

UHC 2030: building an alliance to strengthen health systems

Draft Concept Note – 9 May 2016

A timely opportunity

The Sustainable Development Goals (SDGs) demonstrate a renewed global commitment to health, underpinned by target 3.8 for Universal Health Coverage (UHC) whereby all people and communities have access to needed quality health services without risk of financial hardship.¹ The inclusion of UHC in the SDGs presents an opportunity to promote a comprehensive and coherent approach to health, beyond the treatment of specific diseases, to focus on how the health system delivers integrated, people-centred health services. The UHC focus aligns with the universalism of the SDGs and their goals and targets which are relevant across all countries regardless of their level of economic development. However, as the Ebola and Zika crises make clear, UHC to be relevant cannot overlook growing concerns related to health security. As initiatives of the governments of Germany and Japan have recognized^{2, 3}, accelerated progress towards UHC inclusive of health security depends on robust and resilient health systems.

Over the period of the MDGs, the imperative of evidence for improved functioning of, and breakthrough innovations in, health systems has been made clear repeatedly. Greater clarity on the composite dimensions of health systems and specific actions to strengthen them --- be it in finance, medicines, information or the workforce --- have helped to strengthen the demand for and supply of knowledge and know-how to strengthen health systems. Yet, despite progress on many fronts, there is a prevailing view that investments in strengthening health systems have fallen well short of what is needed. Moreover, the excessively fragmented global health architecture appears to have slowed rather than accelerated efforts of countries to strengthen their health systems⁴ with calls for more coordination and accountability.⁵ Learning from this legacy – both positive and negative -- together with the more inclusive global imprimatur of the SDGs and strong demands for action amongst partners, there is a timely opportunity to review and revitalize our collective efforts to support the development of robust and resilient health systems that can inform the pace and the pathways of progress towards UHC.

Setting up a multi-stakeholder UHC 2030 that builds on the foundations of an existing partnership such as IHP+ (see box below) is seen by many partners a good way to proceed. Partner countries are particularly supportive of transforming IHP+, with 87% of respondents in favour of IHP+ expanding its mandate to include issues of coordination, advocacy and accountability in relation to HSS and UHC.⁶ Accepting this rationale, this note identifies the objectives, scope and functions of a more concerted and collective global effort to accelerate progress towards UHC through building an alliance and partnership for UHC2030 (referred to hereafter as “UHC 2030” as a working title).

¹ UNGA. 2015. *Transforming our World: The 2030 Agenda for Sustainable Development*. Resolution A/RES/70/1 point 26

² Warnken, H. 2015. *Health Systems – Healthy Lives: A Global Initiative to Strengthen Health Systems. Presentation by the German Federal Ministry for Economic Cooperation and Development and the WHO*, Geneva: 18th November 2015

³ *Agenda for the International Conference on Universal Health Coverage in the New Development Era: Toward Building Resilient and Sustainable Health Systems*, December 16, 2015

⁴ Hoffman, S.J., Cole, C.B., Pearcey, M. 2015. *Mapping Global Health Architecture to Inform the Future. Research Paper*. Chatham House Centre on Global Health Security, London: 2015.

⁵ As per the Commission on Information and Accountability's framework:

http://www.who.int/woman_child_accountability/about/coia/en/index5.html

⁶ The IHP+ core team carried out a survey in March to get views from partner countries signatories on broadening the scope of IHP+. Civil society groups have been equally supportive of the proposal to transform IHP+.

The International Health Partnership – what it is and what it does

The International Health Partnership was established in 2007 to promote more effective development cooperation in health. IHP+ signatories commit to support a single country-led national health strategy and move towards using country systems with the view of achieving better results.

Some potential benefits from IHP+:

- Advocacy around norms/principles: codifying good practice through the Seven Behaviours
- An open platform for inclusive dialogue and exchange, with greater participation of civil society in health policy processes at country level
- Strong country focus:
 - Accountability for results: focus on results, using shared mechanisms for reviewing performance, and greater mutual accountability by monitoring progress on partners' commitments
 - Practical tools to support alignment in planning, management and monitoring, including guidance for: country compacts; joint Assessment of National Health Strategies (JANS); joint monitoring, evaluation and review of national health strategies; joint assessment of financial management
- Strong government ownership and leadership, translating into greater confidence in national health strategies, improved policy dialogue and partnerships
- Impact of IHP+ principles/seven behaviours beyond aid management: stronger country systems around planning, management and accountability for results, despite little progress in development partners' using country systems
- Feedback from countries: a useful input into multi-stakeholder policy dialogue and a contribution to enhance the profile /quality of performance monitoring

