 2016 with the aim of identifying and encouraging adoption of appropriate policies and practices for health systems strengthening in fragile, conflict-affected and vulnerable settings which face particular challenges for accelerating progress towards UHC.

One of the TWG’s objectives is to advocate for political commitments that translate into increased and more effective investments and optimized operational approaches towards advancing UHC in fragile settings. UHC2030 supported events and follow-up (during the WHA, and at the UNGA in September 2018), initiated by Switzerland and Afghanistan, that led to the Call to Action on Universal Health Coverage in Emergencies.

The TWG also explored opportunities to collaborate with other health system technical networks to strengthen the relevance of their work for fragile settings. This led to a joint piece of work with the UHC2030 TWG on health systems assessments (see section 2.2.4) to develop health system assessment guidance for fragile settings, which will be available following country pilots in 2019. The TWG developed terms of reference for a review of coordination mechanisms to strengthen the interface between humanitarian and development coordination in fragile settings, and a request for proposals was launched. This work will be implemented in 2019.

Summary of lessons learned from work on PFM in Burundi, DRC, Ethiopia, Liberia, Senegal, Sierra Leone and Sudan

- Countries that have set up an integrated fiduciary coordination unit have been able to cross some of the hurdles on the way to alignment, partially embedding the national PFM process into the joint unit’s procedures, and gradually using country systems where possible.
- Progress was made in terms of harmonization in the use of common accounting software, preparation of consolidated financial reports, and the use of common staff for accounting and financial reporting, although such staff are usually short-term consultants.
- Transfer of skills to local capacity is slow due to a confluence of slow implementation of recommendations from joint financial management assessments to help build trust in the use of country systems and unclear skills transfer arrangements.
- Country leadership and ownership of a Country Compact’s provisions and implementation need to be more visible. At the same time, development partners need to walk the talk after signing the Country Compact.
- Having a capable donor aid coordination and programme implementation unit is also crucial to advancing the financial management harmonization and alignment agenda.
- Periodic joint supervision missions by participating development partners and dialogue with country authorities will help early detection of challenges to the effectiveness of joint arrangements, and provide a better opportunity to mitigate such challenges in a timely manner.
2.2.3 Sustainability, Transition from External Financing and Health Systems Strengthening

The TWG on sustainability, transition from aid and Health Systems Strengthening was established in 2017 with the objective of exploring roles, responsibilities and opportunities for collaboration among development partners, expert networks and countries to enhance efforts to sustain increased effective coverage of priority interventions with financial protection, in countries transitioning from aid. Transition provides the opportunity to examine how governance, financing and service delivery are configured to ensure the sustainability of effective coverage of priority interventions and services towards UHC.

Whatever the context, all countries face pressures on their health systems. Some of these are particularly salient for countries that are currently or will soon be “transitioning” to much lower levels of external financial support. A common guiding principle is to sustain (or even increase) effective coverage for an overall package of priority health services, including those currently supported with external funds. This does not, however, mean simply channelling government revenues to pay for a previously donor-funded programme. Rather, successful transition both requires, and provides an opportunity for, countries to assess and configure governance, financing and service delivery towards sustainability of effective coverage for priority interventions. Working together with countries, all health partners can help create conditions for successful transitions by considering these issues as early as possible. Hence, strengthening health systems is at the core of preparing for and responding to transition if progress towards UHC is to be sustained.

In 2018, this TWG developed a set of common principles (Box 4) to guide the actions of national governments, development agencies, the private sector, civil society groups and other health actors, in response to transition from external funding. Background work to the development of the principles included the development of a country consultation paper, a dataset on transition in low-income countries and middle-income countries, mapping of the TWG member policies, and work on transition including specific transition tools.

The statement of principles was launched at an event at the Fifth Global Symposium on Health Systems Research in Liverpool, UK. The principles aim to provide the basis for advocacy and political influencing and help inform transition-related coordination in countries and globally.

The TWG is now identifying next steps to support the operationalization of these interventions, which could include, for example, advice for how countries and partners can approach policy dialogue and programming to successfully prepare for and respond to transition.

2.2.4 Health Systems Assessments

The TWG on health systems assessment (HSA) was established in 2017 with the objective of recommending options for conducting a more harmonized and aligned health systems assessment, and to recommend a common, adaptable annotated framework for health systems performance assessment.

Good quality assessments of health systems and their performance are an important component of developing and monitoring policies and plans. Many countries face fragmentation of multiple assessments, often not harmonized around common priorities or aligned with country planning cycles.

