

NOTE FOR THE RECORD

Summary of agreed action and recommendations from the discussion

- The Steering Committee approved the nomination of Professor Ilona Kickbusch to the position of Co-Chair by acclamation.

1. Mobilizing high level support for universal health coverage and strengthening accountability for health in the sustainable development goals

- Finalize the draft letters to the UN SG and UNPGA reflecting suggestions of SC members.
- Outline a consultation process to help build consensus on messages to the HLM-UHC and mobilise specific inputs from UHC2030.
- Approve TOR for the two proposed groups on the International UHC Day and global accountability strategy respectively.

2. Engaging with low and middle income countries

- Work with all actors to develop an updated effective development cooperation agenda in health which is fit for the SDG era
- Ensure a strong and explicit country focus in the next phase of work planning.
- Continue work to facilitate greater harmonization of health system initiatives (and other initiatives) to reduce fragmentation at country level.
- Scale up UHC advocacy and CS engagement in countries on UHC.
- Contribute to scaled up support for health systems strengthening, and efficiency of development assistance, including integrated long term country based support.

3.a.i. UHC2030 as a health system platform

- Consider how best to go beyond the health network system family, balancing inclusiveness and pragmatism.
- Bring relevant technical issues and lessons from the networks where SC can add value under an overall UHC focus.
- Maintain focus on coordination around country UHC plans and explore the feasibility of joint funding across networks to stimulate a greater coherence.
- Update the UHC2030 graphic to reflect countries and people.
- Develop a mapping of health system country involvement and corresponding donor support.

3.a.ii. A key area for collaboration: UHC 2030 knowledge hub

- Ensure a demand driven approach linking closely with countries.
- Careful consideration of inclusion criteria for products, reflecting quality and relevance.
- From the start build in ways of keeping the hub updated.
- Consider ways of linking this work to wider dissemination of the UHC2030 deliverables with a robust marketing strategy.
- Explore the possibility to get technical support from professional search engines.

3.2 The Health Data Collaborative

- Consider optimizing links between HDC and UHC2030 to define, advocate and support investment channels that incentivize use and promote development of national systems.
- Strengthen synergies between HDC and UHC2030 by further articulating links between technical and political aspects of the agenda, including leveraging high-level forums to mobilise political support for country action

4. Sustainability, Transition from External Finance and Health System Strengthening

- Finalize the UHC2030 statement on Sustainability and Transition through consultations with key constituencies within the next three months and explore ways to disseminate widely.
- Take forward work focusing on suggested areas of knowledge gap, investment and capacity and operational implications as part of a package of UHC2030 outputs on sustainability and transition to be made available by the end of 2018.

5. Update on private sector engagement

- Go ahead with the call for interest and nominate one private sector representative initially – e.g. the WEF.
- Consider involving private sector beyond health, at a later stage.
- Review the need for a conflict of interest policy beyond FENSA (for all SC members).
- Consider interest of setting up a UHC2030 working group on private sector to discuss regulatory frameworks and retrospective regulation of an established private sector.

6. UHC2030 funding requirements and fundraising plans.

- Approve the detailed budget for 2018.
- Strengthen and institutionalize engagement with constituencies.
- Establish a subgroup of the SC to guide on performance framework and fundraising.

Welcome and opening remarks

Dr Takao Toda, UHC2030 Co-Chair from JICA, opened the third session of the UHC2030 Steering Committee (SC) by welcoming participants and highlighting the objectives of the two day session. He welcomed Dr. Githinji Gitahi from AMREF, who attended his first meeting as UHC2030 Co-Chair. He also welcomed new SC members, including: Dr Naoko Yamamoto, WHO Assistant Director General for UHC and Health Systems; Dr Isabelle Maina, Ministry of Health, Kenya; A. Vaifee Tulay, Ministry of Health and Social Welfare, Liberia; Dr Bocar Mamadou Daff, Ministère de la Santé, Sénégal. Observers in the meeting included the delegation from the Health Data Collaborative (HDC) comprising Dr John Grove, Kathryn O'Neill and Dr Alastair Robb from WHO and Austen Peter Davis, HDC Co-Chair, from Norway; and Dr Dessislava Dimitrova from the World Economic Forum (WEF).

The Co-Chair from JICA submitted the proposal from Germany to appoint Prof. Ilona Kickbusch as the new UHC2030 Co-Chair who would replace him after the meeting. The SC approved the proposal unanimously by acclamation. Prof. Kickbusch expressed her gratitude for her appointment and affirmed her commitment to contributing to establish UHC2030 as a key player in the public health sphere and increasing awareness of the importance of the UHC2030 agenda.

The Co-Chairs and representatives also expressed thanks to Maxwell Dapaah, the outgoing joint lead in the UHC2030 core team, for all his hard work, dedication and tireless efforts to put countries at the front of what the partnership does.

To kick off discussions, the Co-Chairs invited SC members to reflect on how success would look. Inputs collected by the end of the session would be used to inform work on consolidating the value proposal of UHC2030 and how the partnership benefits countries (see annex 1 for an overview).