IHP+ in figures:

- 37 country signatories and 29 health development partners, with CSOs engaging actively
- 50% of countries have developed country compacts after joining IHP+, while another 20% of countries have existing partnership agreements or MoU around SWAps which can serve the purpose of a country compact and 14% countries are in the process of developing a compact
- Increased participation in monitoring: 31 countries in 2016, up from 24 countries (2014), 19 countries (2012) and 10 countries (2010)
- The IHP+ monitoring process in 2014 shows that:
 - 94% of IHP+ countries have jointly assessed national strategies (up from 59% in 2005/07)
 - 71% of IHP+ countries involve CSOs in joint annual reviews (up to 8% in 2005/07)
 - 80% of IHP+ countries have a medium-term expenditure framework or a three-year rolling budget/plan for the health sector

Aim and objectives of UHC 2030

The overall aim of UHC 2030 would be to support a movement for accelerated, equitable and sustainable progress towards UHC as well as the other health targets in the SDGs, including global security and equity.⁷

The main objectives of UHC 2030 would be to:

- Provide a platform to coordinate health systems strengthening efforts globally, including linkages and synergies with related technical networks and partnerships
- Contribute to consolidate political momentum around a shared global vision of HSS for UHC and advocate for sufficient, appropriate and well-coordinated resource allocation to HSS
- Facilitate accountability for progress towards HSS, UHC and SDG3
- Promote coordination in countries receiving external assistance through adherence to IHP+ principles and behaviours

To diminish the possibility of duplication in the crowded field of partnerships in global health, it is important to clarify what the proposed UHC 2030 is not aiming to do. UHC 2030 shall not duplicate the functions that its member institutions or countries can perform through current mechanisms, assume

⁷ The name has yet to be decided based on further consultations. The Steering Committee (SC) decided at its 8 April meeting to recommend to the IHP+ Signatories to broaden the scope of IHP+ to include facilitating better coordination of HSS for UHC and offer participation to a broader range of partners.

the functions of a fundraising or a financing entity for health systems strengthening, nor assume the functions of an implementing entity or a technical assistance agency. Furthermore, continuing to promote adherence to the IHP+ principles, including the Seven Behaviours, remains important to improve the efficiency, coordination and alignment of health systems support in countries receiving external assistance (see box below for country perspectives on IHP+).

Walking the talk in Ethiopia - Aligning behind the national health strategy and country systems

Ethiopia has been catching global health media headlines for registering impressive achievements for more than a decade, with most health coverage and outcome indicators improving since 2000. This is primarily because these achievements were made in a relatively short period starting off at a low baseline. The Government has been at the forefront of efforts to put the principles of effective development cooperation into practice. Following the global launch of IHP in 2007, Ethiopia was the first country to sign a Country Compact in 2008, together with 13 health development partners, to improve aid effectiveness in the health sector. In 2009, the government signed its first joint financing arrangement with a number of IHP+ partners. The resulting MDG Performance Fund (MDG PF), a pooled funding mechanism managed by the Ministry of Health, has been successful in bringing more resource to underfunded health programmes: MDG PF contributed almost 66% of the annual disbursement to the sector.⁸ The best aspect of the MDG PF was not only the volume of resources mobilised but also the quality of such funding. The fact that it is an un-earmarked pooled fund which could fund the underfunded health systems areas identified annually with contributing partners facilitated the above mentioned achievements.

Ethiopia is also using tools developed under the auspices of IHP+ to promote joint assessment of national strategies (JANS) and strengthen a common platform for reviewing the implementation of national health plans. Ethiopia's Health Systems Development Plan IV (2010-15) and the most recent strategic document (Health Sector Transformation Plan) were prepared in a consultative way, using the JANS tool. Progress with HSDP IV implementation is reviewed in annual joint review missions, in line with the IHP+ framework for monitoring and accountability, and a mid-term review by independent consultants. Strong government leadership to promote more joined up approaches, aligned behind national strategies and country systems is translating into behaviour change by development partners. The IHP+ monitoring report in 2014 found that 65% of DP activities were on budget (up from 52% in 2010/11), and 92% of resources channelled to the sector were provided through the government financial systems (up from 81% in 2010/11).