The TWG commissioned a review of existing tools to gain insight into the various approaches used to assess a health system, and the objectives behind such processes which found that an analysis of health systems performance was unevenly done in lower-income countries, and that large-scale whole-of-sector performance analyses were more institutionalized in higher-income countries. The TWG, through its diverse country and institutional membership, saw the value in not only harmonizing and aligning HSA approaches but also creating a more explicit link between HSA information and health systems performance.

The second face-to-face meeting of the UHC2030 Health Systems Assessment Technical Working Group took place on 6–7 December 2018 to take discussions further and gather multi-stakeholder insights. The meeting concluded that turning the results of HSA into practical policy actions is vital for countries to make progress towards UHC. But critically, in order to do this, HSA information should be linked to performance dimensions such as equity, efficiency and responsiveness. To align and enable comparisons across different HSA tools, we are developing a common, adaptable annotated framework for health systems performance – this will organize the content of existing HSA tools by health systems functions: stewardship, delivering services, financing and generating resources. We plan to complete this work in 2019.

Box 4

Statement on sustainability and transition from external funding – key principles

1. Develop policies on transition within the context of universal health coverage that includes leaving no one behind.

2. Promote national ownership and good governance for people-centred approaches and social accountability for effective transition policies.

3. Understand sustainability as a health system’s ability to sustain or increase effective coverage of priority interventions and associated outcomes towards UHC.

4. Adopt the perspective of the health system in transition processes, including the other sectors that influence health, and move away from a singular focus on specific individual health programmes.

5. Strengthen national institutions to ensure successful transitions.

6. Make the case for adequate domestic resources for the health sector as a whole.

7. Focus on transition as an opportunity for countries to improve the way they use resources.

8. Ensure that health systems strengthening and disease-specific programmes work closely to identify barriers and actions needed in order to progress towards UHC.

9. If you are a development agency, support well-coordinated national transition plans that adopt a UHC perspective.

10. If you are a development agency operating at global and country levels, ensure consistency and synergies for coherent support to countries.
UHC2030 encourages the exchange of knowledge and learning between and across partners and related initiatives in order to promote a coordinated approach to health systems strengthening for universal health coverage at country and global levels. UHC2030 works with a broad range of stakeholders to make information accessible, and help coordinate knowledge management strategies and activities to accelerate equitable progress towards UHC.

The UHC2030 strategy on knowledge management aims to broker knowledge across the health systems and UHC agenda while simultaneously finding and building upon synergies with related initiatives. One of the main features of this strategy aims to create a UHC knowledge hub providing connections to existing resources and initiatives and to promote better alignment between knowledge and country demand. The UHC2030 Knowledge Hub will offer an interactive online knowledge management system to connect country practitioners and policy-makers with relevant and high-quality knowledge products and services related to universal health coverage and health systems strengthening.

As such, this would position UHC2030 to coordinate knowledge rather than generating knowledge.

Better knowledge management could help countries plan for continuity, develop a more coordinated approach to UHC at the country level, and strengthen the link between technical know-how and political will.

Rozita Halina Tun Hussein, JLN Convener/National Health Financing, Ministry of Health, Malaysia

3.1 UHC2030 Knowledge Hub

The system underpinning the knowledge hub requires a common language for classifying, organizing, storing and retrieving knowledge resources. Work in 2018 consisted of developing a knowledge management taxonomy and an indexing system, building on the findings from the landscape analysis conducted in 2017, a literature review related to organizing knowledge and navigating content areas pertaining to UHC and health systems as well as previous efforts to develop taxonomies in this area, and a broader consultation via an online survey. The UHC2030 Steering Committee members gave their feedback on the taxonomy during two meetings in 2018, and during a retreat in Bonn, Germany, and UHC2030 related initiatives representatives also gave their direct input. All comments have been incorporated in preparation for a data coding exercise to populate the first version of the knowledge hub, due to be operational mid-2019.
UHC2030 strategy aims to facilitate accountability for progress towards health systems strengthening and UHC and contribute to a more integrated approach to accountability for health in the SDGs. Accountability is key to ensure timely, proper and equitable design, investment and implementation of UHC commitments. UHC2030, as a multi-stakeholder and sector-wide partnership, can bring people and organizations together to coordinate their efforts. UHC2030 seeks to complement what other partners are doing on accountability, and forge synergies for health system-wide efforts.

