



Call for nomination for the CSO representatives in UHC2030 Steering Committee

Civil Society Engagement Mechanisms (CSEM) for UHC2030 is looking for one Global South, one Global North and one Community Based Organisations (CBOs) CSO representatives and their 3 Alternates to contribute to UHC2030 Steering Committee

UHC 2030: Building a Partnership for Health Systems Strengthening¹

In September 2015 the world moved from focusing on the Millennium Development Goals to the universal and more ambitious Sustainable Development Goals (SDGs). SDG 3 demonstrates a renewed global commitment to health, underpinned by target 3.8 for Universal Health Coverage (UHC). This presents an opportunity to promote a comprehensive and coherent approach to strengthening health systems for progress across all health targets.

UHC 2030 is a multi-stakeholder partnership co-hosted by the World Bank and WHO with the overall aim of supporting **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.

The **objectives** of UHC2030 are to:

- Provide a **platform to coordinate health systems strengthening efforts**, including linkages and synergies with related technical networks and partnerships
- **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**

UHC2030 Governance structure

As the global platform for health systems coordination UHC2030 will operate at the strategic, operational and secretariat levels

¹ Source on UHC2030 initiative from the IHP+ website: [IHP+](#)

At the strategic level UHC 2030 will be guided by UHC2030 Steering Committee - the supreme decision making body, that is responsible for setting overall strategic directions and oversight of the Partnership on behalf of all UHC2030 signatories, whom the Committee represents

The Committee will consist of a maximum of 20 members who represent the different constituencies in the Partnership (countries, multilateral organisation, philanthropic, private sector etc) among which 3 seats are dedicated for Civil Society representatives including one for Global South countries CSOs, one for Global North countries and one for Community Based Organisations (CBOs).

Additionally, the work of UHC2030 will be driven at the operational level by working groups that are multi-stakeholder and activity oriented group composed of technical experts brought together to collectively deliver on a priority area of work as identified in the UHC2030 workplan.

UHC2030 Steering Committee and working groups are supported by a Core Team that functions as a secretariat and is responsible for facilitating the work of UHC2030

Lastly, a reference group open to senior technical representatives of UHC2030 signatories will act as a forum for information exchange, discussion of progress and identifying potential priority issues for further collaboration

Additional information on UHC2030 focus, governance and ways of working can be found here: [IHP+](#)

The CSO constituency in UHC2030

The Civil Society Engagement Mechanism (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. 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
- A Global CSO advisory group, linking global and local inputs and providing technical guidance
- A Secretariat, hosted by a CSO 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

Building the CSO constituency during the interim period

To build this movement, an interim group of CSO with an interim secretariat was set up last December in Geneva² after the result of an online consultation done in 3 languages (French Spanish English) to

² List of CSO members of the Pre-Advisory group : Lola Dare, Chestrad, UK and Nigeria – Fogue Fogueto, Positive Generation, Cameroun – Timur Abdullaev, Global Coalition of TB Activists, Uzbekistan - Adriana Childs Graham, PAI, USA – Bruno Rivalan, GHA and IHP+ CSO Northern rep France - Rozina Farhad Mistry, Senior Health Consultant, IHP+ CSO Southern rep Pakistan, Maty Dia Senior Consultant Senegal, Itai Rusike, Community Working Group on Health (CWGH), Zimbabwe - Heather Barclay from IPPF UK - Aminu Magashi Garba, Africa Health Budget Network (AHBN) Nigeria - Amy Dietherich from IFRC - Switzerland, Albert Van Hal Cordaid The Netherland, Pallavi Gupta, Oxfam India – Aurélie du Chatelet, Action contre la Faim France - Marwin Meier, World vision Germany – James Sale, Save the Children -Simon Wright from Save the

shape the bases of the CSEM role, mandate and representation. This interim CSO group will develop the basic document which will be reviewed by the first CSEM constituencies when set up and fully operationalised. They will, as well, nominate the first CSO rep with their Alternates (June 2017), the first Advisory group (Sept 2017) and contribute to the Secretariat selection (Dec 2017) keeping in mind this is work in progress and those nomination will be kept for just one year in order to be open to any modifications and changes once the constituency is operational.

See Additional information on the CSEM focus, governance and ways of working in the “UHC2030 and CSEM presentation paper” and more information on the consultation and the December meeting can be found here: [IHP+ CSO](#)

Roles and responsibilities of the CSO representative to UHC2030 Steering committee

CSEM needs to nominate 3 CSO representatives to UHC2030 steering committee. One CSO from the Global South, one CSO from the Global North, one CSO from Community Based Organisations (CBOs).

A community-based organization is commonly define as a non-profit groups organized by and for a particular community of people based on shared interests to improve life for the community. Having a CSOs representative from a community based organisation in UHC2030 steering committee will leave the space for including youth groups, women group or patient groups from countries to raise their voices and share their needs. He /she will share their experience from the communities’ level bringing the voice of people who are facing day to day reality with access to qualitative health system and with financial hardship. He/she will promote UHC2030 and contribute to the work that need to be achieve at country level. He/She will closely work with the others 2 CSO rep (GS and GN) to influence UHC2030 board committee and guarantee no one is left behind.

A Global South (GS) CSO representative will be able to bring the reality and the vision of CSOs in Low and Middle income countries regarding HSS and UHC implementation in their countries. He/she will raise the blockages but successes as well and defend the R2H for the population ensuring the key principles and visions are heard and respect by UHC2030. His knowledge in health system and/or in diseases or target specific in health will be an added value to give a deep understanding of what is needed at country level and what should be done. He/She will closely work with the others 2 CSO rep (GN and CBOs) to influence UHC2030 board committee and guarantee no one is left behind.

