UHC2030 ACCOUNTABILITY STRATEGY (2018-19)

Contents

Background

The International Health Partnership for UHC 2030 (UHC2030) promotes the progressive realization of the right to health through universal health coverage (UHC). The following **key principles[1]** guide the action of UHC2030.

- **Leaving no one behind**: *a commitment to equity, non-discrimination and a human rights-based approach*
- **Transparency and accountability** *for results*
- **Evidence-based health national strategies and leadership**, *with government stewardship to ensure availability, accessibility, acceptability and quality of service delivery*
- **Making health systems everybody's business** – *with engagement of citizens, communities, civil society and private sector*
- **International cooperation based on mutual learning across countries** *regardless of development status and progress in achieving and sustaining UHC, and development effectiveness principles*

A core objective of UHC2030 is **to facilitate accountability for progress on health system strengthening towards UHC, and, through this, to contribute to a more integrated approach to accountability for SDG 3**. The Steering Committee tasked the Core Team to develop a strategy for its work on accountability for review at the December 2017 Steering Committee meeting.

This document sets out the partnership's two-year strategy to strengthen accountability for UHC, informed by widespread consultation[2] and feedback from the Steering Committee.[3]

This is envisaged as a first phase in the partnership's work on accountability for UHC, which will continue through the period of implementation of the SDGs. It is complemented by a more specific one-year implementation plan.

What do we mean by accountability for UHC?

Fundamentally, universal health coverage (UHC) is about the **social contract** between the state and population, and it is both a technical and political agenda. **Country governments** are accountable to their populations for delivering on the right to health and UHC commitments as per the Sustainable Development Goal (SDG) target 3.8. This involves different branches of government, including the head of state and ministries of health and finance, as well as other related sectors including nutrition, water and sanitation, which need to be aligned behind the commitment to UHC. With all countries committed to the goal of UHC and the principle of leaving no one behind, the focus is now on implementation, i.e. sufficient and sustained resource allocation, and robust equitable policies and plans that translate into quality health services that are accessed by populations according to need

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[1] As per the Global Compact (https://www.uhc2030.org/our-mission/) and the Joint Vision (https://www.uhc2030.org/what-we-do/coordination-of-health-system-strengthening/).

[2] An expert advisory group was consulted for feedback on two drafts of the strategy, initially in writing and then verbally through a teleconference. This includes the key informants for the initial scoping on accountability conducted by the consultant Louisiana Lush earlier in 2017, with the addition of accountability focal people from relevant initiatives and experts on the topic. Written feedback was received from over 30 respondents and approximately 20 people joined the conference call.

[3] This document is not about how the UHC2030 Core Team will be held accountable for delivering the partnership's workplan.

and not ability to pay. Given the inevitable trade-offs on the pathway towards UHC, the important question is who benefits and who misses out from the policy choices pursued. Accountability mechanisms – particularly through multi-stakeholder processes at country level[4] - are crucial to influence course correction along the pathway towards UHC by 2030. UHC2030 will promote synergies across health accountability efforts on this agenda, strengthening capacities and facilitating shared learning to empower civil society, the media and parliaments to more effectively engage in holding their governments accountable.

In addition to country responsibilities, there are also **global responsibilities** for UHC.[5] A global social contract is inherent in international agreements including the SDGs and the International Covenant on Economic, Social and Cultural Rights. UHC will not be feasible in low-income countries without sufficient levels of development assistance that are appropriately allocated in adherence with the principles of effective development cooperation (EDC), thereby the accountability of development partners remains crucial for progress towards UHC. UHC2030 will review and build on the IHP+ work to monitor adherence to EDC behaviours and institutionalise mechanisms for multi-stakeholder review.

Other **non-state actors** must also be held accountable for their respective roles in accelerating progress towards UHC – for instance the accountability of private sector service providers to the populations they serve and to the government for their role in aligning with the national health plan. UHC2030 will explore how to approach strengthening accountability of the private sector for their contribution to UHC, and work with the private sector constituency to advance this agenda.

Different stakeholders have key **roles** to play in advancing accountability. For instance: the participation of civil society to represent the interests of vulnerable communities, the watchdog role of CSOs and the media, and the formal oversight role of parliaments. UHC2030 will strengthen multi-stakeholder engagement in accountability mechanisms, fostering synergies across health accountability efforts.