UHC is fundamentally about the social contract between the state and its population. Civil society, parliamentarians and the media have key roles to play in holding their government to account for progress made towards UHC. As such, the initial focus of UHC2030’s accountability work is on social accountability at country level.

4.1 Social participation for UHC

As part of our work to strengthen social accountability, we are looking specifically at 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.

At the WHA in May 2018, a side event explored People’s voice and social participation: Key roles and contributions to UHC. The event was co-sponsored by Iran, Thailand and Chile and co-organized by WHO, UHC2030 and the UHC2030 CSEM. A key message from the event was that people need to have a strong voice for UHC, but often accountability mechanisms are missing in countries. The event highlighted how participatory governance platforms such as National Health Assemblies are at the heart of the UHC movement. The idea of a network on social participation for UHC was conceived at this event, to facilitate peer exchange and learning.

In October 2018, UHC2030 in collaboration with the UHC Partnership organized a satellite session at the Fifth Global Symposium on Health Systems Research, called “Institutionalizing population engagement in health policy-making: Is the National Health Assembly mechanism the panacea for advancing health systems for all in the SDG era?” Participants examined Health Assembly experiences in France (Etats Généraux de la Santé), Iran, Thailand and Tunisia (Dialogue Sociétal) to question whether it lives up to its promises. A key message was that gathering real-time, meaningful population input into policies gives governments good opportunities to better build the health systems of their countries to deliver for all, leaving no one behind.

Building on the momentum and collaboration around these events, UHC2030, the CSEM and WHO have now convened this 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.

4.2 SDG3 follow-up and review mechanisms for health

UHC2030 convened an informal working meeting on the sidelines of the UNGA in September in New York, with a range of partners to explore how we might add value to the SDG3 follow-up and review mechanisms for health. There was interest in focusing on voluntary national reviews (VNRs) – the in-country review of progress towards the SDGs that feeds into the High-Level Political Forum. During the meeting, Ghana expressed an interest to work together, and initial efforts have been made to support the Ministry of Health in getting and disseminating information on the process, timelines and opportunities for the health sector to be showcased.

4.3 Health budget analysis, advocacy and 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 multi-stakeholder collaboration in country. Over the course of 2018, UHC2030 has consulted a range of partners to frame the development of a toolkit for capacity strengthening, which will be available late 2019. Rather than consisting of technical guidance, this toolkit will be an instrument to build skills among CSOs, media and parliaments on how they can meaningfully engage to influence the mobilization and use of resources for UHC.

Investing in people’s voice and social participation is the most important investment we can make for achieving UHC, let it not be tokenism!

Dr Gitinji Gitahi, Co-Chair of UHC2030
5 Advocacy

UHC is an inherently political agenda, and political will is essential to secure and sustain investment in health and drive appropriate health system reforms. UHC2030 aims to build political momentum around a joint vision of health systems strengthening for UHC and advocates for sufficient, appropriate and well-coordinated resource allocation to health systems.

UHC2030 framework for advocates was developed in 2017 with the goal to support and align diverse stakeholders to advocate for meaningful health system reforms at the national level to leave no one behind. The framework is designed to support a wide array of partners and stakeholders within and beyond UHC2030.

5.1 Advocacy guide and social media toolkit

The UHC Advocacy Guide was launched in 2018 and builds on the recommendations in the UHC2030 Framework for Advocates. It provides an overview of what UHC is, why it matters and how advocates can mobilize bottom-up change at the grassroots and community level to influence national-level policies and make meaningful health system reforms, ensuring that no one is left behind.

The guide aims to share specific tools to help advocates call on policy- and decision-makers to focus on improving the three pillars of Healthy Systems for UHC – A Joint Vision for Healthy Lives: service delivery, health financing and governance. The intersection of these three pillars aims to create an environment in which UHC is a measurable and achievable goal – something we can all get behind.

The UHC2030 advocacy guide is a resource to help a wide range of universal health coverage advocates – spanning government, parliamentarians, academia, civil society, the private sector and more – to conceptualize and execute successful advocacy strategies that advance UHC at community, regional, national and global levels. In association with this, UHC2030 launched an eLearning course on advocacy for UHC in partnership with the World Bank Group’s Open Learning Campus. The course offers bite-size online modules to learn about the essence of this UHC2030 advocacy guide.

UHC2030 also published an online social media toolkit to promote UHC advocacy using suggested key messages and social media graphics.

