UHC2030 Steering Committee
2nd Session - 11 December 2017
Tokyo Prince Hotel
Takasago Room 11th floor
TOKYO, JAPAN

OVERVIEW OF TECHNICAL WORKING GROUPS
(update on recent activities)

For Information ☒   **For Review & Advice** ☐   **For Approval** ☐

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Introduction

The objectives of UHC2030 are as follows:

- Improve coordination of HSS efforts for UHC at global level, including synergies with related technical networks
- Strengthen multi-stakeholder policy dialogue and coordination of HSS efforts in countries, including adherence to IHP+ principles and behaviours in countries receiving external assistance
- Facilitate accountability for progress towards HSS and UHC that contributes to a more integrated approach to accountability for SDG3
- Build political momentum around a shared global vision of HSS for UHC and advocate for sufficient, appropriate and well-coordinated resource allocation to HSS.

The technical working groups seek to deliver on the first two objectives to improve coordination of health systems strengthening at global and country levels. Ad hoc arrangements have been set up to develop strategies on accountability and advocacy to deliver on the subsequent objectives and knowledge management which contributes across all objectives.

The model of having technical working groups already existed under IHP+, and additional groups have been established since the transition to UHC2030. These multi-stakeholder are activity-oriented groups and made up of technical experts from among partners and associated initiatives brought together to collectively deliver on a priority area of work as identified in the UHC2030 workplan. These working groups can be initiated by a subset of partners and their terms of reference is approved by the Steering Committee. Membership of the groups is normally established by an open call to members and can be extended to relevant partners beyond UHC2030. Each group are different in nature and may have different working arrangements.

UHC2030 currently has five technical working groups. An overview of these is provided below.

An overview of UHC2030 technical working groups is provided below. Further information including terms of reference (TORs) and updates on recent activities can be found here

1. Public Finance Management (PFM)

The technical working group on Public Financial Management (PFM) was established under IHP+. Revised terms of reference (ToRs) for the group were approved by the Steering Committee as outlined in the IHP+ Strategic Directions 2016-17.

Public domestic finance is central to achievement of UHC by 2030. Ensuring sufficient public resources to the health sector relies on a strong dialogue between MOH and MOF. This is operationalized through the budget and the public financial management systems. Ensuring good alignment between optimal health sector finance systems and public financial management systems is therefore of key importance for UHC.

The working group has convened partners and promoted financial management collaboration in several countries including: **Burundi, Democratic Republic of Congo, Ethiopia, Liberia, Senegal, Sierra Leone, and Sudan.** With varying levels of participation, partners, including the African Development Bank, The Global Fund, GAVI, UNICEF, UNFPA, WHO, World Bank, Irish Aid, and the EU have conducted joint financial management assessments in the health sector in these countries.

Main achievements resulting from these assessments to date include:

- In Senegal, Sierra Leone, and Ethiopia: joint support for strengthening country financial management systems and harmonized implementation arrangements for development partner support to the sector.
- Liberia and Sudan: there are on-going country-led initiatives to implement the recommendations of the joint assessments.

The working group has also conducted a study of the costs and benefits of non-aligned financial management arrangements for implementing development assistance in health. Two case studies were conducted in Uganda and Kenya, and a syntheses report has been prepared, highlighting significant transaction costs associated with fragmented financial management implementation arrangements, and how parallel arrangements not only undermine the strengthening of country systems, but also tend to increase fiduciary risks overtime.

While the group will continue to work on the financial management harmonization and alignment agenda, its focus will expand under UHC 2030. Since UHC is expected to be financed mostly from domestic sources, emphasis will be placed on getting a better understanding of how strengthened PFM systems in the health sector support the case for increased resource allocation to health from the national budget, and how PFM systems support better health service delivery and health financing.

More information on UHC2030 website here.

2. **Support to Countries with Fragile or Challenging Operating Environments**

The technical working group on Support to Countries with Fragile or Challenging Operating Environments was established in 2016, as outlined in the IHP+ Strategic Directions 2016-17. The ToRs for the group were approved by the Steering Committee. As outlined in the ToRs, the primary deliverables for the working group are a literature review, country case studies, guidelines, adapted IHP+ tools, and actions in selected countries on partner coordination and health systems strengthening.

Membership in the group involves a range of development and humanitarian operational actors and experts, including governments, bilateral and multilateral development partners, humanitarian assistance organisations, civil society and others.

A systematic literature review was commissioned as a first step to better understand what we know and don't know on this agenda. The literature review was implemented by ITM Antwerp, and it is currently being finalised. With the literature review near completion, the working group was convened for a first face-to-face meeting on 8th and 9th November 2017. The objectives of the meeting were to:

- Draft revised ToRs identifying the clear added value of the WG
- Update the workplan of the WG:
    - Reflect on the findings of the literature review to inform this process and identify feedback for ITM to take on board for the final iteration of their report

- o Agree on the scope, objectives, format, approach and timeline for the development of the guidance document, and any related deliverables required (e.g. case studies, tools)
      - o Identify other potential deliverables
      - o Explore ways of working
  - Agree a process for finalising the updated ToRs and workplan.

The meeting confirmed the widespread interest in and added value of the working group, with clear commitment from partners to collaborate on improving health systems support to fragile, conflict affected and vulnerable settings. The updated ToRs will specify the deliverables for 2018-19, such as a) mainstreaming the specific considerations for such contexts across the TWGs and related networks of UHC2030, b) technical deep dives to provide real time support to fragile and conflict affected, and vulnerable contexts on health systems challenges, and c) ad hoc advocacy and events to raise the profile of this important agenda. The group agreed on a more streamlined way of working moving forwards, with a small strategic oversight group, ad hoc time-bound activity oriented groups, and a looser community of practice (using existing groups as appropriate).