Session 1. Mobilizing high level support for universal health coverage and strengthening accountability for health in the sustainable development goals

The UHC2030 core team gave a presentation outlining a proposal for how UHC2030 can contribute to the formal sustainable development goals (SDGs) and UN related processes to mobilize and sustain political support for UHC and strengthen accountability for health in the SDGs ([see presentation](#)).

There is growing momentum on UHC on the international arena notably with the recognition of December 12th as an official UN Day, the International UHC Day, and the decision of the UN General Assembly (UNGA) to hold a high-level meeting on UHC in 2019 (HLM-UHC). In the same resolution, the UNGA also recognized UHC2030 as partnership that provides support to member states to work towards UHC and approved the UHC monitoring framework developed by WHO and the World Bank as the measures to track progress on SDG target 3.8 on UHC. Furthermore heads of state of Germany, Ghana and Norway have emphasized the importance of a coherent action plan for SDG3 and propose that WHO guides together with other heads of relevant organizations the elaboration of a joint "Global action plan for health and wellbeing".

All of the above presents opportunities for UHC2030 to advocate and mobilize high level support for UHC and contribute to stronger accountability for health in the SDGs. Draft letters from UHC2030 Co-Chairs to the UN Secretary General (UNSG) and the President of the UNGA (UNPGA) were presented for review and approval where the intention is to ensure UHC2030 involvement in the planning of the HLM-UHC and the High-Level Political Forum. Terms of reference (TOR) for an International UHC Day coordination group and a time bound global accountability strategy group were also shared for approval.

Discussion

The representative of Thailand's Ministry of Foreign Affairs gave a short update on plans for the HLM-UHC. In May, Thailand and Hungary were formally appointed by the UNPGA to co-facilitate modalities for the HLM-UHC in 2019. This will be a busy year with five high level meetings on

different topics one of which is the HLM on UHC. This year includes high level meetings on both TB and NCDs which are being held in September. Both member states are committed to ensuring a process that will allow for maximizing synergies regarding the different topics in health to ensure coherence in policy messages. Preparations have started with consultations and finalization of exact dates being disclosed soon.

The representative from UNICEF gave a short update on the 40th anniversary of the Alma Ata declaration in October this year. The preparations are being jointly managed by UNICEF, WHO and the Ministry of Health of Kazakhstan and include an international advisory group. Participation from a number of heads of state is expected as well as several Ministers of Health and Finance. PHC is a foundational element of UHC as articulated in the draft declaration and background documents.

The representative from WHO gave an update on initial plans to follow-up on the letter from heads of state of Germany, Ghana and Norway requesting WHO to convene major partners for greater coordination on SDG3 planning. A global action plan could be an instrument that engages partners in accelerating and aligning actions for SDG3. Such an instrument could help guide implementation and enhance efficiencies for better coherence and impact at country level. This action plan should not override existing strategic frameworks, or be directive on fund channeling between different actors, but rather articulate roles and leads in different areas aiming to enhance political support and efficient use of resources.

In the discussion, the importance of engaging in the HLM-UHC was acknowledged. There was support to bring multistakeholder views in the HLM-UHC through UHC2030. Several representatives suggested that more clarity in the proposed letters to the UNSG and UNPGA was needed regarding the expected role of UHC2030. Beyond being part of the process, the SC should aim for UHC2030 to set the agenda and make specific contributions. Some representatives suggested areas of focus such as: commitment to allocate sufficient domestic resources for UHC, commitment to universality and leaving no one behind, and a renewed commitment from all actors to align to country plans on UHC.

The CSEM representatives also referred to the importance of UHC day campaigns which in the past received instrumental country grants.

The representative of Thailand and the core team emphasised that this is a two-step process. First we need to ensure that UHC2030 has a place holder to influence the agenda in the modality resolution for HLM-UHC and secondly focusing on substantive inputs. At this point the letter aimed at the former and then a sound consultation process would be needed to ensure substantive inputs from a wide range of actors.

Conclusions and decision points:

- Finalize the draft letters to the UN SG and UNPGA reflecting suggestions of SC members.
- Outline a consultation process to help build consensus on messages to the HLM-UHC and mobilise specific inputs from UHC2030.
- Approve TOR for the two proposed groups on the International UHC Day and global accountability strategy respectively.

Session 2. Engaging with low and middle income countries

The core team presented the findings from a rapid consultation with SC country representatives to gather inputs that would inform UHC2030's approach to country engagement and ensure active country engagement in UHC2030 ([see presentation](#)). The discussion should not necessarily be about UHC2030 work in countries, but UHC2030 work for countries.

Currently UHC2030 has a variety of activities relevant for countries which provide further 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, supporting advocacy for UHC at country level

through 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 need to be considered.

An example of UHC2030 country focused work includes public financial management ([see presentation](#)), with useful lessons learned in developing harmonized financial management assessments and support to strengthen and use country's PFM systems.

Discussion

The WHO representative shared the WHO approach to strengthen country level impact as presented in the global program of work approved by Member States at the World Health Assembly in May 2018 which builds on the IHP+ principles of alignment to a country's national health strategy. Four different strategies of engagement are envisaged to define the support or mix of support that WHO will provide: policy dialogue support based on country specific context; strategic support to countries that have in place a strong health system but requires strengthening of institutions, with focus on specific issues such as equity, financial protection etc.; technical assistance to countries facing foundational challenges that may for example include severe human resource problems; and service delivery support in selected countries with very challenging contexts due to conflict, outbreaks, fragility etc.