5.2 Major advocacy efforts

5.2.1 UHC Day

We celebrated the first UN-recognized International UHC Day on 12 December 2018. CSOs, governments and individuals led hundreds of UHC-focused events around the world on the theme of “Unite for universal health coverage: Now is the time for collective action”. UHC2030 supported 57 of these events, which ranged from youth-centred events – like a soccer tournament with health officials in Kenya – to rallies, panels, health fairs and more (Box 5). UHC advocates raised their voices in op-eds and on social media, reaching millions of people online. UHC2030 partners and others gathered in New York City for a UHC Day panel featuring representatives from the UN, Group of Friends of UHC and civil society.

Aspirations, especially of young people, around the world, are exploding… when satisfaction goes up, aspirations go up… Universal health coverage is the right answer. It’s where we all need to go… my job is to go back and find a way to convince heads of state and ministers of finance to take this seriously.

Dr. Jim Yong Kim, President, The World Bank Group.

UHC2030 powered the multi-stakeholder group to coordinate the preparation of the first UHC Day campaign working closely with the UN Secretariat to produce the communication identity and advocacy materials. UHC2030 produced the UHC Day microsite where UHC advocates could access useful advocacy resources and also post their plans for UHC Day celebrations on an interactive map.

"
**5.2.2 Advocating for UHC across health programmes**

UHC Day was just one of the significant milestones on the road to health for all during 2018. We also witnessed world leaders and UHC advocates join forces for World Health Day 2018 on the theme of Health for All, the International AIDS Conference, the International Conference on Family Planning, the second-ever Global Conference on Primary Health Care, the World Health Summit to launch the SDG3 Global Action Plan, the Fifth Global Symposium on Health Systems Research, the Global Financing Facility replenishment, UN high-level meetings on tuberculosis and noncommunicable diseases and other major milestones.

UHC2030 reached out to partners at various events to encourage all health advocates to adapt political messages for UHC alongside programme-specific messages. This will help reduce fragmentation and competition among health initiatives, and simplify government prioritization efforts in the crowded and complex SDG space. For example, several members of the UHC2030 CSEM were active at the Twenty-second International AIDS Conference in Amsterdam, the Netherlands in July 2018 to actively call for UHC in the HIV response and pre-conference dialogue for CSOs led by WHO. All in all, the CSEM engage in over 17 key global health events in 2018 to promote civil society collaboration and integration of UHC messages into disease-specific advocacy.

UHC2030 also produced a short animation to clearly communicate the need for cross-programmatic approaches to UHC.

**5.2.3 SDG indicator 3.8.1 on service coverage**

UHC2030 mobilized partners to **advocate a revision to the SDG 3.8.1 indicator** on service coverage, at a meeting of the Inter-agency and Expert Group on Sustainable Development Goal Indicators in April 2018 in Vienna, Austria. Monitoring of target 3.8 was incomplete unless it tracked both aspects of UHC: financial protection and coverage of essential health services. The expert group agreed to use data from the 2017 Global Monitoring Report produced through an official country consultation with all WHO Members States to revise the SDG 3.8.1 indicator and include financial protection in the indicator description.

UHC2030 continued to advocate implementation of the UHC indicator framework to encourage governments to measure both 3.8.1 and 3.8.2 indicators together to track the progress of target 3.8, and also work closely with civil society partners to use the official SDG indicator data to make governments accountable to people’s rights to health.
6 UHC2030 governance, Core Team operations and communications

6.1 Steering Committee

The Steering Committee is responsible for setting overall strategic direction 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 (list of representatives and the two co-chairs is provided in Annex 5). The Steering Committee includes the following constituencies:

- Countries
- Multilateral organizations
- Philanthropic foundations;
- CSOs
- Private sector.

During two meetings which took place in June and December 2018, the Steering Committee focused discussion on: how UHC2030 best brings value to countries and reviewed strategic priorities and desired outcomes; and initial plans to contribute to the UN High-Level Meeting on UHC scheduled for September 2019. The Steering Committee also reviewed progress in implementing the workplan for 2018–2019 and approved a revised workplan and budget.

6.2 Core Team operations

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.

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.

At the end of 2018, WHO included a team of six professional staff, one junior professional officer and one assistant. The World Bank supported the Core Team with eight staff engaged in varying roles on a part-time basis, equivalent to two full-time positions. Communication support was provided through a part-time consultant and part-time support from WHO and World Bank staff.