There are various **frameworks** that conceptualise accountability within and beyond the health sector. Nonetheless, there seems to be some convergence: In relation to purpose, Brinkerhoff[6] identifies financial, performance and political accountability, which is articulated by the Every Woman Every Child movement[7] (EWEC) as accountability for resources, results and rights respectively. In relation to function, EWEC proposes the interconnected processes of monitoring, review and remedial action, at all levels, while Brinkerhoff focuses on answerability and sanctions. UHC2030 will use these concepts to help frame the partnership's work on accountability for UHC.

While the locus of accountability for UHC rests at country level, international mechanisms provide important opportunities to incentivise political commitment through peer review and pressure. The UN High-Level Political Forum (HLPF) has the central role in overseeing follow-up and review of the

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[4] Such as coordination platforms, joint assessments of national plans and joint annual reviews, etc.

[5] http://www.who.int/gender-equity-rights/knowledge/anchoring-uhc/en/.

[6] Brinkerhoff, D. 2003. *Accountability and Health Systems: Overview, Framework, and Strategies*. Abt Associates Inc.

[7] Note that the EWEC framework continues to evolve, from the Commission on Information and Accountability, to the independent Expert Review Group, and the Independent Accountability Panel.

SDGs at the global level.[8] In addition, international human rights treaties and their associated reporting processes provide important mechanisms for holding governments to account for their obligations on health, such as the Universal Periodic Review of the Human Rights Council. UHC2030 will explore how to harness and strengthen these processes to advance accountability for UHC.

The unique value of UHC2030

As the only multi-stakeholder global partnership with a mandate across the health system, the **unique value of UHC2030** is its diverse stakeholder reach and convening power on the agenda of UHC.

As such, the added value of UHC2030 in accountability is particularly in relation to strengthening multi-stakeholder participation in review processes, at global, regional and country levels.[9] Multi-stakeholder participation is important for various reasons, including giving voice to vulnerable communities, and bringing legitimacy and shared ownership of decisions made. UHC2030 will focus on strengthening public or political accountability primarily, as per the social contract inherent in UHC, while exploring how to strengthen accountability of the private sector for their contribution to UHC, and maintaining a focus on improving development partner adherence to principles of effective development cooperation. In the spirit of partnership, we will endeavour to promote a constructive, collaborative approach to accountability for UHC.

At the global level, UHC2030 provides a platform to broaden engagement, bringing together the voices of government and non-state actors on the agenda of UHC, and helping to bridge the technical and political drivers of progress towards UHC. We can facilitate or strengthen processes for multi-stakeholder participation in reviews of progress towards UHC, highlighting successes and bottlenecks, sharing experience, learning from one another, helping to forge consensus on principles of good practice, and shaping the priorities where further action is needed to accelerate progress towards UHC. In addition, UHC2030 can stimulate greater political ambition and impetus for commitments and remedial action. Close collaboration with the advocacy workstream will be crucial to mobilise political will across the accountability cycle for access to quality data, participatory processes for review and policy and programmatic changes as necessary.

UHC2030 will seek to engage in or influence global accountability mechanisms, such as the High Level Political Forum and mechanisms of the Human Rights Council such as the Universal Periodic Review. In collaboration with regional partners, regional opportunities to facilitate joint review and incentivise political action will be pursued.

Given the social contract that underpins UHC, UHC2030 will strengthen capacities among civil society[10] including youth groups, the media and parliamentarians to effectively engage in UHC

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[8] The HLPF has been tasked with providing high-level political guidance on the Agenda and its implementation, identify progress and emerging challenges and mobilize further actions to accelerate implementation.

[9] The SDG indicators for UHC are set, and mechanisms to track these are underway through the WHO and World Bank global monitoring report. In addition, The Health Data Collaborative emerged from the work of IHP+ and is driving forwards joint approaches to improve health data and build the capacities to track progress towards SDG3, including UHC. UHC2030 will explore how it might complement existing efforts to strengthen monitoring of UHC.

[10] Working closely with the Civil Society Engagement Mechanism.

accountability processes at country and sub-national levels, and facilitate collaborative social accountability efforts for health across sub-sectoral initiatives. This will focus on empowering partners to represent the voices of vulnerable communities, to better interpret and use data to draw policy implications, and to influence duty bearers to affect such change.

