



UHC2030 STEERING COMMITTEE
10th Session – 8 & 10 March 2022
Videoconference (Zoom)

Workplan and Budget 2022-2023

For Information For Review & Advice For Approval

WORKPLAN AND BUDGET 2022-2023

1. UHC2030 Priorities

Even before COVID-19, the world was off-track on the universal health coverage (UHC) targets in Sustainable Development Goal 3. Service coverage was improving but not fast enough. Catastrophic and impoverishing health spending were at unacceptable levels. The pandemic has worsened this. The world is at least 730 million people short of the target that 1 billion more people benefit from UHC by 2023.¹ Countries made ambitious commitments at the UN High-level Meeting on UHC in 2019 but UHC2030's *State of UHC commitment* shows very uneven progress.² The opportunity to build back from COVID-19 with stronger health systems is offset by the risk of a siloed, vertical approach to pandemic preparedness.

The unique UHC2030 multi-stakeholder platform can play a key role in promoting strong health systems for UHC and health security in a resilient COVID-19 recovery. UHC2030 mobilizes political commitment, demands and tracks accountability, and promotes collective action for health systems.

Since 2019 UHC2030 has:

- Galvanized political leadership for UHC; helped secure ambitious commitments in the 2019 UN Political Declaration on UHC; led unique reviews of progress on UHC commitments; supported powerful global and country UHC Day campaigns.
- Advocated for and positioned UHC and health systems in COVID-19 response and recovery; shared health systems messages and learning; mobilized diverse partners around health systems priorities for UHC and health security; pushed for more and better-aligned resources, solidarity and equity.
- Elevated civil society voices and engagement; provided a unique private sector platform; brought health systems networks and partnerships together for shared HSS learning; initiated collaboration with parliamentarian and regional government networks.

Our 2022-23 goal: Help countries get back on track in accelerating progress towards UHC by 2030.

Our strategic priority: Shape conversations and action to strengthen health systems for UHC and health security, including meaningful outcomes from the 2023 UN HLM on UHC.

In 2022 and 2023 we will:

- **Mobilize the UHC movement to help get action for UHC back on track, including by tracking action on UHC commitments and championing impactful outcomes for the UN High-Level Meeting on UHC.** We will inform the HLM with a unique review of countries' progress on UHC commitments; rally political leadership and advocacy; promote streamlined and aligned accountability for health goals; foster the enabling environment for all partners to contribute, especially for marginalized voices to be heard; and create a splash with UHC Day campaigns.
- **Demonstrate 'what it takes' to strengthen health systems for UHC and health security, building on the vision and actions in our health systems paper.** We will support constituencies to agree and promote their contributions to political leadership, aligned resources, and solidarity and equity for health systems; provide guidance on gender equitable leadership and gender-responsive health systems; work with WHO, global health funds and partners to optimize international support for health systems; and promote learning to help countries navigate roads to UHC and make change happen.
- **Provide effective stakeholder platforms, networks and learning.** We will provide a space for civil society and private sector constituencies, and health systems networks and partnerships, to share learning and strengthen collaborations for UHC; step up engagement with parliamentarian and local government networks; and provide high quality knowledge and data global goods for UHC.

¹ [Tracking Universal Health Coverage: 2021 Global Monitoring Report](#). WHO & World Bank

² [State of commitment to universal health coverage, Synthesis 2021](#). UHC2030.