6.3 Communications

Following the launch of the brand in 2017, UHC2030 continued to raise awareness of what UHC2030 does, how it operates, and how partners and related initiatives can get involved and work together. This was done mainly through online communication via the website and social media and through interactive face-to-face meetings and marketplaces at global events. UHC2030 also highlighted and elevated the voices of the multiple stakeholders that are involved in the partnership, through “Partner Insights” about UHC.

The use of social media has greatly increased, with more focus on Twitter using advocacy messages and graphics, as well as sharing news and partner insights. The UHC2030 Twitter audiences increased significantly, nearly doubling to about 4,600 followers. Overall in 2018, UHC2030 more than doubled its Twitter impressions from 2017.

Website analytics show – as far as possible – that the website is performing well in terms of new visitors and returning visitors. In 2018, there was an overall 52% increase in new visitors, and a large spike in visitors to the site around the time of World Health Day in April. The main ways that people enter the website are through the news and events section.

The UHC2030 newsletters, of which three were published in 2018, contain information and news of interest to our members and other stakeholders. They continue to get a high opening rate in comparison with existing statistics for the not-for-profit sector.

UHC2030 publications aim to be appealing to a wide range of audiences, with a focus on providing accessible and easy-to-understand information, such as the “Statement on sustainability and transition from external funding”. 2018 had a particular focus on making selected key documents accessible in a range of languages including French, Spanish, Portuguese, Russian and Chinese.

Publications in 2018

- International Health Partnership for UHC2030 Core Team Report 2017 in English and French.
- UHC2030 Statement on Sustainability and Transition from External Funding in English, French, Spanish and Russian.
- UHC Advocacy guide and social media toolkit, in English and French.
- Healthy systems for universal health coverage – A joint vision for healthy lives – Executive Summary in Chinese, Spanish, Russian and Portuguese.
- Global Compact in Russian and Chinese.
The UHC2030 programme of work for 2018 was partially funded, with financial contributions provided by the European Commission, the governments of Germany, Japan and Luxembourg, as well as the Rockefeller Foundation.

The Core Team adopted a cautious approach due to the slow progress in mobilizing resources (funding gap in 2018 of about 40%). For example, in the area of knowledge management, the Core Team decided to focus on the design phase of the online connector function and to postpone until 2019 the operationalization of the knowledge hub. Work on health systems strengthening coordination has been less costly than anticipated as work could be taken forward mainly by the team and partners rather than being contracted out. In addition, the annual meeting of UHC2030 partners in December did not take place in the absence of opportunities for joint events with other partners.

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.

Table 1 provides a summary of expenditure by areas of the UHC2030 programme of work for 2018 and types of expenditure. Staff costs for both WHO and the World Bank are allocated across the work programme. Overall, they represent 38% of total costs.

In addition, several partners hosted meetings during the year, which enabled the UHC2030 Secretariat to save costs. Such support included:

- Fourth UHC2030 Steering Committee Meeting (UNICEF)
- CSEM Advisory Group Meeting (UNAIDS)
- UHC High-level event on “UHC leaves no one behind” during the 73rd UNGA (Gavi, the Global Fund, GFF)
- A retreat of the UHC2030 related initiatives (Germany).