UHC2030 will also build on the work of IHP+ to strengthen mutual accountability for the principles of EDC, exploring how to institutionalise mechanisms for monitoring and collective review both in development partner countries, and in low- and middle-income countries.

With the broad system-wide focus, UHC2030 is well placed to convene different health accountability related initiatives that focus on specific populations and health issues to identify opportunities for better alignment and collaboration to reflect the integrated health needs of communities. In doing this, our collective accountability work should learn from and build on what is already underway, and produce greater efficiency in the use of resources, better managing the proliferation of accountability initiatives for health. Leveraging existing opportunities will enable us to achieve greater scale in our work on accountability for UHC. This will be particularly important given the lean nature of the Core Team and the limited resources available.

Pillars of the UHC2030 accountability strategy

The ambition of UHC2030's accountability work is to ensure progressive realisation of UHC happens at country level, with participatory processes in place to identify emerging challenges and corrective actions, and we will work through partners to affect this.[11] We will work closely with existing working groups and initiatives to avoid duplication and leverage collective action. We will seek to complement what other partners are doing on accountability, and forge synergies for health system wide efforts.

By the end of 2019, UHC2030 will contribute to:

1. **Strengthened social accountability and engagement by civil society, the media and parliaments to hold governments[12] accountable** for sufficient investment, robust policies and plans, and timely and effective implementation to leave no one behind in pathways towards UHC[13]

2. **Improved mechanisms for governments, civil society and the media to hold development partners accountable** for sufficient, appropriate and well-coordinated investment in HSS and UHC, and adherence to the principles of EDC[14]

3. **Better understanding of mechanisms to hold the private sector to account** for their role in accelerating progress towards UHC and leaving no one behind

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[11] Partners include individual organisations and related networks or initiatives.

[12] Including Heads of State, Ministries of Health and Finance, as well as other relevant Ministries including water, education etc. acknowledging the multi-sectoral determinants of health.

[13] This is consistent with the UHC2030 Global Compact which specifies: "Progressive pathways towards universality that endeavour to first reach the most vulnerable and marginalised population groups are key to ensure no one is left behind." UHC2030 Global compact for progress towards universal health coverage, available at: https://www.uhc2030.org/news-events/uhc2030-news/article/new-uhc2030-global-compact-406552/s.

[14] This is consistent with mutual accountability, as government accountability is covered in the first pillar.

4. **Synergies and better alignment across sub-sectoral health accountability initiatives** at country and global levels – *this is cross-cutting*

Strategic approach

The strategic approach outlines <u>how</u> UHC2030 will work to contribute to the pillars outlined above. It is indicative rather than comprehensive of all of the activities UHC2030 will undertake to strengthen accountability, as these will be detailed in the annual implementation plan which will regularly evolve as a working document.

As mentioned above, UHC2030 will take a **phased approach** to strengthening accountability for UHC. In this first phase, the partnership will focus on laying the ground for strengthened accountability.

UHC2030 will **mobilise and strengthen specific UHC accountability opportunities**. This includes engaging in the monitoring process to maximise multi-stakeholder contributions and promoting a focus on leaving no one behind, at global and country levels. We will work with the Advocacy workstream to encourage stakeholders to make ambitious but realistic commitments to accelerate progress to UHC and leave no one behind. Government commitments should be embedded in country level participatory processes and linked with national health plans.

The Core Team will **convene related health accountability initiatives to share information, identify common priorities, opportunities for collaboration** at strategic and operational levels. Key partners to convene include the Health Data Collaborative, Governance Collaborative, Every Woman Every Child's unified accountability framework and the Global Financing Facility, NCDs Global Coordination Mechanism, Gavi and the Global Fund. This should streamline health accountability work across partners and issues and produce efficiencies to have a more consistent and integrated approach to accountability for health, not just single population groups and health issues. This will be crucial to avoid the proliferation of population and disease specific siloed initiatives for accountability at country level. We could also look to learn from other sectors beyond health. Common accountability activities will include addressing knowledge gaps and strengthening the capacities of civil society, the media and parliaments.

