International Health Partnership for UHC 2030 (UHC2030)
Transitional Steering Committee Meeting:
Background Document on Governance Decisions
Geneva, 12 December 2016

Contents

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Background

As agreed at the 7th IHP+ Steering Committee meeting in June 2016, the transformation of IHP+ to the International Health Partnership for UHC 2030 (UHC2030) requires a review of the governance arrangements for the partnership.

The UHC2030 governance structure should ensure effective coordination, which brings mutual value to partners without adding unnecessary complexity or bureaucratic burden. Representation and inclusivity are essential for the partnership's legitimacy, with broad multi-stakeholder engagement in the activities and decision-making processes. It is also important that all partners adhere to the principles outlined in the Global Compact with effective accountability mechanisms built into the governance arrangements.

The transformation process presents an opportunity to adjust the governance arrangements of UHC2030 to be fit for purpose and deliver on the agreed mandate and objectives of the partnership. At the same time, as indicated by the IHP+ independent review[1], simplicity is highly valued and there is little appetite for dramatic reforms. Balancing these considerations is key.

This background document outlines issues for information and decision by the Steering Committee in relation to the governance of UHC2030. It has been prepared by the Core Team with the support of the Intensified Action Working Group (IAWG).

Country and Regional Dimensions

For information: The purpose and value of the partnership is to affect change at the country level, improving multi-stakeholder and multi-sectoral coordination of health system strengthening (HSS) efforts, strengthening accountability, advocacy and knowledge management to accelerate progress towards universal health coverage (UHC). UHC2030 will continue to prioritise impact at country level through developing tools and approaches, and facilitating coordinated technical assistance upon request. The governance arrangements and updated Global Compact seek to reflect the importance of principles related to country ownership and the focus of the work of the partnership on country level progress.

A recent review of Harmonisation of Health in Africa (HHA) flagged the potential for linkages with UHC2030 at the regional level. It is recommended that any potential regional dimensions be explored in 2017.

Engagement with Related Partnerships, Networks and Alliances

For information:
UHC2030 is the global platform for health systems coordination, bringing together existing multi-stakeholder partnerships, alliances and networks (referred to as 'related initiatives') that focus on strengthening comprehensive or specific areas of health systems, with the aims of brokering greater alignment and coordination on common health systems issues. UHC2030 will also engage with related initiatives that focus on specific diseases or population groups as appropriate to facilitate a

[1] Please note that the IHP+ independent review report will be made available to Steering Committee members in advance of the 12th December.

more integrated approach to strengthening accountability and advocating for equitable and sustainable progress towards UHC.

Engagement in UHC2030 is voluntary and open to any related initiative that seeks to collaborate towards achieving the aim and objectives of the partnership. The list below reflects the related initiatives whose mandates may be most proximate to the aim and objectives of UHC2030, many of whom have been active in the partnership's evolution to date. This is not an exhaustive list, and a strategic and flexible approach to engagement should be taken to deliver the maximum added value possible.[2]

- Health systems specific initiatives:
    - Health Data Collaborative (HDC)
    - Global Health Workforce Network
    - Global Collaborative for Health Financing and Protection
    - Inter-agency Pharmaceutical Coordination Group
    - Inter-agency Supply Chain Coordination Group
    - Alliance for Health Policy and Systems Research
    - Joint Learning Network for UHC (JLN)
    - Health Systems Global
- Other related initiatives:
    - Partnership for Maternal, Newborn and Child Health (PMNCH)
    - Non Communicable Diseases Global Coordination Mechanism (NCD-GCM)
    - Global Health Security Agenda (GHSA)

Engagement of the related initiatives in UHC2030 will take place at the strategic, operational and secretariat levels to promote exchange, coordination and collaboration. This is reflected in the proposed governance arrangements.

At the strategic level, the UHC 2030 Steering Committee provides an opportunity for related initiatives to raise common priority issues for collective consideration by senior representatives. These issues may pertain to partner behaviours that require attention and action beyond the sub-sectoral area. It is recommended that the UHC2030 Steering Committee has a rolling agenda item that provides space for related initiatives to raise such issues for discussion (and potentially action). In advance of Steering Committee meetings, the Core Team will collectively consult related initiatives in order to identify and agree on the issues to be raised, and which representatives will participate in the Steering Committee meeting to do so. If a related initiative would like to use the Steering Committee for governance purposes this could also be considered by the Steering Committee (e.g. HDC).

At the operational level, representatives from related initiatives would be welcome, and encouraged, to join the Working Groups as relevant to their area of focus. To improve information exchange and maximise opportunities for collaboration, it is recommended that the related initiatives are represented in the Reference Group.

[2] The Core Team will also explore how to engage relevant regional partnerships, alliances and networks as appropriate, for instance the ASEAN+3 UHC Network, Harmonisation for Health in Africa, and the European Observatory on Health Systems and Policies.

At the secretarial level, the Core Team will convene a monthly meeting with designated focal points from the secretariats of the related initiatives. The Core Team will also explore how to use the web platform that P4H is developing to improve information exchange and coordination across related initiatives.

It is also recommended that the Core Team and/or a Steering Committee representative participates in the board meetings of the related initiatives, and other committees as appropriate, as an observer.