### Table 1: Breakdown of expenditure by area of work for 2018

<table>
<thead>
<tr>
<th>Area of Work</th>
<th>Approved Budget</th>
<th>Staff</th>
<th>Consultants/Contractual Services</th>
<th>Travel</th>
<th>Meetings</th>
<th>Operations</th>
<th>Expenditure in 2018</th>
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<td>4.1. Political support and grassroot demand</td>
<td>70</td>
<td>136</td>
<td>77</td>
<td>73</td>
<td></td>
<td>224</td>
<td></td>
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<tr>
<td>4.2. Country level action</td>
<td>400</td>
<td>27</td>
<td>256</td>
<td></td>
<td></td>
<td>183</td>
<td></td>
</tr>
<tr>
<td>4.3. Support to UHC community</td>
<td>80</td>
<td>77</td>
<td>9</td>
<td>46</td>
<td>135</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Sub-total 4</td>
<td>650</td>
<td>239</td>
<td>243</td>
<td>57</td>
<td>3</td>
<td>542</td>
<td></td>
</tr>
<tr>
<td>5. PARTNERSHIP GOVERNANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1. Communication</td>
<td>355</td>
<td>66</td>
<td>145</td>
<td>10</td>
<td>1</td>
<td>237</td>
<td></td>
</tr>
<tr>
<td>5.2. Strategic planning and reporting</td>
<td>185</td>
<td>104</td>
<td>104</td>
<td></td>
<td></td>
<td>104</td>
<td></td>
</tr>
<tr>
<td>5.3. Mobilisation of partners</td>
<td>255</td>
<td>52</td>
<td>52</td>
<td>9</td>
<td>2</td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>5.4. Coordination with related initiatives</td>
<td>810</td>
<td>31</td>
<td>31</td>
<td>15</td>
<td>3</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>5.5. Support to CSO engagement mechanism</td>
<td>500</td>
<td>31</td>
<td>167</td>
<td>102</td>
<td>22</td>
<td>522</td>
<td></td>
</tr>
<tr>
<td>5.6. UHC2030 Steering Committee</td>
<td>250</td>
<td>106</td>
<td>1</td>
<td>86</td>
<td>17</td>
<td>107</td>
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</tr>
<tr>
<td>5.7. UHC2030 core team operations</td>
<td>230</td>
<td>156</td>
<td>2</td>
<td></td>
<td>7</td>
<td>165</td>
<td></td>
</tr>
<tr>
<td>Sub-total 5</td>
<td>2,575</td>
<td>546</td>
<td>567</td>
<td>312</td>
<td>45</td>
<td>30</td>
<td>1,400</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6,750</td>
<td>1,444</td>
<td>1,252</td>
<td>433</td>
<td>70</td>
<td>37</td>
<td>3,256</td>
</tr>
</tbody>
</table>

Notes: Programme support costs are calculated at 13% on funds used in WHO and 1% on funds passed through the World Bank. In addition, the World Bank is charging a Trust Fund Indirect Rate equal to 17% of the costs of personnel (staff salaries, consultant fees and benefits, except for extended assignment benefits) in line with its Bank Directive Cost Recovery Framework for Trust Funds.
ANNEX

1: UHC2030 members
2: UHC2030 related initiatives
3: CSEM advisory group
4: UHC2030 meetings and other events
5: UHC2030 Steering Committee members
1 UHC2030 members

**COUNTRIES & TERRITORIES**

Afghanistan: September 2013
Australia: May 2008
Bahamas: 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
Denmark: May 2014
Djibouti: July 2009
DR Congo: November 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
Kyrgyz Republic: 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
Mozambique: September 2007
Myanmar: January 2014
Nepal: September 2007
Netherlands: September 2007
Niger: May 2009
Nigeria: May 2008
Norway: September 2007
Oman: September 2018
Occupied Palestinian Territory: 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
Sweden: May 2008
Switzerland: December 2018
Sudan: May 2011
Syrian Arab Republic: September 2018
Thailand: May 2017
Togo: January 2010
Tunisia: September 2018
United Arab Emirates: September 2018
United Kingdom of Great Britain: September 2007
United States of America: May 2013
Viet Nam: May 2010
Yemen: September 2018
Zambia: September 2007

**CIVIL SOCIETY ORGANIZATIONS**

Beyond this list of organizations, the CSEM mobilises 350 member organisations.

African Health and Policy Economics Association (AfHEA): July 2018
African Platform for UHC: May 2017
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: May 2018
FALCOH Foundation Cameroon: December 2018
G4 Alliance: December 2018
Health Enabled, South Africa: January 2018
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
Medicus Mundi International – Network Health for All (MMI): November 2017
Management Sciences for Health: March 2018
Outreach Scout Foundation, Malawi: November 2017
Positive Generation, Cameroon: November 2017
Save the Children: May 2018
Women in Global Health: May 2018
Worldwide Hospice Palliative Care Alliance: December 2017

**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
International Labour Organization: September 2007
International Organization for Migration: November 2017
OECD: May 2017
UNAIDS: September 2007
UNICEF: September 2007
UNDP: September 2007
UNFPA: September 2007
WHO: September 2007

**PHILANTHROPIC ORGANIZATIONS**

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

**PRIVATE SECTOR**

Apollo Hospital: November 2018
Henri Schein: November 2018
International Federation of Pharmaceutical Manufacturers and Associations: November 2018
Japan Pharmaceutical Manufacturers Association: November 2018
Johnson & Johnson: November 2018
Kenya Association of Pharmaceutical Industry: November 2018
MEDx eHealthCenter: November 2018
Merck: November 2018
Novo Nordisk: November 2018
Organization of Pharmaceutical Producers of India: November 2018
Pfizer: November 2018
Royal Philips: November 2018
Sanofi: November 2018
2 UHC2030 related initiatives