Potential **knowledge agendas** include documenting effective participatory approaches in national planning and review processes, mapping social accountability tools with a view to helping civil society navigate what exists and when/how to use it, developing a toolkit to understand and influence the political economy of UHC reforms in your context, operationalizing leaving no one behind for different stakeholder groups, and identifying best practices for holding the private sector accountable.

This conceptual and evidence track will be pursued with relevant partners, such as the Governance Collaborative and Health Systems Global, as well as the knowledge sharing workstream of UHC2030, and facilitate peer exchange and learning between countries/stakeholders. An example of joint work with the Governance Collaborative could be a lab looking at country experiences on effective participation of marginalised and vulnerable groups.

While UHC2030 is not a research hub, we can help to identify common key research questions, advocate for these gaps to be addressed, facilitate peer learning, package evidence for different

audiences and disseminate findings to a wide range of stakeholders through UHC2030 and via partners at regional and country levels.

Collaboration on **capacity strengthening** will pool resources and engage a broader mix of stakeholders, promoting a more integrated approach across the sector. For instance, it is increasingly apparent that a strong health system and funding to the sector overall are crucial to sustain disease specific or population specific health gains. As such, a range of partners are invested in producing and implementing a common training for health budget advocacy. This would also result in greater coherence in messaging on sector resource allocation, and complement the work of the Transition technical working group in selected countries. Another example is support to sector-wide citizens' hearings at sub-national level, rather than focusing on a specific health issue. Undertaking both of these initiatives jointly would achieve more than any single organisation could achieve alone. UHC2030 would facilitate this collaboration and mobilise health system partners to contribute to the technical content, exploring potential options to achieve greater scale through regional trainers of trainers, or an e-training course. Work to strengthen communities' voices will be done in close partnership with the UHC2030 Civil Society Engagement Mechanism (CSEM) and the UHC2030 Advocacy workstream.

To improve **adherence to the principles of effective development cooperation** we will develop a toolkit and facilitate exchange between governments on institutionalising processes to hold development partners to account, working closely with the Global Partnership for Effective Development Cooperation (GPEDC). We will develop the conceptual linkages between EDC, HSS and UHC to bolster the investment case for adherence to the principles of EDC. In collaboration with the Advocacy workstream and the CSEM, we will mobilise civil society in high-income countries and support domestic advocacy for sufficient and appropriate donor investment in health systems for UHC.

UHC2030 will **engage with and build on existing processes and platforms** for accountability at global, regional and country levels. The intention is to promote country ownership and strengthen **national health processes** for health sector situational analysis, planning and review, without creating a separate siloed approach for UHC, and to help to institutionalise multi-stakeholder processes for coordination and accountability rather than support isolated ad hoc activities. This could build from the existing Health Data Collaborative (HDC) work to improve data and monitoring in selected countries, supporting multi-stakeholder participation in review processes and the translation of evidence into policy options for consideration. We will explore how to strengthen the formal SDG accountability processes, including voluntary national reviews at the High Level Political Forum, and advocate for a more integrated mechanism for independent review of progress towards SDG3/health. Other regional and global opportunities for multi-stakeholder review will be identified and pursued, such as the World Health Assembly and the UHC Forum.

We will also work to explore the implications of strengthening accountability in fragile, conflict-affected and vulnerable contexts in collaboration with the UHC2030 technical working group.

Finally, we will support the review and updating of IHP+ tools such as the guidance for country compacts, JANS and JARS from an accountability perspective, as a cross-cutting endeavour to be undertaken by UHC2030.

Implementation arrangements

The UHC2030 **Core Team** will be responsible for developing and implementing the strategy and workplan, in close collaboration with a range of stakeholders, related initiatives and other areas of work within UHC2030.

The Core Team will establish a **structured process for regular sharing with the secretariats of related initiatives** that have a clear focus on accountability to allow for a regular flow of information, to facilitate learning from one another, and to identify opportunities to work together.

A broader **Community of Practice** will be developed to engage a wider group of partners in our accountability work and to allow for the exchange of information and tools, using existing networks or listserves where appropriate.

In addition to providing strategic guidance and oversight, the **Steering Committee** will also serve as a platform for multi-stakeholder review and dialogues on political and institutional issues emerging from the accountability work supported by the partnership.