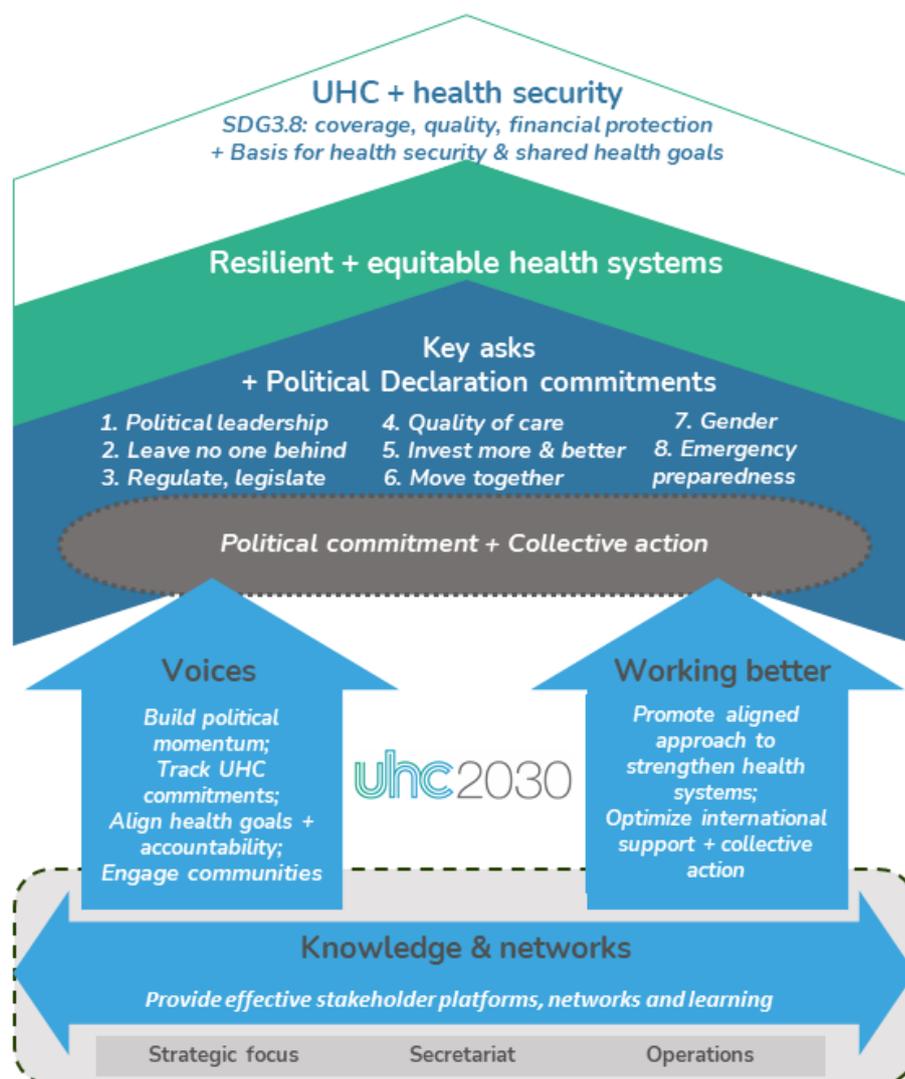
We will continue to ensure good value to money. We have low operating costs (less than US \$3m per year) and seek high returns by leveraging political and financial commitments, plus more coherent use of resources, for health systems.

2. Results focus and logic

UHC2030 seeks collective action towards SDG3.8 targets, focusing on the UHC Key Asks and how to implement and follow up on the 2019 UHC Political Declaration commitments.

We want to see countries demonstrate at the UN High Level Meeting on UHC in 2023 (SDGs mid-point) how they translated political commitments into meaningful action and results – and how they will get UHC progress on track.

Our underlying rationale is that action by countries on their UHC commitments, with more coherent involvement/support of all stakeholders, will contribute to stronger health systems and UHC plus health security outcomes:



UHC2030’s work is organized under three headings: Voices (focused on advocacy and accountability); Working better (focused on health systems and alignment); and Knowledge and networks (focused on mobilizing different stakeholders and providing a platform for thought leadership). A fourth supporting work area includes governance and operations functions.