The World Bank representative reflected on support to health financing strategies and underlined the need to focus on strengthening institutions notably to operationalize and implement health financing strategies towards UHC.

The representative from Kenya highlighted the need to help align partners to country UHC plans, particularly when there are political opportunities as is the case right now in Kenya. UHC2030 can also bring value by helping share relevant lessons between countries and supporting advocacy efforts. This can be through organizing international meetings on UHC in countries as this helps raise the profile of the UHC agenda in country.

The representative of Liberia highlighted the needs to strengthen some of the health system foundations like vital registration in order to base UHC plans on sound data.

The representative of Senegal underlined the complexity of country reforms and needs ranging from political environment, advocacy, resource mobilization, private sector engagement, inter sector coordination, development assistance modalities. What is important is a sound national plan and financing strategy to support alignment and consistent technical support in what are complex and long running reforms.

The representative from South Africa underlined the importance of having global and country level mechanisms to protect the UHC agenda that sometimes is the first to take a hit in a financial or political crisis. Advocacy is important as well as effective engagement with civil society on UHC to help hold both government and donors accountable on UHC. There is direct linkage between the overall system strengthening and health outcomes: TB provides a very clear example of this highlighting the importance of social determinants. The foundations of the system need to be there, calibrating the human resources to match the burden of the disease.

The representative of Thailand underlined the importance of UHC2030 engagement at country level, proposing to earmark 70% of resources and efforts to country level vs 30% to Geneva, Washington and New York based work. While global focus was logical during the transformation phase of IHP+, country focus should now become predominant as the partnership matures. Support to help align the networks and related initiatives is useful, to avoid countries being overburdened with fragmented efforts. Advocacy for UHC is helpful, overall and specifically on areas such as advocating healthy lifestyles including how to integrate health promotion into basic benefit packages.

The CSEM representative suggested UHC2030 should develop guidance and best practice principles around different work at country level. These could for example include a commitment to the leave no one behind/universality part of UHC, targets on public finance for health, elimination of out of pocket payments, private sector engagement and regulation.

The discussion confirmed the importance of renewed focus on coordination and the need for an updated development effectiveness agenda that is fit for the SDG era, linking with ongoing initiatives aiming at harmonization with the 4G group of donors (GAVI, GF, GFF, and WB).

It was reiterated that UHC2030 is not meant to deliver work directly at country level, but rather to act as an anchor and appeal body, which countries could refer to when commitments at global level are not followed through in countries. The working groups on fragility and transition are moving forward with thinking on this. It was suggested to revive the previous IHP+ country team meetings which serve a useful purpose of cross-country exchange and learning.

Many representatives welcomed UHC2030 efforts on advocacy to date. More needs to be done to make it work at country level. Reforms in countries are complex and there are many points of tension. We need to scale up and respond to the request from countries for consistent long term country based support for UHC. It was suggested to revive the previous IHP+ country team meetings which served a useful purpose of cross-country exchange and learning.

Conclusions and decision points:

- Work with all actors to develop an updated effective development cooperation agenda in health which is fit for the SDG era
- Ensure a strong and explicit country focus in the next phase of work planning.
- Continue work to facilitate greater harmonization of health system initiatives (and other initiatives) to reduce fragmentation at country level.
- Scale up UHC advocacy and CS engagement in countries on UHC.
- Contribute to scaled-up support for health systems strengthening, and efficiency of development assistance, including integrated long term country based support.

Session 3.a.i. UHC2030 as a health system platform

The core team presented an update on establishing UHC2030 as the platform to convene, connect and deep dive on health systems ([see presentation](#)). One of the SC recommendations from December was to clarify the roles and responsibilities of related health system networks within UHC2030. Initially this role had been envisaged to take place at three levels, strategic, operational and secretariat. To date UHC2030 events have provided forums for UHC stakeholders including the UHC2030 related networks to exchange and communicate. UHC2030 convened for the first time ten health system networks with the aim of understanding each other's work and interest as well as identifying practical ways of collaborating on support to countries on UHC. A mapping of network governance and activities was done in preparation of this UHC2030 retreat which was hosted in May in Bonn by Germany's Ministry of Economic Cooperation and Development.

During the retreat the networks underlined the potential value of UHC2030 brokering role bringing the different networks together for better coordinated and scaled up support to country UHC plans. Many networks are interested in deepening the collaboration through joint financing and activities, exploring greater linkage to UHC2030 governance and communication while integration to single governance and finance is deemed unrealistic. One of the outcomes of the network retreat was a move towards more common ownership of the platform, and considering how collective planning could bring added value towards UHC. Next steps will include development of a collaboration framework for UHC2030 related initiatives and more joint communication efforts.

Discussion

SC representatives welcomed the outcomes of the retreat which provides a good basis for further elaboration of a collaboration framework. The discussion reiterated the importance of country engagement and how it looks like for a partnership. The critical issue of coordination and the need for a renewed call for the IHP+ agenda was echoed by many representatives, focusing on advocacy and support to countries to make it work at country level.