Dr Kesetebirhan Admassu, Minister of Health, acknowledged the contributions of Ethiopia's partners to the country's success in improving the health of its people, when signing the new Sustainable Development Goals Performance Fund (SDG PF), in the margins of the Addis Ababa Financing for Development Conference in July 2015. "We would have not succeeded in such scale without the MDG Performance Fund", the Minister said. Ethiopia's priority now is to achieve Universal Health Coverage through providing quality health services to all citizens. SDG PF, the successor of the MDG PF, will provide specific grants to underfunded priority areas within the framework of country's Health Sector Transformation Plan, improving the quality and equity of health services across the country.

Source: Annual Performance Report, HSDP IV, EFY 2007 (2014/2015), Federal Ministry of Health

Functions and structure of UHC 2030

To achieve stated goals and objectives, UHC 2030 envisages undertaking the following four functions:

1) Providing a platform for more effective health systems strengthening and multi-sector engagement

UHC 2030 will provide the platform for multi-stakeholder coordination on health systems at global level. It will be the place where a shared global vision for health systems strengthening is nurtured, and where emerging issues arising from UHC implementation are framed, bottlenecks identified and recommendations for actions proposed to facilitate progress towards UHC. UHC 2030 will do so by drawing on the community of partnerships and alliances that are focused on strengthening specific areas of health systems such as financing or information or focused on accelerating progress in specific

⁸ The following partners have contributed to MDG PF: Australia, EU, Ireland, Italy, Netherlands, Spain, UK, GAVI, UNFPA, UNICEF, WHO, World Bank. The Global Fund is considering now to join the SDG PF, the MDG PF's successor.

areas of UHC such as priority services or population groups (e.g. people living with HIV, aging populations, NCD, women and children etc.). UHC 2030, through its platform on HSS, will offer opportunities to broker greater alignment and coordination on common health systems issues such as budgeting, workforce or information systems to which partners are prepared to be held accountable. Specific mechanisms for accountability may be developed according to the nature of the health systems issue.

Achievement of UHC requires the engagement of multiple government sectors such as Finance or Treasury, Education, Social Protection, Labour etc. as well as the engagement of the private/non-state sector. While often acknowledged as important, effective engagement of these critical sectors is often absent or a weak link in most contexts. In this regard, UHC 2030 will share good practices in strengthening cross-sectoral engagement including the development of national-level capacity.

2) Establishing principles for coordination on UHC with targets to be met by partners

Building on the IHP+ principles for development effectiveness, UHC 2030 will establish principles that will guide the UHC-related efforts globally and at the country level. The principles are expected to promote greater coordination among actors in global health in achieving UHC. Similarly, UHC 2030 shall set milestones to be met by partners. The milestones will be based on the principles and objectives identified in both the global and country compacts of members to provide a basis for monitoring and accountability for progress. UHC 2030 will pay particular attention to country contexts where the alignment and coordination of global partners around country leadership is critical but not a given. It will build on the experience of the country compacts or partnership agreements that IHP+ signatories have in place with a clear framework for accountability informed by a critical review.

3) Monitoring progress, enhancing accountability and maintaining momentum towards UHC

UHC 2030 will draw on the joint WB/WHO framework for monitoring UHC as well as other metrics to keep track of progress towards UHC in countries particularly the products of the Health Data Collaborative (HDC) Initiative. Annual global monitoring reports supplemented by other analyses will be used to convene key stakeholders to take stock of progress and identify an agenda to strengthen and sustain momentum in support of UHC. A civil society engagement mechanism shall be developed to support the monitoring function. In countries receiving external assistance, UHC 2030 will continue to coordinate the monitoring of the IHP+ 7 behaviours.

- An **independent review mechanism**, which would be part of the overall SDG3 accountability mechanism, set up by the UN, to periodically critically review progress, thereby facilitating global and in-country dialogue on moving forward on achieving UHC
- A **civil society engagement mechanism** on accountability and advocacy for UHC⁹