Civil Society Engagement Mechanism

An updated proposal for the UHC2030 Civil Society Engagement Mechanism (CSEM) is available in the Annex. This has been developed by the IHP CSO representatives, and informed by an extensive public consultation with civil society constituencies across regions, languages and areas of expertise, and a review of lessons from existing global health initiatives on civil society engagement. The proposal also sets out next steps to operationalise the CSEM by the June 2017 UHC2030 Steering Committee meeting (including identification of representatives), through building wider support, setting up the structures proposed, and mobilising funding for implementation of the CSEM workplan.

The CSEM aims to be the civil society arm of the UHC movement and a critical contributor to UHC2030, with systematic attention to the needs of the most marginalised and vulnerable populations so that no one is left behind. As set out in the proposal, the CSEM seeks to strengthen an inclusive and broad movement on UHC, influence policy design and implementation, strengthen citizen-led and social accountability mechanisms, and promote coordination and harmonisation between CSO platforms and networks working on health related issues.

The CSEM will deliver on these objectives through the following structures:

- 3 CSO representatives to the UHC2030 Steering Committee, including national, grassroots and global civil society representatives
- Global CSO advisory group, linking global and local inputs and providing technical guidance
- Secretariat, hosted by a CSO with 2 full-time employees, implementing the workplan, ensuring coordination and communication across the structures, and reporting to the UHC2030 Core Team
- National groups, with focal points from existing CSO health platforms
- Regional focal points, to support national groups and promote exchange across countries

The 2017 CSEM budget includes a core operational budget, which UHC2030 is requested to fund. The CSEM secretariat will explore other funding opportunities for the broader activities of the CSEM.

For Decision

The Steering Committee is requested to approve the proposal, with agreement on any substantive recommendations.

Steering Committee ToRs

The updated ToRs for the UHC2030 Steering Committee are attached in the Annex. The main differences from existing IHP+ arrangements are summarised below.

The Steering Committee's **roles and responsibilities** have been adjusted to reflect the broadened mandate, including mobilising political support for the aim, objectives and activities of the partnership, and leading by example by adherence to the commitments of the Global Compact at global and country levels.

Given the broadened mandate, scope of work and range of relevant partners, it is recommended that the Steering Committee be expanded to a **maximum of 20** members[3], with selected ad hoc observers by invitation. The proposed ToRs include reconfiguration and expansion of the constituencies represented as follows:

- Reconfigured constituencies:
  - To be consistent with SDG principles of universality and shared responsibility, the proposed definition of constituencies moves away from the country-donor paradigm, redefining country representation as **low-, middle- and high- income countries** (with 3 seats each, totalling 9 country seats). This allows for the countries to determine which relevant government department, such as the ministry of health, finance, foreign affairs or development cooperation, should hold the seat.[4] The principle of equal representation across country categories is applied in the distribution of seats. Please note that this reduces the number of bilateral seats by 2 from the IHP+ SC provision, and redistributes the 6 country seats across low- and middle-income countries.
  - **Multilateral organisations** have been maintained (3 seats), separating out the **ex-officio hosting organisations** (2 seats) and **philanthropic foundations** (1 seat).
  - **Civil society** (3 seats) remains an important constituency on the UHC 2030 SC, including national, grassroots and global civil society representatives.
- New constituency:[5]
  - As noted above, it is recommended that a new constituency be established for the (for profit) **private sector** (1-2 seats).
- Observer status:
  - The **related initiatives** have many overlapping partners, and are not naturally placed to organise themselves as a constituency. As noted above, it is recommended that representatives from related initiatives participate in UHC2030 Steering Committee meetings as observers.
  - **Independent experts** could bring technical expertise and objectivity, as a potential counterbalance to the political and institutional perspectives in SC discussions. It is recommended that, on approval of the SC, up to 3 independent experts could be invited to join any UHC2030 Steering Committee meeting on an ad hoc basis as observers to contribute to the discussions as appropriate.

To summarise, as indicated in the ToRs, the proposed constituencies and seats for the UHC2030 Steering Committee are as follows:

Constituency	Seats	Comments
Countries	9	3 LIC, 3 MIC, 3 HIC
Multilateral organizations	3	1 UN agencies, 1 GHIs, 1 other
Philanthropic foundations	1	

[3] The IHP+ Steering Committee currently has 17 seats.

[4] High Income Countries are encouraged to engage the lead department for health development cooperation, along with other relevant departments as appropriate.

[5] Other key stakeholders, such as academic and research institutions, parliamentarians, and health professional associations among others, could also make the case for Steering Committee representation. For the time being, these stakeholders are encouraged to become signatories of the partnership and to participate in the operational workstreams as appropriate.

Civil society	3	1 national, 1 grassroots, 1 global
Private sector	1-2	
Ex-officio hosting organizations	2	WHO and World Bank

Each constituency is requested to develop **ToRs**, which will include procedures for identifying representatives, the consultation responsibilities of representatives, and support needs from the Core Team.

The Steering Committee should consider how best to engage the **UN Special Envoy on UHC** if and when he or she is appointed.

It will be crucial to maintain a **flexible approach** to SC composition and institutionalise opportunities to review and adapt the model as the partnership evolves.