Regarding the question of consolidating financing for SDG3, the WHO representative suggested that as economic growth progresses, particularly in emerging economies, there will be a multiplier effect on taxation and consequently the health budget. Financing for health will increase and the questions revolve more around what kind of health services is appropriate and how the international architecture and financing should be configured. Some consider that international financing should increasingly be directed towards global public goods including for areas such as environment and climate change. The SC should deliberate on the future of international health financing.

There were suggestions to include more networks and initiatives within UHC2030 increasing the number of “petals on the flower.” It was however suggested that a balance needs to be struck between inclusiveness and pragmatism on the basis of criteria. In this context, it was reiterated that the graphic presentation of the partnership – the “flower” - is currently missing both “country” and “people”. In addition, it was also pointed out that while the current configuration of players in UHC2030 had its historical background this does not mean that efficiencies could not be gained by considering an alternative set up. An additional mapping of networks’ activities by country would be a helpful start. This should be complemented with a mapping of funders behind the different networks as this would give helpful input to understanding this complex picture and options to simplify the architecture.

Many of the networks represent a whole constituency of technical partners. UHC2030 can add value by providing the platform to have one single conversation. This can itself be a global public good: for example, the working group on transition provides one forum where everyone comes together to discuss transition, an issue that was before discussed in many different forums.

Conclusions and decision points:

- Consider how best to go beyond the health network system family, balancing inclusiveness and pragmatism.
- Bring relevant technical issues and lessons from the networks where SC can add value under an overall UHC focus.
- Maintain focus on coordination around country UHC plans and explore the feasibility of joint funding across networks to stimulate a greater coherence.
- Update the UHC2030 graphic to reflect countries and people.
- Develop a mapping of health system country involvement and corresponding donor support.

Session 3.a.ii. A key area for collaboration: UHC 2030 knowledge hub

The core team gave an update of the work on knowledge management ([see presentation](#)). UHC2030 aims to help broker information sharing and learning on health system strengthening towards UHC. To this end a landscape analysis of the existing knowledge management initiatives in this field and country demand was carried out in 2017 to inform the development of the UHC2030 knowledge management strategy which was presented to the SC in December 2017. Work is progressing on the UHC2030 knowledge hub that is the first pillar of the knowledge management strategy. The aspiration is to strengthen availability and access to relevant evidence and literature of health system strengthening towards UHC. Currently a lot of UHC related gray literature, toolkits, and working documents are produced often of good quality but easily accessible only to those close to the source. Google searches turn up a very large number of documents and are not very helpful in accessing this information. The idea is therefore to facilitate greater access to these knowledge

products by facilitating links between the different producers of the information. To this end a first step to improve knowledge management has consisted to establish a common language by creating taxonomy and indexing system. This will be followed by work on populating the hub with links and descriptions to knowledge products and services. A note is presented to the SC outlining proposed taxonomy as well as guiding principles and indexing common terms.

Discussion

SC members confirmed that the knowledge hub is one of the most valuable contributions UHC2030 could make towards UHC and could help raise awareness around UHC2030 with well thought through marketing strategy. While supporting the approach, they asked for clarifications on a set of issues, including the extent to which country demand had been gaged, the feasibility of including some knowledge synthesis role, the proposed criteria for inclusion of knowledge products into the hub and the extent to which they looked at quality of the products. They also asked for clarification on relations with the normative and guidance functions of WHO and the World Bank and links to similar partnerships like PMNCH and the NCD Global Coordination Mechanism, plans to keep the hub updated and the potential of this work to help raise the profile of UHC2030. Some of the members also asked whether there is any possibility to mobilise expertise from professional search engines for the purpose (e.g. Google).

Initial work had included reaching out to 57 networks and initiatives and carrying out in depth interviews with 29 networks and 7 countries involved in the P4H and JLN to understand country interest and needs. The findings fed into the development of the knowledge management strategy discussed in December 2017.

The inclusion criteria into the knowledge hub are important. This remains to be worked out in more detail but initial focus would be on system level analysis. The intention was however to ere on the side of inclusion given many gray areas and intersections between specific and system level analysis. Emphasis on quality is also critical and should serve to keep out products below certain standards.

Linkage with other networks has been there from the start aiming to facilitate synergies and a win-win situation where the UHC2030 knowledge hub would help increase traffic to network websites making products more visible. The knowledge hub would be complementary to the normative work of lead health systems agencies, expanding the availability of existing gray literature rather than venturing into normative work.

Country and CSEM representatives on the SC underlined that as the UHC knowledge world is already large a priority should be to help prioritize and sieve the most relevant information and make this available to countries. Abstracts would be welcome as well as a design that would allow for comparing similar country contexts according to different variables but as noted in earlier discussions this may not be feasible in the medium term.

Conclusions and decision points:

- Ensure a demand driven approach linking closely with countries.
- Careful consideration of inclusion criteria for products, reflecting quality and relevance.
- From the start build in ways of keeping the hub updated.
- Consider ways of linking this work to wider dissemination of the UHC2030 deliverables with a robust marketing strategy.
- Explore the possibility to get technical support from professional search engines.