4) Knowledge sharing

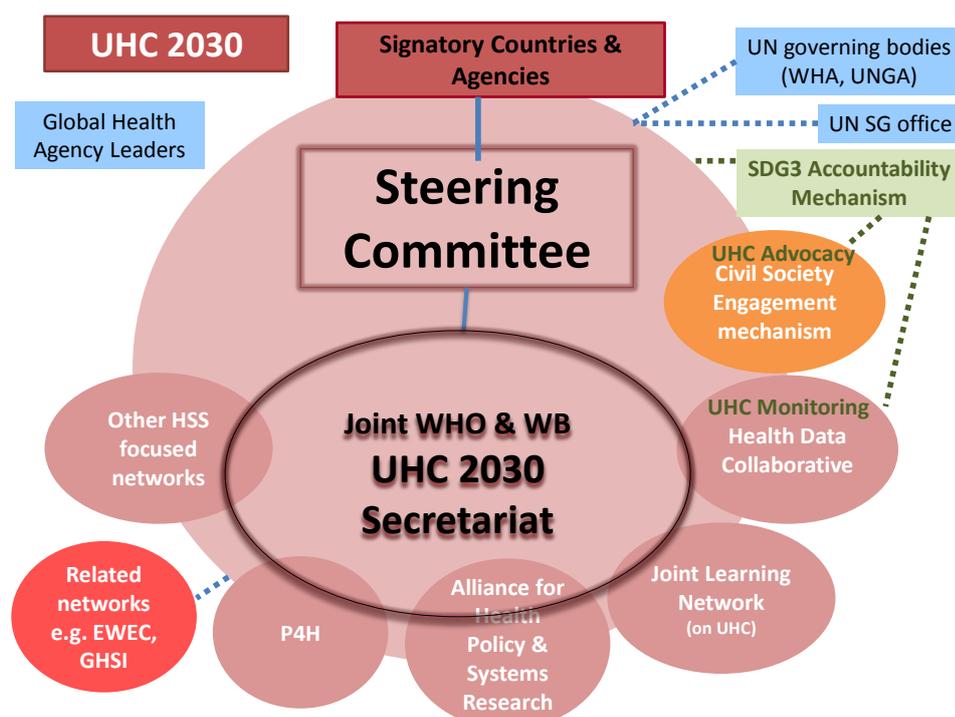
The UHC 2030 could add value by providing a platform for knowledge management, to support sharing of knowledge and lessons learned from experience, disseminate good practice, and contribute to capacity development and institutional development through continuous improvement and learning and evidence-based policy making. Under the umbrella of UHC 2030, specific health systems related partnerships such as the Joint Learning Network (JLN), P4H, the Alliance for Health System Research, etc. will contribute to this effort. UHC 2030 will coordinate with these other partnerships to develop tools and global products to help partner countries and institutions bridge the gap between the theory and

⁹ Building on the current IHP+ Civil Society engagement, and a proposal for how this could work is being developed within civil society following the Montreux meeting “Speaking with one voice, stronger together” in December 2015.

practice of implementing UHC. These partnerships will help frame the operational implementation issues around UHC, and then work with countries to exchange experiences in a structured way.

This will supplement efforts by international and national technical agencies and other stakeholders, including development partners in countries receiving external assistance, to make available lessons learned and best practices.

UHC 2030 – the new IHP+ structure



The UHC 2030’s **Steering Committee** would have high-level political representation from the key constituencies. This body would set the direction for UHC 2030 and agree on its strategy, work plan and budget. Like the IHP+ Steering Committee, the UHC 2030’s Steering Committee could meet twice a year.

In addition, UHC 2030 will maintain active communication with global leadership and governing bodies of member states such as the World Health Assembly and the UN General Assembly, particularly the High-level Political Forum on Sustainable Development, the UN central platform for follow-up and review on the 2030 Agenda for Sustainable Development and the SDGs. UHC 2030 would continue to leverage the Global Health Agency Leaders meetings who would provide advice to UHC 2030. UHC 2030 would contribute to progress on the existing specific initiatives such as the global action plan on NCDs and related targets, the Every Woman Every Child initiative, increasing sustainable coverage of ARVs towards “ending the HIV epidemic by 2030”, for which HSS and UHC are crucial.

A Secretariat will be responsible for the day to day operational activities of UHC 2030, taking instructions from and reporting to the Steering Committee. The Secretariat of UHC 2030 would, as the current IHP+ Core Team, be co-lead by WHO and the World Bank, and co-located in the two institutions. The IHP+ Core Team would evolve into the UHC 2030’s Secretariat, with expanded staffing as well as broadened to include staff from existing partnerships and networks within the area of HSS (e.g. P4H, HDC, etc.).

In view of numerous other “secretariats” supporting other health related SDGs that have been set up with similar and overlapping objectives, specific mechanisms such as shared staffing and Steering Committee meetings need to be considered in order to allow for a coherent coordination of work programs and avoid unnecessary and unjustifiable proliferation of meetings and costs.

What would UHC 2030 success look like?

[to be further developed and added into version of the document prepared for the IHP+ Steering Committee meeting of 21 June]

DRAFT see later version