A Global North (GN) CSO representative will represent the developed country NGOs and ensure that UHC2030 remains ambitious, transparent, and accountable to achieve maximum impact. He/she will ensure the CSEM vision and principles are heard and respect by UHC2030 and will bring his/her experience and knowledge on Global health policies and commitment to improve the HSS/UHC implementation. He/She will closely work with the others 2 CSO rep (GS and CBOs) to influence UHC2030 board committee and guarantee no one is left behind.

- Roles and responsibilities:
 - CSO Representatives will provide the leadership of the CSO constituency and as such will represent the perspectives, views and concerns of the CSEM.
 - The CSO representatives will participate and influence UHC2030 Steering Committee and relevant working groups

- The CSO representatives will liaise with the CSEM Advisory group, represent its views and report back on UHC Steering Committee decisions.
 - The CSO representatives is expected to support further development of the CSEM including constituency, process and selection as well as capacity strengthening of members
 - It is also expected that the CSO representatives support the coordination and collaboration with others CSO representatives in Global Health Initiatives to share information and seek for common advocacy in support of equitable and right based health policies
- Working methods:

The CSO representatives, with the support of the Advisory Group and Secretariat, will:

✓ For UHC2030 board committee meeting and working groups:

- Participate in all meetings of UHC2030 Committee;
- Read all relevant documents prior to a Board committee to ensure effective input in the decision-making process;
- Maintain a focus on issues of interest and importance to the community and NGO movements;
- Seek input from the constituency on issues being considered by the Board prior to its meeting;
- Consult with Advisory group before and after Board meetings;
- Meet in F2F with the others CSO rep prior and after the Board committee;
- Collect and share country-level information with UHC2030 Committee when appropriate;
- Identify which UHC2030 working groups are relevant for CSOs and ensure members of the Advisory group or CSO rep are contributing to reflect CSO voices and vision;
- Share output of the working group with CSEM constituency.

✓ For relationship with other stakeholders:

- Represent the interests of UHC2030 as necessary, both within the constituency and to external stakeholders;
- Share UHC2030 and CSEM principles, function and area of work with Government, GHI, others to increase UHC2030 and CSEM profile towards all type of health actors;
- Share with CSEM constituency (According to the level of interest: advisory group, secretariat, others) relevant information emerging from meetings with Governments, GHI, others;
- If appropriate, meet and share information with WHO and UNICEF representatives in country, as well as with other key actors in HSS/UHC area.

✓ For relationship with the CSEM constituency and GHI:

- Participate in teleconferences or any other means of communications set up by the CSEM constituency on specific issues raised;

- Be available to contribute to discussion and debate among CSOs, CBOs, others groups related to HSS and/or UHC issues when requested;
 - Set up coordination meetings with other CSO rep in GHI to update information on Health and health related issues and propose, when appropriate, to do common activities.
- Working relation within the CSEM :
 - ✓ The CSO rep will work with:
 - The 2 others CSO representatives to ensure a good coordination for CSO position and advocacy work;
 - The Advisory group that will bring technical support and advice on CSO position, strategies and advocacy and linking between national regional and global level;
 - The Secretariat that will provide all the logistic support needed (sharing document and information, organising meetings before and/or after the UHC2030 Committee, ensure feedback from COS constituencies before the UHC2030 committee);
 - The CSO national platforms focal point in countries by ensuring they get their input on the agenda of the UHC committee and whenever their constituency raise an issue from the countries.

Criteria's for selection

Among the three CSO reps, we will need a good mix of field-level implementing expertise, advocacy expertise and high-level political clout with a regional and gender diversity

- Demonstrated expertise and understanding on advocacy and accountability of Health system strengthening and Universal health Coverage
- Demonstrated linkages with CBOs/ CSO networks (local, national and/or regional levels)
- Commitment to principle of transparency and accountability
- Openness, willingness and ability to learn, and the commitment to engage in issues of different constituencies
- Capacity to communicate and network effectively and broadly
- Skills in diplomacy, political sway and negotiation to work with a variety of stakeholders
- Field level implementing expertise in health sector working with communities affected by lack of health access and/or financial hardship
- Commitment to a minimum of 5 hours per week for HSS and UHC activities
- Institutional support from an employer or affiliated organisation.
- Regular access to internet, email and phone
- Ability to work well in written and spoken English (additional languages are valued)

Length of the nomination:

As the CSEM can not build from previous management and experience and because all documents will be reviewed by the Advisory group (TOR for CSO rep, Charters, others ruling documents), the nomination for the 3 CSO representatives is for one year renewable for another year. This will leave some opportunities to adapt, development the work of the CSOs and ensure the good functioning of the CSEM and make any change if necessary. This will apply as well for the 3 Alternates

The first nomination is for one year renewable for a second year.

Application process

Nomination should be in English, written in a Word file only, all document should be incorporated in one page and include the following information:

- Name, contact information, age, organizational affiliation
- Short Curriculum Vitae (CV) outlining experience in health system strengthening and UHC (maximum 2 pages);
- Letter outlining your understanding of UHC2030 and the CSEM role as well as what would you bring as the CSO representative
- A letter of recommendation from the organisation giving its full support (in terms of workload and timing requested by the position) to the applicant
- A letter of support from a coordination secretariat of a CSO platform or network to confirm the involvement of the nominate in a wider CSO movement.

Selection process

- The Review Committee composed of 7 members will review the nominations with the support of the interim secretariat based on a matrix of criteria mentioned before. They will ensure as well a regional and gender diversity between the 3 representatives and their Alternate.
- A final decision will be made by May 31

Please send your application to: ajeantet@ghadvocates.org before May 20th 2017 –

The first UHC2030 Steering Committee will take place from 14 to 16 of June in Geneva