Session 3.b. Health Data Collaborative

The HDC secretariat gave a presentation on the work and background of HDC, emphasising the synergies between the principles guiding the work of HDC and UHC2030 global compact ([see presentation](#)). HDC work focuses both on country support and production of global public goods such as standards, tools, and repository of information available to all countries. Through this two

pronged approach HDC works to improve the efficiency of domestic and external investments in information systems, and to strengthen monitoring and accountability which includes ability to report on progress on SDGs.

The HDC should be seen as the UHC2030 arm on issues related to data availability and use. There is a shared agenda with HDC contributing to the UHC2030 principles of learning, evidence, transparency, accountably and leaving no one behind in the democratization of data.

To date a substantial part of the work has focused on aligning technical and financial support in selected countries around a vision for a strengthened information system, with Kenya as an example where the HDC approach has improved efficient use of the resources available. Moving forward, more work is needed to address the gap between commitments and actual development partner behaviour in countries. HDC produces global goods including the SCORE package due to be released later this year, which helps set up a framework for availability of information reviews, survey environment, birth and death registration, facility data, and the enabling environment for the governance and stewardship of information at country level.

Discussion

The discussion confirmed that data, information systems and accountability are central to making progress on UHC. The representative from Norway, the HDC Co-Chair, noted that the size of the current investments in health information systems is estimated at USD 1.5 billion, an investment that has been largely “extractive” in nature at times hindering the development of national systems. HDC and UHC2030 have a critical role to play in defining and supporting investments in data that incentivize and promote development of national systems.

The CSEM representative welcomed the emphasis on leaving no one behind, and underlined the importance of availability of disaggregated data to ensure that marginalized populations are not invisible in the statistics. They also underlined the importance of data on social determinants that often are determining access but where data is often missing.

The WHO representative highlighted current work on a “UHC menu” listing the different interventions that countries may wish to include in their basic benefit packages. A key challenge with the UHC monitoring framework is that this builds on available data. UHC is furthermore not only a concept of health systems and services but also derives from the concepts of social contract and cohesion. There is need to shift the focus towards defining the needed metrics and building the systems that can make this data available.

The UHC2030 platform holds potential to strengthen accountability on ways of engaging in countries, moving from anecdotal evidence to more systematic approaches. IHP+ had developed an extensive monitoring process on country and partner behavior. However it is not sufficient to document what is happening and it needs to be elevated to a higher political level for action. Several SC representatives underlined the strategic role UHC2030 can play to advocate greater investment in the HDC work on information systems to measure coverage, and to identify and help address outstanding gaps. It was suggested to leverage political platforms such as the HLM-UHC in 2019, the G7 and G20, and the Global Health Agency Leaders.

Conclusions and decision points:

- Consider optimizing links between HDC and UHC2030 to define, advocate and support investment channels that incentivize use and promote development of national systems.
- Strengthen synergies between HDC and UHC2030 by further articulating links between technical and political aspects of the agenda, including leveraging high-level forums to mobilise political support for country action.

Session 4. Sustainability, Transition from External Finance and Health System Strengthening

The Co-Chair of the UHC2030 working group on sustainability and transition from external finance presented the work of the group to date, outlining the process and main outputs including the development of a draft statement capturing key principles that the group has been converging around and suggesting some options for taking this work forward ([see presentation](#)).

Transition from external finance is affecting a large number of countries particularly middle income countries. The group works towards building a consensus on the sustainability objective in relation to transition from external finance to mean sustained coverage of priority services and interventions for UHC with financial protection and to develop a collaborative agenda taken forward by different partners in support of this.

Country participation has been strong with 15 countries giving inputs to the work of the group. The group has produced a country consultation paper, a mapping of working group member policies and approaches on transition, and a database of key fiscal space indicators with transition timelines from some of the members in low and middle income countries.

The following observations were made based on this work:

- Diversity of definitions and understanding of the “transition concept” among working group members
- “Sustainability” definitions are also varied but most tend to have a focus on increased coverage and health outcomes/impact
- Limited work on effects of multiple exits or transitions in one country
- Limited evidence of the effectiveness of transition policies over time across programs focusing on the whole health sector
- Evolving consensus to work towards a focus on “sustained coverage of priority interventions in the sector” rather than focus on “programme sustainability”.
- Transition provides opportunities and entry points to identify what health system strengthening is needed (what to continue, where to integrate and adapt systems to increase efficiency)
- Limited advocacy on UHC at country level and political engagement on implications of sector wide transition is underdeveloped
- Recognition of the importance of strengthening institutions and capacity and that this takes time, but that it is not always clear how this translates at country level by the various partners.

The group has developed a draft UHC2030 statement to contribute to a consensus among countries and development partners on the core issues and objectives in response to transition from external finance. Whilst it is recognized that responses to transition are country specific, a set of 10 common principles to guide action of health stakeholders are proposed. SC guidance is sought on the process of finalizing the statement.

Discussion

The draft statement was well received and several SC members noted their support for the stated principles and the need to finalize this within the next months. They recommended to sharpen the messages of what needs to be done differently to have more traction with political leaders and to underline country leadership.