**HEALTH SYSTEMS SPECIFIC INITIATIVES**
- Alliance for Health Policy and Systems Research
- PMH Network for UHC and Social Health Protection
- Global Health Workforce Network
- Global Service Delivery Network
- Health Data Collaborative
- Health Systems Global
- Health Systems Governance Collaborative
- Inter-agency Pharmaceutical Coordination Group
- Inter-agency Supply Chain Coordination Group
- Joint Learning Network for UHC
- Primary Health Care Performance Initiative
- Universal Health Coverage Partnership

**OTHER RELATED INITIATIVES**
- Global Health Security Agenda
- Noncommunicable Diseases Global Coordination Mechanism
- Partnership for Maternal, Newborn and Child Health
- Global Health Cluster
- The UHC Initiative of the Elders
- Stop TB

**A NUMBER OF ORGANIZATIONS AND INITIATIVES ACTIVELY PROMOTE UHC INCLUDING:**
- UHC Coalition

3 CSEM advisory group

**CSEM ADVISORY GROUP MEMBERS**
- Craig Burgess, Senior Technical Advisor, IHI Research and Training Institute, USA
- Tomoko Fukuda, Secretariat General, Japan CSD Network on Global Health/DCCP – Japan
- Ariana Childs Graham, Director, Primary Health Care Initiative, PAI – USA
- Lucien Kouakou, Director, Regional Africa Office, International Planned Parenthood Federation (IPPF) – Kenya
- Sandra Lhote-Fernandes, Health Advocacy Officer, Dxfam France – UK and France
- Wilmar Maier, Manager, Health and Advocacy, World Vision
- Rachel Ndirangu, Community Health Advisor and Health Programme Manager, Christian Aid UK
- Carolyn Reynolds, Vice President of Advocacy and Public Policy, PATH – USA
- Itai Rusike, Executive Director, Community Working Group on Health (CWGH) – Zimbabwe
- Valerie Sorgho, Advocacy and Communication Manager, Save the Children – Burkina Faso
- Valerie Dangilissem Koutou, Regional Advocacy Technical Advisor, Save the Children Burkina Faso
- Johannes Trimmel, Director, Policy and Advocacy, International Agency for the Prevention of Blindness (APB) – Brussels
- Benoît Van Mael, Health and Nutrition Advocacy Advisor, Action Contre la Faim (Action Against Hunger)

**CSEM MEMBERS WHO ARE CSO REPRESENTATIVES AND ALTERNATES ON THE UHC2030 STEERING COMMITTEE**
- Simon Wright, Head of Health Policy, Save the Children – UK – Northern CSD representative
- Justin Koonis, President of ACON – Australia – Northern CSD Alternate
- Rosemary Mbura, Executive Director, WACI Health – Kenya – Southern CSD representative
- Khaut Thi Hain Oanh, Executive Director, Center for Supporting Community Development Initiatives (CCDI) – Vietnam – Southern CSD Alternate
- Dr Santosh Kumar Giri, Secretary and Executive Director, Kolkata Rista – India – community-based organization representative
- Harriet Adong, Executive Director, Foundation for Integrated Rural Development (FIRD) – Uganda – community-based organization Alternate

**CSEM SECRETARIAT HOSTED BY MANAGEMENT SCIENCES FOR HEALTH**
- Elliana Monteforte, Coordinator, Management Sciences for Health
- Refioe Mabsoje, Communications Officer, Management Sciences for Health
- Amy Bolbosser-Boesich, Technical Focal Point, Management Sciences for Health

4 UHC2030 meetings and other events

**UHC2030 MEETINGS 2018**
- 2–3 May, Bonn: UHC2030 Related Initiatives meeting.
- 4–5 June, Geneva: Third meeting of the UHC2030 Steering Committee.
- 28 September, New York: UHC Day Coordination Group (12.12.CG) meeting to discuss UHC Day new identity.
- 6–7 November: Second face-to-face meeting of the Health Systems Assessment TWG.
- 10 December, Geneva: Meeting of the Sustainability, Transition from Aid and Health Systems Strengthening TWG in collaboration with WHD: “Programme perspectives in sustainability and transition”.
- 12–13 December, New York: Fourth meeting of the UHC2030 Steering Committee.
- 13 December, New York: Informal Briefing on UHC2030 and Group of Friends of UHC.

