



UHC2030 and Civil Society Engagement mechanism (CSEM)

A key partnership to strengthen health system and make equitable and sustainable progress towards Universal Health Coverage

What is UHC2030¹

UHC2030 is an initiative built on [IHP+](#) with the aim to support a multi stakeholder movement for accelerated, equitable and sustainable progress towards Universal Health Coverage (UHC) as well as the other health targets in the Sustainable Development Goals (SDGs), including global security and equity.

When and Why it was created?

The SDGs renewed amongst other goals a global commitment to health with a universal agenda to ensure that [no one is left behind](#). The inclusion of UHC in the SDGs created an opportunity for a comprehensive and coherent approach of health systems with an emphasis on domestic resources as primary source of health system funding. Similarly the need to strengthen public health systems and the key role of UHC in global health became starkly apparent after the tragedies of Ebola and Zika.

It is clear that there is a need to build political momentum for a shared global vision of sufficient and appropriate resource allocation to health system strengthening (HSS). Instead of creating a new initiative, it was proposed to build on IHP+ with gradual change in membership and evolution of tasks.

UHC2030's mandate is to

- improve coordination of HSS efforts for UHC at global level, including synergies with related technical networks
- strengthen multi-stakeholder policy dialogue and coordination of HSS efforts in countries, including adherence to IHP+ principles and behaviours in countries receiving external assistance
- facilitate accountability for progress towards HSS and UHC that contributes to a more integrated approach to accountability for SDG3
- build political momentum around a shared global vision of HSS for UHC and advocate for sufficient, appropriate and well-coordinated resource allocation to HSS.

The UHC2030 governance structure

¹ Sources for UHC2030: IHP+ website

The Committee is composed of a maximum of 20 members

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).

Multilateral organisations have (3 seats) apart from the ex-officio hosting organisations (WHO and WB = 2 seats) and philanthropic foundations (1 seat). Civil society (3 seats) includes national, grassroots and global civil society representatives and the Private sector (for profit) has 1-2 seats.

Representatives from related partnerships, networks and alliances; independent experts can be invited on an ad hoc basis up to 3 persons.

UHC2030 Reference Group

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

UHC2030 Working Groups

A UHC2030 Working Group 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. Working Groups are established on Fragile states, Transitioning to middle-income status, Multi-sectoral collaboration for UHC, HSS performance assessment. Each working group will define its own scope, deliverables, timeline and lead partners, including quick wins as well as longer term deliverables.

UHC2030 Core Team

The UHC2030 Core Team will function as a secretariat and 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 Secretariat, with expanded staffing.

Why a civil society engagement mechanism (CSEM) and its role in UHC2030

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. CSO representatives started to set up a civil society engagement mechanisms as part of UHC2030 to make sure that the CSO voice will be heard in the UHC2030 steering committee.

How a CSEM was developed

An interim secretariat together with a pre-advisory group composed of 26 NGOs from diverse region and countriesⁱ took charge of setting up the CSEM to contribute to the UHC2030 initiative. The development and the structure of the CSEM was finalised in December 2016 after a broad online consultation launched in 3 languages and a number of face to face webinar sessions. 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), as well as 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.

The CSEM structure

The CSEM is expected to deliver on these objectives through the following structures:

- 3 CSO representatives and their alternates to the UHC2030 Committee nominated
- Global CSO advisory group with 12 members is functional, 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 and languages

The CSEM Vision, guiding principles and core function:

The Vision

- To strengthen an inclusive and broad UHC/HSS movement on global, regional, and national levels.
- To influence policy design and implementation of HSS/UHC on the national and global levels in favour of vulnerable and marginalised persons.
- To strengthen citizen-led and social accountability mechanisms at sub-national, national, regional, and global levels following the principle of Leaving No One Behind.
- To ensure greater coordination and harmonisation between CSO platforms and networks working on health-related issues.

The Guiding principles

- Ensure Mutual Accountability
- Guarantee Representativeness
- Promote Equity
- Encourage Inclusiveness and non-discrimination
- Prevent conflicts of interest
- Ensure democratic process

Set of core functions

- Advocacy and accountability on UHC and HSS, including on domestic resource mobilisation, with a special focus on marginalised and hard-to-reach populations
- Facilitate capacity building for CSOs in countries
- Coordinate and collaborate with CSO constituencies of other related initiatives
- CSO and community participation in UHC processes on global and national levels.
- Knowledge sharing, communication on UHC and HSS processes

Roles and responsibilities of the CSO representatives to UHC2030 Steering committee

A community-based organisation (CBO) is commonly define as a non profit group organised by and for a particular community of people based on shared interests to improve life for the community. Having a CBO seat for a CSOs representative in the UHC2030 steering committee will make space to include youth groups, women group or patient groups from southern countries and assist them in raising their voices and share their needs. He /she will share the experience from the communities' level, bringing to the table the voice of people who are facing day to day reality with access to qualitative health care and with financial hardship. He/she will promote UHC2030 and contribute to the work that needs to be achieve at country level. He/She will closely work with the other two CSO rep (GN and GS) to influence UHC2030 board committee and guarantee no one is left behind.

The Global South CSO (GS) representative should be able to bring the reality and the vision of CSOs in low- and middle-income countries regarding HSS and UHC implementation in their context. He/she will identify blockages as wells as successes and defend the right to health for all ensuring that key principles and visions are adhered to and respected by UHC2030. His/her knowledge in global health issues 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 reps (GN and CBOs) to influence UHC2030 board committee work and guarantee no one is left behind.

The 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 other two CSO reps to influence the UHC2030 board committee decisions and guarantee no one is left behind.

The role and responsibility of the Advisory group

The Advisory Group is considered a key element of CSO representation in UHC2030 because it should be in the 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. The advisory group will be composed of 12 members including the 3 CSO representatives to the steering committee and be responsible for

- consulting with the national CSO group representatives and the wider constituency on a regular basis
- commenting and providing feedback on UHC2030 policies and guidelines
- contributing to UHC2030 working groups to raise CSO voices
- strengthening the capacity of national-level CSOs to better engage in national health policy processes
- consulting, proposing, and developing a mechanism for better coordination with other global health initiatives
- supporting CSO representatives in promoting CSO constituency views and positions in the Steering Committee
- developing tools (guidelines or ToRs) for each level of the CSO involvement in UHC2030

The role and responsibility of the CSEM secretariat

A Secretariat will be formed to handle the constituency's day-to-day workload, ensuring effective coordination and communication between the UHC2030 Steering Committee, CSO representatives in 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 UHC alliance 2030 and the CSO Advisory Group, handling the logistical needs of the CSO engagement mechanism, including budget management, work plan implementation and reporting to the UHC alliance secretariat. The CSEM Secretariat will work closely with the Advisory Group, which will act as the technical lead for the CSO constituencies. The Secretariat will require 2 full-time employees to give the Advisory Group the possibility to carry out its core functions as outlined above.

ⁱ List of NGOs from December meeting that belong to the Pre-Advisory group : Lola Dare, Chestrad, UK and Nigeria – Fogue Foguito, 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 Dietterich 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 UK-Simon Wright from Save the Children UK - Laura Kerr from Result UK - David Ruiz from Stop Aids Alliance Geneva - Guy Aho Tete Benissan from REPAOC OAFRESS Secretariat Senegal - Fumie Saito from Africa Japan Forum Japan - Thomas Schwarz from MMI Switzerland - Alice Sabino Health budget Network UK, Annick Jeantet, Consultant France - Barbara Fienieg, Wemos The Netherlands