The profile of the **Co-Chairs** will affect the effectiveness of Steering Committee meetings. The following options for the Co-Chairs are proposed:

- An independent Chair with a Vice-Chair from the country constituency
- Co-Chairs with one from the country constituency and the other from other constituencies on rotation.

An independent Chair may require reimbursement, but this could ensure more consistent engagement around and between Steering Committee meetings, and the appropriate profile and skills to shepherd the Committee to decisions by consensus.

Conflict of interest is inherent to multi-stakeholder partnerships, and it may be advisable for the partnership to develop a conflict of interest policy for the Steering Committee. It is proposed that the Core Team prepares a draft conflict of interest policy for review and approval by the Steering Committee in June 2017.

For Decision

The Steering Committee is requested to consider the following decisions:

a) Select an option for the Co-Chairs, to allow for the decision to be operationalised by the June 2017 Steering Committee meeting. In the interim, the existing Co-Chairs will remain in their roles.
b) Approve process and timeline for development of a conflict of interest policy for review by the Steering Committee in June 2017.
c) Approve Steering Committee ToRs, with agreement on any substantive edits to be made.

Reference Group ToRs

The updated ToRs for the UHC2030 Reference Group are attached in the Annex. The main differences from existing IHP+ arrangements are as follows:

- The roles and responsibilities are to provide a forum to provide updates on workplan implementation, to identify potential priority issues for further collaboration, and to assist the Core Team on technical preparation of the UHC2030 Forum
- Broadened membership to include senior technical representatives from any interested signatory and related initiative
- Quarterly meetings (instead of bi-monthly).

For Decision

The Steering Committee is requested to approve the Reference Group ToRs, with agreement on any substantive edits to be made.

Working Groups ToRs

The updated generic ToRs for the UHC2030 Working Groups are attached in the Annex. The main differences from existing IHP+ arrangements are as follows:

- Working Groups should develop ToRs specifying their scope, deliverables, timeline etc., drawing on and complementing existing efforts where appropriate
- Members to include technical experts from signatories, related initiatives and interested stakeholders as appropriate.

For Decision

The Steering Committee is requested to approve the Working Groups ToRs, with agreement on any substantive edits to be made.

Core Team ToRs

The updated ToRs for the UHC2030 Core Team are attached in the Annex, to reflect the priority objectives for UHC2030, and the Core Team responsibilities as outlined in the governance arrangements.

For Decision

The Steering Committee is requested to approve the Core Team ToRs, with agreement on any substantive edits to be made.

Private Sector Engagement

Consideration of (for profit) private sector engagement is not new to the Steering Committee. With the SDG approach to multi-stakeholder engagement, the private sector is recognised 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.

It is recommended that the Core Team establish a time-bound taskforce (please see ToRs for the taskforce in the Annex), to develop the ToRs for the private sector constituency and make it operational by the June Steering Committee meeting. The ToRs should include identification of the types of organisations to engage in the constituency, as representatives to the SC, and to participate in Working Groups, as well as how the constituency would function. The taskforce should involve potentially interested private sector stakeholders[6] with selected members of the IAWG and the Core Team.

For Decision

The Steering Committee is requested to approve the establishment of a time-bound taskforce to establish the private sector constituency in advance of the June 2017 Steering Committee meeting.

[6] For instance, including a range of types of private sector organisations from country and global levels and industries including pharmaceuticals, service providers, insurance and technology.

Annexes

UHC2030 Civil Society Engagement Mechanism Proposal

Executive Summary

An updated proposal for the UHC2030 Civil Society Engagement Mechanism (CSEM) is available in Annex B. This has been developed by the IHP CSO representatives, and informed by an extensive public consultation with civil society constituencies across regions, languages and areas of expertise, and a review of lessons from existing global health initiatives on civil society engagement. The proposal also sets out next steps to operationalise the CSEM by the June 2017 UHC2030 Steering Committee meeting (including identification of representatives), through building wider support, setting up the structures proposed, and mobilising funding for implementation of the CSEM workplan.

The CSEM aims to be the civil society arm of the UHC movement and a critical contributor to UHC2030, with systematic attention to the needs of the most marginalised and vulnerable populations so that no one is left behind. As set out in the proposal, the CSEM seeks to strengthen an inclusive and broad movement on UHC, influence policy design and implementation, strengthen citizen-led and social accountability mechanisms, and promote coordination and harmonisation between CSO platforms and networks working on health related issues.
The CSEM will deliver on these objectives through the following structures:

- 3 CSO representatives to the UHC2030 Steering Committee
- Global CSO advisory group, linking global and local inputs and providing technical guidance
- Secretariat, hosted by a CSO with 2 full-time employees, implementing the workplan, ensuring coordination and communication across the structures, and reporting to the UHC2030 Core Team
- National groups, with focal points from existing CSO health platforms
- Regional focal points, to support national groups and promote exchange across countries

The 2017 budget includes a core operational budget, which UHC2030 is requested to fund. The CSEM secretariat will explore other funding opportunities for the broader activities of the CSEM.

