

Document SC5. Draft terms of reference for the UHC2030 Private Sector Constituency

UHC2030 Steering Committee meeting, Geneva, 15-16 June 2017

Background

This document describes proposed draft terms of reference for private sector engagement in UHC2030 and the establishment of private sector constituency. It includes a value proposal, describes the composition of the constituency envisaged and ways of functioning (in line with draft generic TOR for constituencies). It has been prepared by the Core Team with the support of an ad hoc time bound task force, which has been put in place as suggested by the UHC2030 Transitional Steering Committee at its meeting on 12 December.

The Task force included the following members, representing a selection of medical associations, companies, organizations and academia, or working closely with private sector:

- Dr Sam Ogullo (Association of Private Health facilities in Tanzania , APHTA)
- Vanessa Candeias (World Economic Forum)
- Priya Madina (GSK- member of International Federation of Pharmaceutical Manufacturers and Associations IFPMA)
- Dominic Montagu (University of California, San Francisco)
- David Stewart (International Council of Nurses)
- Dr Kaushik Ramaiya, East Africa Health Care Federation
- Kristina Yarrow, the UN Foundation
- Simon Wright, Save the Children – UK
- Irina Nikolic, The World Bank

Chairing was handled by UN Foundation. Discussions were organized by phone from March till June this year.

It is proposed that the Steering Committee agrees on these TOR.

UHC2030 Private Sector Constituency: proposed draft TOR

Purpose of the TOR: to outline and guide private sector engagement in UHC2030 and the establishment of private sector constituency. TOR covers: purpose/value proposal; composition/constituency of membership, responsibilities (in-line with overall TOR for the Steering Committee), and ways of functioning (incl. selection of Steering Committee representatives, expectations for participation in meetings, and modes of communication)

1. Brief introduction

The transformation of IHP+ to the International Health Partnership for UHC2030 (UHC2030) entails an expansion of the mandate and membership of the partnership. As a multi-stakeholder partnership for advocacy, accountability and coordination of health systems strengthening efforts to accelerate progress towards UHC, UHC2030 will need to engage a broader range of stakeholders.

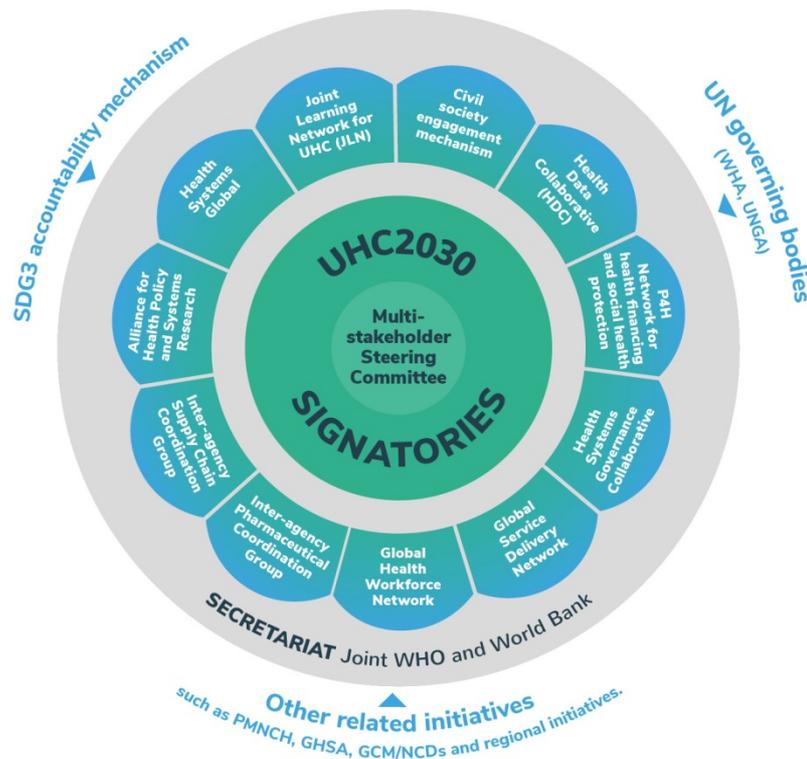
With the SDG approach to multi-stakeholder engagement, the private sector is recognized as an important partner for sustainable development. This also applies to health system strengthening and progress towards UHC. The private sector is complex and heterogeneous, with different characteristics, interests and potential conflicts.