The representative of OECD suggested the draft statement be presented to the DAC donors to help political lever. The representative also shared an analysis by OECD demonstrating that while dependence on external finance in health has been high comparatively DAH is withdrawn earlier in health than other sectors.

Representatives from civil society suggested making further reference to WHO data presented in late 2017 demonstrating how during the MDG period DAH investments in LIC crowded out domestic flexible finance, marking the need to design funding flows in a way that incentivizes UHC and the potential role of the WG in supporting this. They also suggested making reference to the value of different revenue raising mechanisms e.g. how pro poor different types of taxes are. The UNAIDS representative suggested making reference to work to reduce commodity prices within the efficiency paragraph of the statement.

Country representatives welcomed the statement and suggested follow-up on work should focus on country implications and could include gathering case stories of challenges and successes of transition in countries. They also suggested exploring the feasibility of defining a standard framework on transition for countries, building in best practice principles, and factoring in timelines and measures to ensure predictability for countries. Other representatives suggested to consider roles of different members of UHC2030 in taking this work forward and possible links with ongoing work to define good practice in strengthening social accountability.

Conclusions and decision points:

- Finalize the UHC2030 statement on Sustainability and Transition through consultations with key constituencies within the next three months and explore ways to disseminate widely.
- Take forward work focusing on suggested areas of knowledge gap, investment and capacity and operational implications as part of a package of UHC2030 outputs on sustainability and transition to be made available by the end of 2018.

Session 5. Update on private sector engagement

The Core Team presented an update on the UHC2030 private sector constituency ([see presentation](#)). UHC2030 aims to be the convening platform for for-profit private sector entities. A global call for interest is envisaged including a two-tier membership structure: a core action group and a broader consultative group. It is planned to contract World Economic Forum (WEF) to host and manage the private sector constituency in an initial stage of six months. The question of who would represent the private sector in the UHC2030 Steering Committee requires a decision.

Discussion

The WEF representative, who was invited to the meeting as an observer, confirmed interest in supporting UHC2030 in establishing a private sector constituency, including contributing to advocacy efforts and organizing concrete events. The WEF is well placed to take up this role as it represents actors across the value chain.

The discussion confirmed the importance to agree on how we define the private sector to inform eligibility to join the constituency and ensure constructive discussions. There was unanimous support to go ahead with one representative from the private sector, while observers could be invited to SC meetings depending on the agenda. It was suggested to have the organization that hosts the private sector constituency to sit on the Steering Committee.

The challenges of building trust and the importance of focusing on government capacity to engage were highlighted. The representative from South Africa mentioned the many challenges with private sector as the government strives to move forward towards UHC. UHC2030 needs to balance the “profit motive” of the private sector versus the goal of improved access and UHC. The private sector has a tendency not to want to be regulated and we need to find ways to close this regulatory gap.

The CSEM representative raised the point of potential conflict of interest within UHC2030. A conflict of interest’s policy should be developed to address the way decisions are made to avoid any Steering Committee representative blocking majority decisions.

It was suggested to consider extending the constituency beyond the health sphere and include private sector actors that impact health. This will be considered in the second phase.

Conclusions and decision points:

- Go ahead with the call for interest and nominate one private sector representative initially – e.g. the WEF.
- Consider involving private sector beyond health, at a later stage.
- Review the need for a conflict of interest policy beyond FENSA (for all SC members).
- Consider interest of setting up a UHC2030 working group on private sector to discuss regulatory frameworks and retrospective regulation of an established private sector.

Session 6. UHC2030 funding requirements and fundraising plans

The core team presented the UHC2030 revised budget and funding situation ([see presentation](#)). In response to the Steering Committee requesting justification for some of the costs during the last meeting in December 2017, the revised budget for 2018 provides a breakdown showing cost by staff consultants, meetings, travel and some other categories. The total envelope for the biennium 2018-2019 remains at USD 13.5 billion. Some adjustment across categories has been done to reflect additional costs for the knowledge hub within the initial total budget envelope of USD 6.75 for 2018. It should be noted that only 52% of the proposed budget has been secured to date.

In the coming months it is suggested to establish a subgroup of the SC to guide the core team in the development of a strengthened performance framework that will also provide the basis for further fundraising while maintaining funding flexibility.

Discussion

The representative from Japan indicated that the government of Japan is committing USD 1.5 million this year. The contribution is not earmarked but Japan would like to see appropriate allocations to the areas of knowledge management and advocacy both of which are critical to take forward the mandate of UHC2030.

The representative from EC noted that the EC has been a consistent supporter of IHP+/UHC2030 for a number of years. This support is planned to continue within the fourth phase of the UHC Partnership (2019-2021) that is under discussion.

The representative of the Rockefeller Foundation indicated the foundation sees UHC2030 as a very useful platform to leverage the foundation's limited resources for advocacy and work with civil society. Further support might be considered depending on how work with community based organization develops.