3. Summary workplan

Results focus	Product lines	Deliverables	Linked products
1. VOICES <i>Mobilize the UHC movement to help get action for UHC back on track, including by tracking action on UHC commitments and championing impactful outcomes for the UN High-Level Meeting on UHC</i>	1.1 HLM 2023	i. Multi-stakeholder Engagement Strategy [Q1-2 2022] ii. Updated Key Asks [Q1 2023] + feed into UNSG progress report [Q1 2023] iii. Multistakeholder engagement/hearings [Q1-2 2023] iv. Informal briefings to New York & Geneva missions [Quarterly from Q3 2022]	1.2, 1.3, 2.1, 3.1-3.4
	1.2 State of UHC Commitment	i. UHC data portal refined [Q1-Q3 2022] & use promoted [ongoing] ii. Updated country profiles (all UN member states) [Q4 2022 / Q1 2023] iii. 2022 findings/recommendations as basis for updated Key Asks [Q1 2023] iv. Voluntary National Reviews / SDG3 knowledge workshops [Q1-2 2022 & Q1-2 2023] v. 2023 synthesis based on HLM follow-up [Q4 2023]	1.1, 1.3, 1.4
	1.3 Political advocacy	i. UHC Political Advisors panel [Quarterly] ii. Statements and constituency contributions to e.g. G7, G20, WHA, HLPF, UNGA	1.1, 1.2, 2.1, 3.4
	1.4 Aligned health goals and accountability	i. Coalition of Partnerships for UHC and Global Health [ongoing facilitation] ii. Streamlined tracking of Global Health Commitments 2015-2030 [TBC with partnerships]	1.1, 1.2
	1.5 Social participation	i. Advocacy and country lesson-learning (Social Participation Handbook) ii. Joint support with GHIs for CSO engagement on health financing, accountability and advocacy	1.6
	1.6 UHC Day	i. Campaign materials and coordination [Q3-4 2022 & Q3-4 2023] ii. Events with partners [Q4 2022, Q4 2023] iii. Strategy for a) public mobilisation, b) decentralised campaigns/support [Q2-3 2022]	1.1, 1.5, 3.1-3.4
2. WORKING BETTER <i>Demonstrate ‘what it takes’ to strengthen health systems for UHC and health security, building on the vision and actions in our health systems paper</i>	2.1 Health systems push	i. Health systems paper: follow-up policy briefs on key actions [Q1-3 2022] ii. Constituency actions/contributions identified & promoted [Q1 2022 onwards] iii. Platform available for other multi-stakeholder policy products & workgroups (high-income countries donors forum; UN constituency push on UHC in UNSDCF; etc.) iv. Guidance note on gender and UHC in health systems [Q3 2022 / Q1 2023]	1.1, 1.3, 2.2, 2.3, 3.1-3.4
	2.2 Optimized international support	i. Collaboration with WHO and GHIs to optimize “PHC for UHC” funding and approaches [Q1 2022 onwards] + “PHC & GHIs toolkit” [Q4 2022] ii. Country evidence and discussion forums on effective future health aid [Q1-4 2022] iii. Shared narratives and alignment with SDG3-GAP and partners [Q2 2022 onwards]	2.1, 3.3
	2.3 Collective action in regions/countries	i. “Navigating roads to UHC” learning guide + workshops/webinars (with WHO-EMRO) [Q1-3 2022] ii. Facilitate country compacts + learning where requested	2.1, 2.2, 3.1-3.4

3. KNOWLEDGE & NETWORKS <i>Provide effective stakeholder platforms, networks and learning</i>	3.1 Civil Society Engagement Mechanism	i. Platform support/coordination ii. Output 1 & 2 contributions – connections made in CSEM workplan iii. “UHC 101” refined and promoted by CSEM iv. CSO engagement in HLM 2023	1.1-2.3
	3.2 Private Sector Constituency	i. Platform support/coordination ii. Output 1 & 2 contributions – connections made in PSC workplan iii. Discussion forums with civil society and government constituencies iv. Private sector engagement in HLM 2023	1.1-2.3
	3.3 UHC2030 Related Initiatives	i. Information-sharing across health systems networks/partnerships/collaboratives ii. Shared health systems knowledge articles [2 per year] iii. Related Initiatives engagement in HLM 2023	1.1, 1.2, 1.6, 2.1-2.3, 3.5
	3.4 Parliamentarian & local government networks	i. Parliamentarian networks mobilized ii. Local government networks mobilized; Local Government UHC Guide iii. Bespoke knowledge-sharing with Parliamentarians and Local Government networks	1.1-1.6, 3.5
	3.5 Knowledge platforms	i. UHC data portal (see 1.2) ii. Health systems guidance & tools portal on UHC2030 website iii. [TBC] Future health systems and digital health	1.2, 2.2
4. UHC2030 GOVERNANCE & OPERATIONS <i>Ensure an effective partnership that delivers good value for money.</i>	4.1 Strategic focus	i. Strategic plan for 2023 HLM ii. Define and track influence/impact	
	4.2 Secretariat	i. Steering committee meetings [2 per year] ii. Effective OECD/WB/WHO co-host arrangements iii. Resource mobilization	
	4.3 Operations + reporting	i. Core Team operations + Secretariat oversight (OECD/WB/WHO) ii. Annual report; workplan & results updates iii. Communications, website, social media	

4. Funding requirements for 2022 and current income situation

4.1 Budget 2022

The proposed budget for 2022 is USD 2.75 million, as compared to USD 2.5 million in 2021. The proposed amount reflects costing based on 2021 expenditures, costs incurred by the World Bank and OECD to implement UHC2030 workplan and support the Secretariat. The assumption is that travel and in-person meetings will remain limited throughout the year. The proposed budget is broadly in line with UHC2030 available income to date and expected contributions.