Consideration of engaging the private sector in the work of the partnership is not new. While we know that the private sector is an important health-care provider in many countries, and that it is intricately linked to the public sector, its role in supporting progress towards universal health coverage varies and is currently not well documented.¹ The Lancet recently published a series looking at the role of private sector in health systems and highlights the importance for governments to identify incentives to encourage private health providers to change their behaviour, making equity and quality more important measures of success. In addition, and perhaps an equally complex question that many countries are facing is how to optimise the interaction of public and private sectors to ensure that they jointly deliver healthy lives for all by 2030.

UHC2030 is governed by the Steering Committee which aims to include the following constituencies and its representatives:

- Countries: 9 seats (3 LIC, 3 MIC, 3 HIC)
- Multilateral organizations: 3 seats (1 UN agencies, 1 GHIs, 1 other)
- Philanthropic foundations: 1seat
- Civil society: 3 seats (1 national, 1 grassroots, 1 global)
- Private sector: 1-2 seats
- Ex-officio hosting organizations: 2 seats (WHO and World Bank)

¹ Performance of private sector health care: implications for universal health coverage, Morgan, Rosemary. Ensor, Tim . Waters, Hugh, The Lancet, June 2016 [https://doi.org/10.1016/s0140-6736\(16\)00343-3](https://doi.org/10.1016/s0140-6736(16)00343-3)



UHC2030 bring together partnerships, networks and initiatives focused on strengthening health systems (see figure above), providing space to exchange and explore mutually reinforcing action. It is important to mention that UHC2030 is collaborating with other existing partnerships and initiatives such as the Partnership for Maternal, New-born and Child Health (PMNCH), Non-Communicable Diseases, Health Data Collaborative, and the Global Health Security Agenda Bidirectional communication with these parts of the global development architecture will support UHC2030’s policy, political, and technical agendas.

The following multi-stakeholder working groups are taking forward work on health systems strengthening (HSS) and its coordination in specific areas:

- **Support to countries with fragile or challenging operating environment:** Develop guidance for harmonized support and appropriate health systems interventions for countries under stress
- **Sustainability, transition from aid and health:** Build consensus and develop guidance on the core issues pertaining to transition from aid, among countries, partners and expert networks
- **Health systems assessment:** Working group forthcoming
- **Public financial management:** Promote joint approaches to PFM in health; synthesize and share knowledge on PFM; champion the connections between PFM and health financing

- **Multisector approach:** Draw attention to the health sector's contribution to multisectoral efforts for health; convene partners to leverage their resources to support country capacity; link to efforts in other global partnerships

In addition to the working groups mentioned above, work is underway to define the overarching strategies for the following cross cutting areas: knowledge management, accountability, and advocacy. The strategies will be submitted to the UHC2030 Steering Committee for endorsement by the end of 2017.

2. Purpose and critical role of private sector in supporting efforts towards UHC

The Private sector constituency is expected to: 1) represent private sector in the Steering Committee 2) help shape the Steering Committee agenda while strengthening trust and linkages between private and public sectors in health, 3) engage with the UHC2030 existing and future working groups to ensure that the private sector perspectives are integrated across the partnership.

In endorsing the UHC2030 Global Compact², members of the private sector constituency thereby agree to adopt and promote the five following key principles:

- Leaving no one behind: a commitment to equity, non-discrimination and a rights-based approach
- Transparency and accountability for results
- Evidence-based national health 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 private sector
- International cooperation based on mutual learning across countries regardless of development status and progress in achieving and sustaining UHC, and development effectiveness principles.

It will be incumbent upon the private sector constituency members to embrace and actively promote the UHC2030 principles, making equity and quality important measures of success. The private sector constituency should play a role in influencing private sector actors in owning and supporting UHC2030 key principles through advocacy and championing.

Modalities for engagement in UHC2030 are mentioned in section 4 of this document, and will evolve according to the constituency engagement and decisions once it is formed and in place.