1. Background

- In light of the transformation process of IHP+ into the International Health Partnership for UHC 2030 (UHC2030), the IHP+ CSO representatives developed the following proposal for a CSO engagement mechanism (CSEM) in UHC2030. The CSEM aims to be the civil society arm of the UHC movement and a critical contributor for implementing the UHC2030 vision of reducing global and country disparity in access to healthcare.
- More specifically, the participation of civil societies in UHC2030 aims to ensure systematic attention to the needs of the most marginalised and vulnerable population, so that no one is left behind.
- The following proposal has been built through an extensive consultation process, which gathered inputs from 186 actors (organisations and individuals) across regions, language and health expertise[7].

[7] The survey report can be found here: http://www.ghadvocates.eu/wp-content/uploads/2016/07/Report-Questionnaire-on-CSO-Engagment-Mechanisms-Final.pdf

- During this period, 4 webinar sessions were organised[8] to allow for a better understanding of UHC2030, engage in conversation with CSO based in different continents and faced with varied circumstances and mobilise them to respond to the questionnaire.
- As a preliminary step and in order to build options for considerations by CSOs, an assessment of the major CSO constituencies in health and development has been undertaken, looking at the role, function and governance of CSO constituencies, highlighting the good practices and lesson learned with regards to CSO engagement.
- The assessment[9] was carried out through a literature review, as well as interviews with leaders from key CSO constituencies and grassroots organisations[10].
- IHP+ CSO representatives have also conducted a review of the IHP+ CSO engagement mechanism that was presented at the June Steering Committee.
- While recognising that this consultative process could have been broader in scope and reach, the 186 respondents from across the globe highlighted clear options regarding the roles, functions and representativeness of CSOs within UHC2030 that are presented below.
- The following proposal offers a set of directions for consideration by the Steering Committee. Some adjustments might be needed when implementing the CSEM on the global and national levels.

2. Decision Points:

- Based on the rational described below, the following decision point is recommended to the the Steering committee:
    - The Steering committee approves the Proposal for a Civil Society Organisation Engagement Mechanisms (CSEM) UHC2030
    - Accordingly, the Steering committee approves/acknowledges the CSEM budget presented in the UHC2030 indicative budget for 2017 – document XXX

3. Proposal for the vision, guiding principles and core functions

The CSEM should be built on the following:

1. Vision:

- To strengthen an inclusive and broad UHC/HSS movement on the global, regional, and national levels.
- To influence policy design and implementation of HSS/UHC on the national and global levels.
- To strengthen citizen-led and social accountability mechanisms at sub-national, national, regional, and global levels.
- To ensure greater coordination and harmonisation between CSO platforms and networks working on health-related issues.

2. Guiding principles:

- Mutual Accountability.
- Representativeness.
- Equity.

[8] One with the GFAN network, one with the French-speaking Gavi platform, one with the English-speaking Gavi platform and one with Action for Global Health network.

[9] The assessment report can be found here: http://www.ghadvocates.eu/wp-content/uploads/2016/07/Assessment-of-CSO-engagement-mechanisms-in-Global-Initiatives-1409.pdf

[10] Including Gavi CSO constituency, the Global Fund NGO and community delegation, the Global Fund Advocacy Network, the PMNCH CSO coalition, the UNITAID NGO and community delegation, the Global partnership for Education CSPO coalition, the Scaling Up Nutrition CSO network, the Kenya AIDS NGO consortium, Civil Society platform for Health African (CISPHA), and Action Now Kenya.

- Inclusiveness and non-discrimination, with regards to criteria including but not limited to gender.
- Prevention of conflicts of interest.

3. With a set of core functions are seen as the priority moving forward:

- Advocacy and accountability on UHC and HSS, including on domestic resource mobilisation, with a special focus on marginalised and hard-to-reach populations.
- Capacity building.
- Coordinating and collaborating with CSO constituencies from other related initiatives.
- CSO and community participation in UHC processes on the global and national levels.
- Knowledge sharing, communication on UHC and HSS processes.

Rationale: The first step to develop a CSO constituency is to clarify the vision on CSO's role in UHC2030. This vision helped set up the guiding principles and the core function of a constituency. The above proposal based on the assessment of CSO in others GHIs, is aligned with UHC2030 mandate and was approved by CSOs who responded to the consultation survey. It is seen as complementing other CSO efforts in the Global health initiatives.

Way forward:

- A detailed proposal of the vision, guiding principles and core functions need to be included in ToRs of the CSEM and should be aligned with the new UHC2030 Compact, governance and work plan decisions.

Examples of critical function activities that were chosen as a priority in the survey

Strengthening social accountability and advocacy for HSS and UHC

- For CSOs, this could mean supporting the monitoring work of UHC2030 and/or elaborating an independent monitoring system, as well as concentrating social accountability efforts.

Capacity building support

- Capacity building through training and toolkits should be initiated on specific issues like governance and management, advocacy and communication, technical support on Health system strengthening and UHC.

Coordination and engagement with CSO Health constituencies

- Annual meetings and phone calls before important international events with leaders of health and health-related CSO networks.
- Annual meetings and phone calls before important international events with communication officers and/or secretariat of each CSO constituencies on Global Initiatives.

Rationale: To implement the UHC2030 vision, those activities, seen as a priority for the contributors of the survey, are essential. Those examples do not cover the entire work that would be undertaken by CSOs engaged in UHC2030, but it shows where CSOs can be involved and how they can support the UHC2030 work, especially when it comes to mobilising social accountability efforts so that no one is left behind.