See annex 1, for proposed 2022 budget.

4.2 Current funding situation

The funding situation of UHC2030 has remained stable in 2021, thanks to continued support from the EC, France, and Japan.

A large proportion of the new funding mobilized in 2020 was carried over for 2021 activities and was sufficient for UHC2030 to implement its “base programme” in 2021 and pay off its debt arising from deficit in 2019 (largely support to the UN high-level meeting) and late arrival of new contributions in 2020³.

Total expenditure in 2021 was USD 2.887 million – see annex 2, for detailed budget execution. Document UHC2030/SC10/2022/4.Rev1 summarizes 2021 implementation and achievements delivered through this expenditure.

Expenditure was USD 0.335 million above the budget of USD 2.5 million. This reflects the reimbursement of UHC2030 outstanding debt with respect to WHO (see note (3) under Table 1 below). Activities with major cost difference against budget include: consultant services for the state of commitment review and UHC Day, which both required greater resources than budgeted as a result of tendering processes. Work on country roadmaps and compacts was conducted in collaboration with the WHO Eastern Mediterranean Regional Office and required less resources than budgeted.

The costs of implementing UHC2030 workplan and supporting the joint UHC2030 Secretariat are incurred by WHO, the World Bank and from 2022 onwards the OECD. Following approval by the Steering Committee in 2021 of new working arrangements (link to final document to be provided), revised modalities for covering support costs for each organization and support for UHC2030 from the Secretariat co-hosting agencies will be put in place in 2022 and involve some transfer of funds to the World Bank and OECD.

As well as direct funding contributions, in 2021 UHC2030 benefited from significant in-kind support. This included support from WHO, the World Bank, and OECD. The Global Fund, GAVI, and the Global Financing Facility provided in-kind support to civil society engagement in health financing advocacy through a collaboration between UHC2030 and PMNCH while UNAIDS and the IFRC collaborated with the CSEM to support country consultations for the State of UHC commitment review.

Table 1 below provides an overview of sources of funding in 2021 and future year as well as a summary of previous years.

³ Increased costs for the 2019 HLM resulted in a deficit of USD 244,265 at the end of 2019 that needed to be reimbursed to WHO in 2020 and/or 2021. In addition, USD 91,074 was borrowed from WHO in 2020 to cover salaries in 2020 before payment was received for new financial contributions. WHO offered USD 200 000 in early 2020 to absorb some of the deficit of 2019 but UHC2030 mobilized additional funding in 2020 and 2021 so this was cancelled. The deficit with WHO was fully cleared in November 2021.

Table 1 – Status of funding of UHC2030, 2022

<i>US dollars</i>	2020	2021	2022	2023
A. Carried forward from previous year	0	2 451 596	2 605 074	tbc
<i>of which:</i>				
<i>Japan</i>		597 987	651 649	
<i>France</i>		1 853 609	1 953 425	
B. New contributions (1)	4 636 532	3 040 414	tbc	1 200 000
European Commission	1 745 475	284 232	187 878	1 200 000
Japan	776 468	651 649	tbc	tbc
France	2 114 589	2 104 533	tbc	tbc
others (tbc)	---	---	tbc	tbc
C. TOTAL FUNDS (2) [= A+B]	4 636 532	5 492 010	2 792 952	1 200 000
<i>D. Indicated budget</i>	1 995 000	2 500 000	2 750 000	<i>min 3 000 000</i>
<i>E. Actual expenditure</i>	2 184 936	2 886 936		
F. Carry forward [= C-E]	2 451 496	2 605 074		

Notes:

- (1) Amounts are net of programme support costs – and reflect accounts as of end January 2022 (subject to further consolidation).
- (2) These are total funds received during the calendar year. However, a large share is received very late in the year, effectively available to cover activities in the following year – hence large “carry forward” amounts.

4.3 Resource mobilization in 2022 and 2023

While resources available currently are sufficient to cover the costs needed to implement UHC2030's workplan for 2022, further resource mobilization efforts will be needed in 2022 to fill the current income gap (about 1/3 of expected needs covered, depending on level of UN HLM ambition) and ensure sufficient funding is available to prepare for the UN high-level meeting. Depending on the level of ambition envisaged, additional team capacity will be needed as well as funding to cover travel costs (minimum USD 120 000). For reference, expenditure in 2019 amounted to USD 3.75 million.