There was a strong call to raise the ambition of UHC2030 and be bolder about what the partnership has to offer. As the multi stakeholder platform on UHC, the UHC2030 should take more leadership particularly in scaling up political advocacy. Country representatives underlined the need to focus on helping countries to achieve UHC. A more ambitious UHC2030 is in line with the call from Germany, Ghana and Norway to present a global vision of collaboration for SDG3, noting that UHC is only one part of the SDG 3 agenda.

The CSEM representative indicated there seems to be a lot of lip service to UHC. There is not a lot of time and there is need for some "star" power to lift the political movement in the way that was done for the disease partnerships in the MDG era. UHC is a simple concept but we need to tell the stories of what this means to people. We should also think of closer linkages to the WHO Director General and the World Bank's President, both of whom are championing UHC, or heads of state in countries that have a good story to tell.

The WHO representative suggested reflecting on the differences in budget magnitude for this partnership, which is not even 10 million, and the global health initiatives, where budgets run in the

billions. We all acknowledge that collaboration on health system strengthening is very important and the work on transition and fragility for example shows the importance of UHC2030 providing the space for having one single conversation. Donors on the boards of the global health initiatives could consider as part of future replenishment processes an approach to allocate seed funding to support coordination provided through UHC2030 and lever more efficient use of larger investments. This raises questions on the system of international financing within health and efficiency. The GHIs get funding from donors most of which are members of UHC2030, which would then be channeled to UHC2030

It was also noted that many SC representatives provide in-kind contributions depending on the level of engagement in different activities of UHC2030. The SC observer from Norway recommended that UHC2030 strengthen its constituency approach to ensure efficient information flow and inclusiveness within different constituencies. Now that UHC2030 has been established as a hub for the broader UHC movement, the operating model needs to be strengthened to ensure that members not having a seat on the Steering Committee can be fully involved, particularly potential funders.

There was support for having a subgroup of the SC to discuss fundraising linked to a strengthened performance framework. SC representatives confirmed that consolidating the narrative around UHC2030 and focus on countries would provide a good basis to mobilise funding.

Conclusions and decision points:

- Approve the detailed budget for 2018.
- Strengthen and institutionalize engagement with constituencies.
- Establish a subgroup of the SC to guide on performance framework and fundraising.

The summary of key points and conclusions from the third SC meeting can be found [here](#).

Annex 1

How would UHC2030 success look like? Inputs collected from UHC2030 Steering Committee representatives during the 3rd Steering Committee session

Countries

- Guidance and capacity development for National Health Assemblies, societal dialogue, citizens platforms
- Specific tasks for UHC2030 at country level, based on country demand
- Co-leadership for relevant sections of the SDG3 Global Action Plan (e.g. on HSS for UHC)
- Change in focus of debates: 75% of time on national resources + action, 25% on donor/global processes

CSOs

- Civil society alliances for UHC in all countries
- All countries are prompted to increase domestic resources
- Civil society included in all high level processes
- Every country is a member of UHC2030
- WHO DG and WB President as UHC2030 Co-Chairs
- All vertical GHIs report to UHC2030 and are closed if not building UHC
- Marginalised populations are included in services

International organisations

- Harmonisation of health systems investment
- A platform to share successes and failures in collaborative implementation of UHC
- More active promotion of UHC2030 mission and work: e.g. implementation of the work of TWGs
- Use of meetings Less focus on process and more on action and promotion of UHC2030 mission that the SC promotes and less on process

AGENDA

Objectives

- Discuss the role UHC2030 as a key partnership to advance UHC in global discussions, including contribution to the UN high level meeting in 2019.
- Share a common understanding of how UHC2030 adds value for countries.
- Take stock of progress in establishing UHC2030 as the convening platform for health systems strengthening for various related initiatives
- Review draft UHC2030 statement on transition and sustainability for countries phasing out of aid eligibility
- Review and approve the revised UHC2030 budget for 2018-19, including a detailed budget for 2018 and discuss approach to fundraising.

Monday 4 June 2018			
Time	Agenda Item	Presenter	Action / Document
9:00 - 12:00	Separate preparation sessions: e.g. coordination within constituencies and Co-Chairs		
12:00 - 13:00	<i>Lunch</i>		
13:00 - 13:30	<i>Welcome coffee and registration</i>		
13:30 - 14:15	Introduction <ul style="list-style-type: none"> • Welcome and opening remarks • Objectives of the meeting • Perspectives from Co-Chairs on progress to date • Announcements 	Co-Chairs	For adoption: Agenda <i>UHC2030/SC3/2018/01Rev2</i> For decision: Approval of the Note for the Record of previous SC meeting <i>UHC2030/SC3/2018/04</i> For information: Core Team Report 2017
Time	Agenda Item	Presenter	Action / Document