Way forward on key functions:

- To develop a more detailed programme to work on social accountability on the national level and to ensure funding support to reach efficient collaboration with communities.
- To strengthen capacity building through toolkits on Governance/management – Advocacy/Communication, Health System Strengthening.
- To implement a regular mechanism in order to increase coordination and engagement with CSO health constituencies.

4. Governance and level of engagement

Built on the lessons learned from other global initiatives, the level of engagement proposed in the questionnaire was effected on 4 levels:

- The CSO Representatives in the Steering Committee
- The Advisory Group with the support of a Secretariat
- National Groups
- Regional Focal Points

Level 1: CSO Representatives on the Steering Committee

It was suggested that CSO representatives be allotted 3 seats:

- 1 CSO representative from a national CSO,
- 1 grassroots group representative working in health sector,
- 1 CSO representative from a CSO working on a global level.

Rationale: 3 CSO representatives on the Steering Committee would better represent the diversity of Civil Society Organisations in the health sector and ensure greater representation of CSOs on the Steering Committee.

Having a CSO representative from a grassroots organisation would leave space for youth groups, women's groups or patients' groups to voice their positions and share their needs with the SC. This underlines an interesting shift of power in the CSO constituencies as their circumstances can differ substantially from those NGOs and INGOs are facing.

Way forward:

- To ensure the election by the Advisory Group of the 3 CSO representatives to contribute to the Steering Committee.
- To develop a deeper consultation towards grassroots organisation at country level in order to increase their mobilisation and ensure their vision towards UHC2030 is taken into account and their concerns addressed.

Level two: A Global CSO Advisory Group and a Secretariat

The Advisory Group

When asking whether each of the 3 CSO representatives should have their own Advisory Group and Secretariat, CSOs are in support of only one Advisory Group with one Secretariat for the 3 CSO seats.

Rationale: The Advisory Group is seen as a key element of CSO representation in UHC2030 because it would be in an ideal position to link the global and national levels, ensure representativeness of CSO diversity, set constituency priorities based on national inputs, and act as a technical hub.

Way forward for the Advisory Group:

- Between 14 and 20 members selected on the basis of 5 core criteria (geographical and gender balance, types of CSO, expertise in HSS/UHC and Aid effectiveness, participation in others GHIs), with some additional criteria proposed by respondents.
- Activities of the Advisory Group should be based on the proposal of the survey. Additional activities proposed by contributors would need to be considered as well. Once operational, the Advisory Group can identify activities to implement in priority.

The Secretariat

Based on examples from other CSO mechanisms used in Global Health Initiatives and given the choice expressed by CSOs in the survey to have only one Advisory Group for the CSEM, there will be

one Secretariat with 2 full-time employees, which will be hosted by a CSO to ensure the CSEM can operate properly.

Rationale: A Secretariat will need to be formed to handle the constituency's daily workload, ensuring effective coordination and communication between the UHC2030 Steering Committee, CSO representatives on the Steering Committee, the Advisory Group, and the national and regional delegations. Furthermore, it will be responsible for maintaining the flow of information and efficient communication between UHC2030 and the CSO Advisory Group, handling all stages of CSO engagement mechanism, including budget management, work plan implementation and reporting to the UHC2030 secretariat.

Way forwards for the Secretariat:

- One common structure for the 3 CSO representatives means the Secretariat would require enough human resources to carry out all of its activities and ensure the CSEM can perform adequately. Based on assessments and lessons learned from GHIs, a proposal of 2 full-time employees hosted by a CSO is recommended.
- The selection of the CSOs which will host the Secretariat will follow the same process used by others GHIs and will need to be established by the Advisory Group.

Level 3 : National groups

The 5 main activities proposed in the survey have been approved by 77% of the respondents:

- ✓ Participating in policy dialogue, planning and budgeting exercises and monitoring sector performance.
- ✓ Monitoring UHC implementation at country level.
- ✓ Carrying out advocacy efforts, including with parliamentarians, local government, and media.
- ✓ Feeding the Advisory Group with country information on challenges, good practices, etc.
- ✓ Increasing coordination and information sharing between the different health CSO platforms and/or networks.

Rationale: National Groups would contribute to strengthening the work around HSS and UHC (advocacy monitoring and accountability) and supporting UHC2030 through CSO platform. The structure of the National Group should be flexible and build on existing country-level health platforms to avoid a creation of another parallel structure, which would only add to the already plethora of networks linked to global health initiatives.

Way forwards for National Groups:

- CSO membership at national level should be voluntary/open-based, with one CSO national Focal Point already engaged in IHP and/or UHC policies and including the participation of CSO representatives from sectorial and sub-sectorial committees (ICC, CCM, GFF country mechanism, UHC2030).
- The necessity to identify a few pilot countries where National Groups could be established and tested as they develop national activities, so the model can then be adapted to a broader number of countries after a period of 6 months.
- While activities of National Groups should be based on those proposed in the survey, the National Group itself should assign priority level to each of them.

Level 4: Regional Focal Points

- Supporting the regional work by connecting national advocacy networks working on the same issues.
- Organising regional training sessions.

- Scheduling regular phone calls with National Groups on HSS and UHC issues to inform them on global events and get feedback on what is happening in the countries.