Documents related to the meeting, including the agenda, list of participants, and meeting presentations, are available [online](). The meeting report and revised ToRs for the group for 2018-19 will be available shortly and shared with the Steering Committee for review in the first quarter of 2018.

3.   Sustainability transition from aid and health system strengthening

The technical working group on sustainability transition from aid and health system strengthening was established in 2016, as outlined in the IHP+ Strategic Directions 2016-17, and the ToRs for the group approved by the Steering Committee.

The group aims to build a consensus on the sustainability objective in relation to transition from external finance – to mean sustained coverage of priority interventions for UHC with financial protection and develop a collaborative agenda taken forwards by different partners in support of this.

While all low- and middle-income countries face a number of critical pressures on their health systems, there are some issues that are particularly salient for countries that are currently or will soon be "transitioning" to much lower levels of external financial support. Effective responses to transition must be adapted to each country's context, but a common guiding principle is to maintain or even increase effective coverage for priority health services, including those currently supported with external funds. This does not mean simply channelling government revenues to pay for a previously donor-funded program. Rather, transition provides an opportunity for countries to assess how governance, financing and service delivery are configured to ensure the sustainability of effective coverage for priority interventions.

Hence, health system strengthening (HSS) is at the core of the response to transition if progress towards UHC is to be sustained, ensuring that donors and policymakers alike are working together towards sustainable solutions to problems presented by transition. It also emphasizes the importance of sustainability in the transition process, which should also extend to those countries that are not imminently facing declines in donor assistance.

The membership of the group brings together country representatives, WB/WHO health system and disease experts, bilateral partners, global health initiatives, GFF, OECD, BMGF, academia think tanks and civil society.

Country interest and participation in the group has been particularly strong, with 14 countries actively engaging in the group, either through direct participation (8 countries) or through country consultation (6 countries)

The working group held two meetings in 2017 to define work areas and gather country input but annual meetings are envisaged for the next period with intermittent online meetings.

In 2017 the group completed a mapping of WG member's definitions and policies on transition, a country consultation paper on sustainability and transition and developed a mapping tool on key indicators on UHC context and transition in MIC and LIC.

Documents related to meetings, including the agenda, list of participants, and meeting presentations, are available online.

4. Health System Assessments

The technical working group on health systems assessment was established in 2017, as outlined in the UHC2030 workplan, and the ToRs for the group approved by the Steering Committee. It built on panel discussions organised during UHC2030 consultation meetings organised in June and December 2016.

Following several online meetings, the first-face-to face meeting of the Health Systems Assessment (HSA) Technical Working Group, held on 17-18 October 2017 in Geneva, convened key national and international stakeholders and country representatives to discuss the following:

- Bottlenecks in conducting a multitude of HSAs in countries ("evaluation industry")

- Results of an HSA tool review that examined all relevant, existing tools and approaches on health systems assessments

- Differences between HSA and health systems performance assessments (HSPA), and the potential for relating HSAs with the health systems *performance* assessment community

- Scoping the engagement of the TWG, including a roadmap with key deliverables

In the round table format, the participants were engaged in sharing more detailed ideas around: (1) the current situation of HSAs, (2) potential entry points for more harmonized and aligned HSAs (3) how to bring the HSA and HSPA communities together and integrate performance assessment aspects within HSA in a more systematic way.

Overall it was agreed that: the HSA approach should be demand-driven and owned by the country in order to support the development of national health policies and decision making process. Efforts by the government and the international aid community are necessary to increase comparability across HSA results.

There was broad consensus to develop an annotated template including taxonomy, working definitions, a set of core indicators which reflects the content depth of the reviewed HSA tools and which adds a performance angle into assessing a health system. This common template, agreed upon by all stakeholders, shall provide a format to present HSA results in a more standardized and comparable way.

Documents related to the meeting, including the agenda, list of participants, and meeting presentations, are available online, including revised ToRs for consideration by the Steering Committee.

5. Multisector action and UHC

The technical working group on multisector action for UHC was established in 2017, as outlined in the UHC2030 workplan, and the ToRs for the group approved by the Steering Committee. Action by different thematic sectors beyond the health sector - such as education, infrastructure, agriculture, finance and energy - on the health determinants is well recognized as being fundamental to health progress. Yet such multisectoral action has often proved challenging in practice, with health plans, policies and programming mostly focused on healthcare services.

The bulk of the responsibility for achieving UHC lies with the health sector in countries, stewarded by Ministries of Health but multisectoral action is also critical to achieve UHC

Despite its importance, multisectoral action has often received low levels of attention in current efforts towards UHC. In the context of the SDGs, greater support for countries to implement multisectoral action for health is therefore required, including placing the role of the health sector in such action as a core part of the UHC agenda. Existing efforts on this theme, for example around the 'Health in All Policies' approach and on the political economy of multisectoral action for health, can be drawn upon to support countries in doing so.

The TWG will have its first in person meeting on 12 December during the UHC Forum taking place in Tokyo. The discussion will focus on how to build capacity in the health sector to successfully interact with other sectors to achieve UHC. Initial work on the following three policy areas will be presented:
- Securing the inputs of other sectors for fundamental inputs towards UHC
- Designing mechanisms that facilitate alignment and negotiations with other sectors to address key determinants of health
- Monitoring the health impacts of actions in other sectors as core UHC monitoring, driving joint accountability between sectors for health consequences.

Country experiences in building capacity from Chile, Jamaica, Malawi, and the Philippines, among other countries, will also be highlighted. More information, including TORs is available online.