**OTHER EVENTS 2018**
- 2 March, Hurgada, Egypt: Presentation on “Building the Capacity of the Health Sector to Work with Other Sectors on UHC: The Role of Multi-stakeholder Partnerships”, meeting of the International Federation of Medical Students’ Association.
- 17 May: Webinar: “Towards Accountability for Health Equity – Galvanising a Movement for UHC”, organized by the Institute of Development Studies in collaboration with UHC2030 and the CSEM.
- 22 May, Geneva: Official side event at the Seventy-first World Health Assembly: “People’s Voice and Social Participation: Key Roles and Contributions to UHC”, organized by WHO, UHC2030 and UHC2030 CSEM and co-sponsored by Iran, Thailand and Chile.
- 23 May, Geneva: Official side event at the Seventy-first World Health Assembly: “Member States Commitment to the Global Movement towards Universal Health Coverage” and UHC2030 Global Compact Signing Ceremony, hosted by the government of Indonesia and co-sponsored by Mexico, Turkey, Republic of Korea, Australia, Ghana and the Maldives and organized in close cooperation with UHC2030.
- 26 September, New York: Organization of the side event at the Seventy-third UN General Assembly on “UHC Leaves No One Behind: Working Together Towards Good Health and Wellbeing for All” and UHC2030 Global Compact Signing Ceremony. The governments of Thailand and Japan co-hosted the event, with the following governments as co-sponsors: Brazil, Germany, Ghana, Jamaica, Norway, South Africa, Uruguay and the UK. Co-organizers were: UHC2030, WHD, the World Bank Group, Gavi, the Vaccine Alliance, the Global Financing Facility and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Supporting organizations were: UHC2030 Civil Society Engagement Mechanism (CSEM), the World Economic Forum (WEF), UNAIDS, NCD Alliance, International Federation of Medical Students’ Associations (IFMSA), the Rockefeller Foundation and UNICEF.
- 27 September, New York: Contribution to side event at the Seventy-third UN General Assembly on “Call to Action on Universal Health Coverage (UHC) in Emergencies”, co-hosted by the governments of Switzerland and Afghanistan.
- 8 October, Liverpool: Country simulation exercise in collaboration with WHO during the Fifth Global Symposium on Health Systems Research: “UHC in Jeopardy: Is Rethinking Private Sector Accountability the Answer?”,

continued...
5 UHC2030 Steering Committee members

CO-CHAIR
- Dr Githiji Gitahi, Global CEO and Director-General, Amref Health Africa
- Prof. Dr Ilona Kickbusch, Director of the Global Health Centre, The Graduate Institute

COUNTRIES
- Isabella Maina, Director, Division of Healthcare Financing, Ministry of Health, Kenya
- Vaifee Tulay, Deputy Minister for Planning and Research Development, Ministry of Health and Social Welfare, Liberia
- Bocar Mamadou Daff, Directeur Général, Agence de la couverture maladie universelle, Senegal
- Dr Aquina Thulare, Technical Specialist, Health Economics/National Health Insurance Department of Health, South Africa
- Manabu Sumi, Director of Global Health Policy, International Cooperation Department, Ministry of Foreign Affairs, Japan
- Walaiporn Patcharanarumol, Director, International Health, Policy Program, Ministry of Public Health, Thailand
- Matthias Reinicke, Health Sector Advisor, Europe Aid European Commission, Belgium
- Heiko Warnken, Head of Division, Health Population Policies Federal Ministry for Economic Co-operation and Development (BMZ), Germany

CIVIL SOCIETY ORGANIZATIONS
- Rosemary Mburu, Executive Director, WACI Health, Kenya
- 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
- Justin Koonin, President, ACON, Australia (nominated as Alternate)
- 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
- Naveen Rao, Managing Director, Rockefeller Foundation, United States of America

PRIVATE SECTOR
- Dessislava Dimitrova, Practice Lead, Health Systems and Joint Ventures, Global Health and Health Care, World Economic Forum

MULTILATERAL ORGANIZATIONS
- Hind Khatib-Othman, Managing Director, Gavi, the Vaccine Alliance, Switzerland
- Francesca Colombo, Director, Health, Directorate for Employment, Labor and Social Affairs, Organisation for Economic Cooperation and Development (OECD), France
- Stefan Peterson, Chief Health Section, United Nations Children’s Fund (UNICEF), United States of America

WORLD BANK
- Timothy Evans, Senior Director, Health, Nutrition and Population Global Practice, World Bank, United States of America

WORLD HEALTH ORGANIZATION
- Naske Yamamoto, Assistant Director-General, UHC and Health Systems, World Health Organization, Switzerland