Rationale: This intermediary level of engagement was strongly recommended by CSO Focal Points and CSO delegation led by other global initiatives in order to facilitate information sharing between global and national-level CSOs.

Way forwards for Regional Focal Point:

- The CSO constituency should consider forming Regional Focal Points at the beginning of CSEM implementation and ensure the above activities are part of the ToRs for this level.

5. Financing:

- CSO constituencies need to get financial support, at least a core budget to ensure daily Secretariat operations. This would include the secretariat functions as mentioned before: sharing information, supporting the development of communication tools, organising meetings ahead of board meetings or any other key meetings identified and related travel arrangements, manage all stages of CSO engagement mechanism, including budget management, implementing the agreed upon work plan and reporting to the UHC2030 secretariat.
- Additional support from UHC2030 partners would be needed, such as:
    - Grants for CSOs country advocacy to support UHC activities as a means of delivering on strategic work plan objectives.
    - Capacity building for national and/or regional-level CSOs to increase sustainability and the impact of their work.

Rationale: Without access to resources, the ability of including CSOs to support the initiative is limited. Scarce resources are seen as an obstacle for the CSEM to operate properly and the issue needs to be addressed while the CSEM is being implemented.

Way forwards: As soon as the CSEM is created, it will need to explore various options on how to secure financial support, by seeking other potential donors to fund areas of activity and finding an appropriate mechanism to manage and channel grants to CSOs locally.

6. Limitations and challenges

- Bigger efforts needed to be made with Latin American CSOs. Participation in the survey was weak in the region: this can be explained by the lack of countries engaged in IHP+ initiatives there. Another reason could be the absence of strong link with CSO networks on this continent.
- Increase grassroots mobilisation. Even if the grassroots contribution was relatively good (11% of the respondents), it is important to take more time to consult with those groups, hear their vision and make sure they engage in the CSEM at their level.

Beyond that, a few issues will require deeper discussion and agreement to strengthen the CSEM:

- Mobilising resources to support CSO advocacy and accountability efforts at national or regional level and looking for mechanisms to manage and channel grants to national NGOs.
- Intensifying talks with key actors to strengthen coordination and collaboration between CSO networks and platforms, as well as CSO representatives from GHIs.
- Expanding information about the UHC2030 partnership towards CSOs and explaining the CSEM to gain more support and bring more momentum to the UHC movement.

7. Next steps for operationalization

The following activities are proposed to prepare the next step to building the CSEM in UHC2030:

- Ensuring support from CSOs, CSO networks and key CSO constituencies from GHIs, between November and December 2016
- Ensuring collaboration and coordination with representatives of GHIs HQ / Donors who support civil society, from December 2016 to June 2017
- Building the CSO constituency, from December 2016 to June 2017 with the support of an interim group to set up the first Advisory group of the CSEM
- To ensure the involvement of grassroots in the CSEM, it is proposed to organised consultations in 4 countries representative of UHC 2030 country focus namely on fragile states and transition countries
- Mobilising resources to facilitate the implementation of a CSEM work plan, including capacity strengthening, advocacy and accountability efforts at national, regional and global levels and selecting the mechanism to manage and channel the funds to national-level CSOs, from December 2016 to June 2017

8. Budget Implications

It is estimated that for the CSEM to be fully operational the following costs are expected:

- A core operational budget, which UHC2030 is requested to fund a secretariat as explained in section 4.2 as well as preparatory face 2 face meetings with members of the CSO advisory group ahead of UHC 2030 Steering committee meetings. This core operational budget will also support the publication of a CSO accountability report with a special focus on marginalised and hard-to-reach populations to complement UHC2030 accountability efforts as described in section 3.3.
- As 2017 will be a transition year, it is estimated that only half of the estimated core operational budget will be needed.
- However as detailed in section 7 building the CSO constituency from December 2016 to June 2017 will require the coordination of an interim group and support for country consultations. This additional costs will not exceed the indicative core operational budget and is taken into consideration within the total UHC2030 indicative budget for 2017
- The CSEM secretariat is also expected to explore other funding opportunities for the broader activities of the CSEM related to capacity building and advocacy. This fundraising efforts will be done in close coordination with the UHC2030 core team

UHC2030 Steering Committee ToRs

The UHC 2030 Steering Committee will be the supreme decision making body, responsible for setting overall strategic directions and oversight of the Partnership.

Roles and Responsibilities

On behalf of all UHC2030 signatories, whom the Committee represents:

- To build high level political support for the aim, objectives and activities of UHC2030 and promote active engagement of and collaboration with a wide range of partners[11].
- To shape UHC2030 directions and activities and to make significant strategy and policy decisions.
- To approve the UHC2030 work plan and budget, oversee progress with implementation (including workstreams), and advise on how to address problems that arise.
- To provide a platform for strengthening mutual accountability for results at global and country levels among UHC2030 partners.
- To lead by example by adhering to the commitments of the Global Compact at global and country levels and promoting behaviour change among UHC2030 partners.