² <https://www.uhc2030.org/news-events/uhc2030-news/article/new-uhc2030-global-compact-406552/>

The PS Constituency should attempt to unpack and examine the following questions:

What are we here for/problem statement and rationale for private sector engagement in the UHC movement? It is proposed that the private sector constituency of UHC2030 engages through existing working groups, work streams and by its representation in the steering committee. The private health sector has a role to play in all aspects of the healthcare systems strengthening namely: 1) financial protection (i.e.: expanding national health insurance and the private sector's role in this charge, access to finance for health care investments); 2) availability of and access to services (including clinical services at all levels of healthcare delivery, workforce production, deployment and retention, commodities etc.) and 3) health information systems development and management.

What can the private sector bring to the UHC2030? In countries around the world, private sector actors can contribute significantly to the goal of achieving UHC by 2030. This contribution draws on:

- Experience from investment and core business operations (marketing, finance, distribution and procurement of goods)
- Competencies: strategic thinking, management, human resource development, innovation, value for money, etc.
- Professional networks and corporate values, in-line with UHC2030 principles
- Strengthened collaboration on data management systems (i.e: patient data management systems)

What's in it for the private sector? Possible benefits for private sector engagement in UHC2030 include:

- Access to valuable knowledge and information resources relating to UHC and health systems strengthening
- Opportunities to engage and collaborate with a wider range of stakeholders within UHC2030 partnership
- Potential to catalyse new partnerships on the ground that engage private sector investment and delivery
- Contribution to collective identification of gaps social investment and technology innovation and opportunities to promote research that aims to further the discourse on the private sector's role in universal health coverage.

3. Composition - constituency membership

Private sector entities interested in joining UHC2030's private sector constituency will first be expected to sign onto the [UHC2030 Global compact](#), thereby announcing their adherence to the principles that have been identify to guide action in strengthening health systems towards UHC. They will be expected to complete a registration process guided by the WHO [Framework of Engagement with Non-State Actors \(FENSA\)](#).

Entities identified would expect to cover the following categories³ :

- Service providers
- Medical equipment
- Commodities
- Health insurance
- Training institutions
- Academic and research institutions
- Health data and information systems

The criteria for selecting members of the constituency should be as follows:

- Representation: a geographic mix of the private sector representation is advised: global, regional, and country level (i.e: national umbrella associations, regional private sector and professional associations)
- Individual companies vs. networks/professional associations: Networks/private sector associations should be preferred to individual companies, since this would ensure a broader representation of private sector actors and mitigate the risk of conflict of interest. However, UHC2030 could engage with committed individual companies in specific areas of mutual interest.
- Entities should have a demonstrated track record in engaging in public private partnerships with a vision towards scale and sustainability.

4. Ways of functioning

Constituency's work

The initial private sector constituency members will be expected to convene with facilitation from the UHC2030 core team. Within the first six months of the launch, members will be asked to develop a workplan (taking into account this TOR). At first, it is expected that the constituency members will be introduced to the working groups mentioned on page 2, in order to determine where these groups need private sector actors to engage to assist in moving the work forward, while ensuring private sector perspectives are integrated into ongoing activities. The constituency will also be expected to engage with the work being done around advocacy, accountability, and knowledge management. The private sector constituency will be able to suggest additional workstreams or work to be commissioned (e.g. tools generated, literature reviews conducted, country-specific activities designed and undertaken etc.) as part of the preparation process for the UHC2030 work plan

Selection of Steering Committee representatives. The private sector constituency is invited to nominate 1-2 representatives as members of the UHC2030 Steering Committee through a transparent process (to be specified). Duration is for a minimum of one year, with the possibility of annual renewal to be agreed by the constituency for

³ Note: Among the four non-state actors identified within the WHO Framework for Engagement with Non-State Actors [NGOs, Private Sector, Philanthropic Foundations, and Academic Institutions] this constituency is intended to include and represent only Private Sector entities and related business associations]

up to a maximum of 3 years in total. Members will be of sufficient seniority to be able to represent the Private sector constituency, and influence subsequent dialogue and action related to UHC2030 recommendations. Alternates could be identified from other partners within the constituency to maximize partner engagement.

Consultation and communication. The private sector representative(s) in the Steering Committee will represent their constituency and as such, they are expected to consult and provide feedback within the constituency in advance of and following Steering Committee meetings, which take place twice a year. Similar representation arrangements may need to be considered for private sector participation in and contribution to specific UHC2030 activities, including its technical working groups. Maintaining transparent and collaborative communications could be facilitated through different methods: creating a listserv for the constituency, a dedicated portal on the UHC2030 website, google group, quarterly phone calls or webinars etc.