14:15 - 15:45	<p>Session 1.- Mobilising High-Level Support for Universal Health Coverage and Strengthening Accountability for Health in the Sustainable Development Goals</p> <ul style="list-style-type: none"> • UHC2030 contribution to SDG formal process • Update on plans for HLM-UHC in 2019 and expectations regarding UHC2030 role in the multi-stakeholder consultation process (Thailand and Japan) • Update on Alma-Ata 40th Anniversary (UNICEF) • Update on Action Plan for SDG3 (WHO) • Update on World Health Summit in Berlin in 2018 (Germany) 	Core Team + discussants	<p>For decision: Mobilising High-Level Support for Universal Health Coverage and Strengthening Accountability for Health in the Sustainable Development Goals <i>UHC2030/SC3/2018/05/Rev1</i></p>
<p><u>Issues for discussion:</u></p> <ul style="list-style-type: none"> • What do we expect to get out of the UN high-level meeting on UHC in 2019 and how can UHC2030 contribute to the High Level Political Forum discussions? • How to leverage high-level events in the lead up to UNGA 2019, including AA40, the 2018 World Health Summit? • How can UHC2030 contribute to preparing these events? 			
15:45 - 16:15	Coffee break		
16:15 - 17:45	<p>Session 2. - Engaging with low and middle-income countries</p> <ul style="list-style-type: none"> • UHC2030 as a platform for countries to exchange and learn from each other's experience 	Core Team	<p>For discussion: UHC2030 engagement of low and middle income countries <i>UHC2030/SC3/2018/06/rev1</i></p> <p>For discussion: IHP+ lessons learned on financial management harmonisation and alignment <i>UHC2003/SC3/2018/06.1</i></p>
<p><u>Issues for discussion:</u></p> <ul style="list-style-type: none"> • How can UHC2030 reinforce the way it engages with countries? • How can UHC2030 better support low and middle-income countries in their efforts to achieve UHC and to inform future areas of work/activities? • Building on the previous IHP+ work, how can UHC2030 engage more effectively on public financial management issues that have an impact on achieving UHC? What can be done to promote greater links with ministries of finance? 			

Tuesday 5 June 2018			
Time	Agenda Item	Presenter	Action / Document
9:00 - 10:30	<p>Session 3.a. - UHC2030 as the health systems platform</p> <ul style="list-style-type: none"> • Overview of how health systems networks work together through the UHC2030 platform (feedback from Bonn retreat, 2-3 May 2018) • A key area for collaboration: UHC2030 knowledge hub 	Core Team	<p>For information: UHC2030 Related Initiatives - collaboration and modes of exchange <i>UHC2030/SC3/2018/07</i></p> <p>For discussion: <i>UHC2030/SC3/2018/08</i></p>
	<p><u>Issues for discussion:</u></p> <ul style="list-style-type: none"> • What are the opportunities to strengthen UHC2030 as platform to convene stakeholders, facilitate interconnection and organise deep dives to accelerate progress towards achieving UHC and show progress (feedback from Bonn retreat)? • What are the different components of the proposal for a UHC2030 knowledge hub and implications in terms of mobilising existing resources/tools and additional funding? 		
10:30 - 11:00	Coffee break		
11:00 - 12:30	<p>Session 3.b. - Health Data Collaborative (HDC)</p> <ul style="list-style-type: none"> • Share a common understanding on HDC scope and approach • Reflect on the common principles shared by UHC2030 and HDC for accelerating progress towards UHC and health systems strengthening • Discuss strategic opportunities and collective responsibilities for addressing bottlenecks to ensure the most effective approach to health system strengthening and health measurement and accountability 	Health Data Collaborative	<p>For information: HDC overview presentation <i>UHC2030/SC3/2018/09</i></p> <p>For further reference: 5-points call to action HDC Operational plan</p>
	<p><u>Issues for discussion:</u></p> <ul style="list-style-type: none"> • Are the approaches underpinning UHC2030 and HDC addressing the identified concerns around measurement and accountability? If not, why not. If yes, reflect on how best practices can be scaled-up? <ul style="list-style-type: none"> ○ Reflect on the concerns and considerations that stimulated their Agency/constituency to embrace the UHC2030 and HDC principles ○ Explore current good practices and lessons learned promoting a comprehensive and coherent approach to health systems strengthening and health information systems • How to leverage opportunities for joint action to incentivize more efficient ways to achieve UHC and robust health systems? 		
12:30 - 13:30	Lunch		

Time	Agenda Item	Presenter	Action / Document
13:30 - 15:00	Session 4. - Transition and sustainability <ul style="list-style-type: none"> Overview of progress on sustainability and transition from external finance 	TWG transition and sustainability Co-Chair	For discussion: UHC2030 statement on transition and sustainability <i>UHC2030/SC3/2018/10</i> For further reference: TWG reports: 1st meeting (March 2017) and 2nd meeting (November 2017)
	<u>Issues for discussion:</u> <ul style="list-style-type: none"> What are the next steps for finalizing/adopting/disseminating the statement? 		
15:00 - 15:45	Session 5. - Update on private sector engagement	Core Team + WEF	For discussion: update on progress in establishing the private sector constituency <i>UHC2030/SC3/2018/11</i>
15:45 - 16:15	Coffee break		
16:15 - 17:00	Session 6. - UHC2030 funding requirements and fundraising plans	Core Team	For decision: approval of revised budget for 2018 and current funding situation <i>UHC2030/SC3/2018/12</i>
	<u>Issues for discussion:</u> <ul style="list-style-type: none"> How can Steering Committee members help mobilise funds? 		
17:00 - 17:30	Summary of conclusions and next steps	Core Team	

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