Internal Organization

- The Committee will consist of a maximum of 20 members who represent the different constituencies in the Partnership, plus observers on invitation.
- The constituencies represented in the Committee and the allocation of seats will be as follows:
    - Countries: 9 (3 low-income countries, 3 middle-income countries, 3 high-income countries)[12]
    - Multilateral organizations: 3 (1 from among UN agencies, 1 GHIs, 1 other multilaterals)
    - Philanthropic foundations: 1
    - Civil society: 3 (national, grassroots and global civil society)
    - Private sector: 1-2[13]
    - Ex-officio hosting organizations: 2 (World Health Organization and World Bank)
- The following stakeholders may be invited to participate in Committee meetings with observer status: representatives from related partnerships, networks and alliances; independent experts (up to 3 identified and invited on an ad hoc basis).
- Each constituency is responsible for selecting its representatives through a transparent process and according to their own procedures, to be specified in constituency ToRs.[14] Alternates should also be identified by the constituency, and from other partners

[11] Including related technical partnerships, networks and alliances.

[12] Countries will determine which government department should hold the seats as the country representative. HICs are encouraged to engage the lead department for health development cooperation, along with other relevant departments as appropriate. MICs are encouraged to include representation from both lower- and upper-middle income countries. Regional balance in country representation is encouraged.

[13] Private sector is encouraged to consider a mix of low- and/or middle-income country and global representatives.

[14] Constituencies are recommended to develop their ToRs in collaboration with the Core Team, identifying support needs.

within the constituency to maximize partner engagement. Committee representatives will be expected to consult with their constituencies in advance of and following Committee meetings, as widespread engagement will be essential for the success of the partnership.

- Committee members will serve for a minimum of one year, with the possibility of annual renewal to be agreed by the constituency for up to a maximum of 3 years in total. Members will be of sufficient seniority to be able to represent their constituency, and influence subsequent dialogue and action related to UHC2030 recommendations.
- The Steering Committee will meet twice per year, with at least one meeting being face-to-face. Additional sessions will be organized if issues arise that require discussion by the Committee, and the Committee will be kept up-to-date by email communications and ad hoc teleconferences.
- Co-Chairs arrangements to be determined by Steering Committee decisions.
- Decisions will be taken by consensus.
- Meetings will have clear objectives and points for decision. The agenda will be prepared by the Core Team and approved by the Steering Committee Co-Chairs. All related materials will be distributed by the Core Team 3 weeks in advance. Comments and suggestions may be submitted by email before the meeting, during or after the meeting. Actions and next steps will be communicated by the Core Team within 2 weeks of each meeting to all UHC2030 signatories.
- The Core Team will endeavour to support constituencies with intra-constituency consultation and communications as appropriate and feasible. An induction pack will be available to new Committee representatives, with the potential for tailored coaching upon request. The Core Team will facilitate consultation with related partnerships, networks and alliances in advance of Committee meetings to identify priority issues to be raised for discussion.

UHC2030 Reference Group ToRs

The UHC2030 Reference Group will be technical and operational in focus, as a sounding board to share updates on workplan implementation and to identify potential opportunities for further collaboration.

Roles and Responsibilities

- Based on the UHC2030 workplan, provide a regular forum for information exchange and discussion of progress.
- Serve as a forum for identifying potential priority issues for further collaboration, to be considered by the Steering Committee.
- Assist the Core Team on the technical preparation of the UHC2030 Forum.

Internal Organization

- The Reference Group will meet on a quarterly basis via teleconference.
- Membership will be open to senior technical representatives from any interested signatory and related partnerships, networks and alliances, to maximize collaboration on workplan implementation. Signatories and related initiatives are invited to nominate a representative if they would like to engage.
- Meetings will be convened and chaired by the Core Team.
- The Core Team will circulate meeting documents, including the agenda, one week in advance, and disseminate minutes within one week of the call.

UHC2030 Working Groups ToRs

A UHC2030 Working Group (WG) is a multi-stakeholder and activity oriented group of technical experts that is brought together to collectively deliver on a priority area of work as identified in the UHC2030 workplan.

Roles and Responsibilities

- Develop collective guidance, tools and/or recommendations on specific topics related to development effectiveness in health, with an emphasis on the value added to countries.
- Present regular updates, end products and/or recommendations to the Steering Committee. The Steering Committee is responsible for agreeing any follow-up action.

Internal Organization

- Working Groups are set up with agreement of the Steering Committee, as deemed necessary to deliver on workstreams identified in the workplan. Partners will be welcome to initiate and lead Working Groups in collaboration with the Core Team.
- ToRs for each Working Group should be developed by the relevant Working Group and approved by the Steering Committee, specifying the objectives, activities, deliverables, timeline, lead partners and budget. To the extent possible, Working Groups should draw on and complement the existing work of related initiatives. To maintain support for their efforts, Working Groups are encouraged to consider short-term "quick wins" as well as longer-term deliverables in their ToRs.
- Working Group membership will be open to signatories, related initiatives and other interested stakeholders, including technical experts from key partners on the priority agenda. The overall size of a Working Group should ideally not exceed 15 members.
- Working Groups should consider how best to engage other stakeholders in specific activities or deliverables as appropriate, for an inclusive approach and effective dissemination of the work of the group.
- Working Group meetings should be kept to the minimum needed, and use email and tele-conferencing where possible. The Core Team will facilitate Working Group meetings as needed.
- The contracting out of work may be done through the IHP+ Core Team, or through any agency on the Working Group.
- Coordination across UHC2030 workstreams will be actively pursued with support from the Core Team.
- Working Groups are expected to liaise with the Core Team regarding progress and any issues arising during implementation of the agreed workplan of the group; and to update the Reference Group on progress when requested.
- A Working Group will exist only as long as it takes to complete the specific task it has been given. It will then be disbanded.