The Secretariat, with the help of co-chairs, will follow-up with constituencies whose members have an interest to consider financial support or have the capacity to help reach out to potential donors.

Annex 1. 2022 budget

in US\$	staff	consultants services	travel	operations	TOTAL
Output 1 – Voices					
1.1 HLM 2023					
1.2 State of UHC Commitment	150,000	195,000		2,500	347,500
1.3 Political advocacy	150,000	20,000	10,000	2,500	182,500
1.4 Aligned health goals & accountability	50,000	10,000			60,000
1.5 Social participation	50,000	10,000			60,000
1.6 UHC Day	75,000	190,000			265,000
sub-total 1	475,000	425,000	10,000	5,000	915,000
Output 2 – Working better					
2.1 Health systems push	120,000	20,000		2,500	142,500
2.2 Optimized international support	120,000	20,000			140,000
2.3 Collective action in regions/ countries	50,000	20,000	2,500		72,500
sub-total 2	290,000	60,000	2,500	2,500	355,000
Output 3 – Knowledge and networks					
3.1 Civil society engagement mechanism	20,000	500,000			520,000
3.2 Private sector constituency	90,000	60,000			150,000
3.3 UHC2030 related initiatives	50,000	10,000			60,000
3.4 Parliamentarian and local government networks	50,000	20,000			70,000
3.5 Knowledge platforms	50,000	10,000			60,000
3.6 Future health systems	50,000	20,000			70,000
sub-total 3	310,000	620,000	0	0	930,000
Output 4 - UHC2030 governance and operations					
4.1 Strategic focus	75,000	20,000			95,000
4.2 Governance	150,000				150,000
4.3 Operations, reporting and communications	150,000	150,000		5,000	305,000
sub-total 4	375,000	170,000	0	5,000	550,000
TOTAL	1,450,000	1,275,000	12,500	12,500	2,750,000

Annex 2. Detailed 2021 budget execution

in US\$ (expenditure consolidated as of January 2022)	approved budget 2021	staff	consultants services	travel	operations	TOTAL
Output 1 – Voice for UHC						
1.1 Political momentum						
1.1.1 "State of UHC Commitment" report	305,000	150,000	196,014			346,014
1.1.2 UHC political advocacy	55,000	45,000	30,168		5,929	81,097
1.2 Country UHC campaigns						
1.2.1 Integrated UHC accountability approach	25,000	25,000	19,089			44,089
1.2.2 Campaigns on common goods for health and health systems	105,000	25,000	82,267			107,267
1.3 Engaged communities						
1.3.1 Country advocacy/accountability	25,000	25,000	21,634			46,634
1.3.2 UHC Day campaigns	190,000	90,000	189,515			279,515
sub-total 1	705,000	360,000	538,687	0	5,929	904,616
Output 2 – Working better together for UHC						
2.1 Harmonised health systems strengthening						
2.1.1 "Health systems that protect everyone" investment case + shared policy agenda	142,500	135,000	28,261			163,261
2.1.2 Country UHC roadmaps and compacts	245,000	125,000				125,000
2.1.3 Harmonised health systems policy guidance and tools	107,500	95,000				95,000
sub-total 2	495,000	355,000	28,261	0	0	383,261
Output 3 – Knowledge and networks for UHC						
3.1 Stakeholder platforms						
3.1.1 Civil society engagement mechanism	525,000	35,000	500,000			535,000
3.1.2 Private sector constituency	25,000	15,000				15,000
3.1.3 UHC2030 related initiatives	90,000	75,000	10,649			85,649
3.2 Knowledge and learning						
3.2.1 UHC2030 knowledge platform & resources	95,000	50,000				50,000
3.2.2 UHC2030 thought leadership	40,000	30,000				30,000
sub-total 3	775,000	205,000	510,649	0	0	715,649
Output 4 - Partnership governance and Secretariat						
4.1 Vision						
4.1.1 'Now to 2023' vision	50,000	29,000				29,000
4.2 Governance						
4.2.1 Strategic oversight	205,000	175,000				175,000
4.3 Secretariat						
4.3.1 UHC2030 operations + communications	270,000	171,636	171,137		1,298	344,071
4.3.2 Reimbursement to WHO for loans in 2019 and 2021	0	335,339				335,339
sub-total 4	525,000	710,975	171,137	0	1,298	883,410
TOTAL	2,500,000	1,630,975	1,248,734	0	7,227	2,886,936