UHC2030 Core Team ToRs

The UHC2030 Core Team will function as a secretariat and be responsible for facilitating the work of UHC2030.

Roles and Responsibilities

- Manage daily operations of UHC2030, in line with the agreed workplan and budget, under the oversight and guidance of the Steering Committee.
- Take forward other decisions and activities as agreed by the Steering Committee.
- Manage Steering Committee preparation processes to ensure effective decisions are reached, and decisions circulated to all UHC2030 partners.
- Support Steering Committee representatives with constituency consultation, as agreed in constituency ToRs, and consult with related partnerships, networks and alliances to identify priority issues for Steering Committee discussion.
- Convene quarterly meetings of the UHC2030 Reference Group.
- Support Working Groups and coordinate implementation of workstreams (including accountability, advocacy, communications and knowledge management) to ensure effective delivery of the workplan.
- Facilitate coordinated support to countries for implementing UHC2030 related activities, upon request.
- Convene a monthly meeting with designated focal points from the Secretariats of related partnerships, networks and alliances to share information and identify opportunities for collaboration.
- Participate in the board meetings of the related initiatives, and other committees as appropriate, as an observer.
- Maintain the IHP+ website and newsletter, and oversee implementation of the communications strategy.
- Organize the UHC2030 Forum.
- Manage contracts, mobilize resources and disburse funds for implementing specific elements of the UHC2030 work plan, and prepare an annual Core Team report of progress.

Internal Organization

- Co-hosted by the World Bank and the World Health Organization with shared responsibility between the hosting agencies.
- World Bank and WHO each appoint one UHC2030 co-lead. They work as a unified team and serve as the joint secretariat for the Partnership.
- Each co-lead is supported by a small team as needed.

UHC2030 Private Sector Taskforce ToRs

Background

The transformation of IHP+ to the International Health Partnership for UHC 2030 (UHC2030) entails an expansion of the mandate and membership of the partnership. As a multi-stakeholder platform 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. At their fifth meeting in November 2015, the Steering Committee discussed the potential inclusion of private sector representatives (see background documents). More recently, The Partnering Initiative was contracted to consider how the private sector might engage in the work of the evolving partnership. At their meeting in December 2016, the transitional UHC2030 Steering Committee approved the establishment of a time-bound Taskforce to develop the terms of reference (ToRs) for the private sector constituency, and to make it operational by the June 2017 Steering Committee meeting.

Objectives

The objectives of the private sector Taskforce are to:

- Develop the ToRs for the UHC2030 private sector constituency, in line with the overall ToRs with the Steering Committee
- Convene the private sector constituency so that it is operational by the June 2017 Steering Committee meeting.

Scope of work

The ToRs for the private sector constituency should include:

- Identification of the types of organizations[15] to engage in the constituency (as well as setting a minimum number of private sector signatories to be considered a constituency and to select representative(s))
- Profile, roles and responsibilities of the private sector Steering Committee representative(s)
- Process for selecting the representatives
- Private sector engagement in the Working Groups and workstreams of UHC2030
- How the constituency will function
- Any support needs from the Core Team.

The Taskforce will also help to operationalize the private sector constituency. In the event that there are inadequate private sector signatories to form a constituency and identify representatives, the Taskforce should propose an interim arrangement for the June Steering Committee meeting.

Taskforce members

A maximum of 7 members, including potentially interested private sector stakeholders[16] (4) with selected members of the IAWG (2) and the Core Team (1).

[15] Potentially including unions or associations.

Deliverables

- ToRs as outlined above, for approval by the UHC2030 Steering Committee
- Operational constituency, with representative(s) on the UHC2030 Steering Committee

The proposed timeline is as follows:

Activity	Due date
1. Convene the Taskforce	End January
2. Draft and finalise ToRs for the private sector constituency (including consultation)	Mid-March
3. Outreach to private sector partners and potential signatories to engage	March
4. Operationalise the constituency including selection of representative(s)	April-May

Background documents

1. **The Partnering Initiative report** – to be shared by the Core Team.

2. **Discussion on private sector engagement from the 5th Steering Committee meeting**

It is proposed to include two representatives of private sector, with at least one from IHP+ signatory countries. Preference will be given to associations of private actors, as they would represent a broader constituency, than individual actors. As the private sector is enormously diverse, and has no overall coordinating body, it is suggested that the Core Team identifies two candidates, including securing their interest, and that they are confirmed by the Steering Committee.

Accordingly it is proposed to amend the TOR so that the membership of the Steering Committee includes two members, and in addition add the following text: "The IHP+ Core Team suggests two private sector representatives, these should preferably represent associations, and at least one should be from a developing country. The Steering Committee may issue specific guidance on the selection. Private sector will in the context of IHP+ Steering Committee include non-profit private health service providers. The Core Team's proposal will be circulated to the Steering Committee and considered agreed if no objections are received".

[16] Including a range of types of private sector organisations from country and global levels and industries (such as pharmaceuticals, service providers, insurance and technology), and associations of private sector organisations where appropriate.