uhc2030

International Health Partnership

International Health Partnership for UHC 2030

Core Team Report 2020

World Health Organization

WORLD BANK GROUP

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CONTENTS

ABBREVIATIONS

ACT-A Access to COVID-19 Tools Accelerator

CSEM Civil Society Engagement Mechanism

CSO civil society organization

GAP Global Action Plan for Healthy Lives and Well-being for All

GFF Global Financing Facility

HLM High-Level Meeting

IPU Inter-Parliamentary Union

OECD Organisation for Economic Cooperation and Development

PFM public financial management

PHC primary health care

PMNCH Partnership for Maternal, Newborn and Child Health

SDG Sustainable Development Goal

UHC universal health coverage

UHC2030 International Health Partnership for UHC 2030

UN United Nations

UN HLM United Nations High-Level Meeting

UNGA United Nations General Assembly

WHO World Health Organization

INTRODUCTION

Everyone, everywhere has a fundamental human right to health. Achieving universal health coverage (UHC) means ensuring that all individuals and communities receive the health services they need without enduring financial hardship. UHC is a political choice, and it requires collective action.

UHC2030 brings together diverse stakeholders in a shared endeavour to strengthen political commitment and promote joined-up country, regional and global action towards UHC.

This fourth UHC2030 Core Team report describes the implementation of the milestones and deliverables for work undertaken in 2020, highlighting what has been achieved. The COVID-19 pandemic has massively changed the context. UHC2030 promoted UHC as a key contribution to successful response and contributed to keep health for all on the agenda.

BOX 1

What is UHC2030?

The International Health Partnership for UHC 2030 (UHC2030) is the global movement to build stronger health systems for UHC. It provides a platform to convene and build connections through joint high-level events or gatherings of experts and contributes advocacy, tools, guidance, knowledge and learning. This supports all relevant stakeholders to take more effective and coherent action in support of countries' efforts to achieve UHC, based on a shared vision for health systems that protect everyone and a shared commitment to leave no one behind.

UHC2030 brings together diverse constituencies including governments, international organizations and global health initiatives, philanthropic foundations, civil society, and the private sector (for membership list, see Annex 1). UHC2030 also brings together ten partnerships, collaboratives and networks that focus on strengthening different aspects of health systems, and promote mutually reinforcing action and sharing of information, learning and resources.

Areas of work

UHC2030 focuses on results in the three areas of: voices for UHC, working better together for UHC, and knowledge and networks for UHC. This allows us to coordinate and take further collective action around a set of political Key Asks for UHC, developed by the UHC movement.

Voices for UHC: UHC2030 brings together diverse voices to influence national and international commitments. It coordinates and promotes national and international advocacy, builds consensus around priority messages and campaigns, and helps people demand more of governments, in a more joined-up way, on health.

Working better together for UHC: National and international efforts to strengthen health systems and accelerate UHC progress need to be less fragmented and more coherent and effective. UHC2030 offers multi-stakeholder approaches to clarify roles, identify common principles, and develop or strengthen guidance and tools for collaboration, promoting joint working that helps countries to address key health systems bottlenecks. These "bottlenecks" include specific issues (such as ensuring sustainable coverage during transitions away from external financing), contexts (such as fragile and conflict-affected settings) and refocusing attention on effective behaviours for international health cooperation.

Knowledge and networks for UHC: Efforts towards UHC can be enhanced by sharing relevant knowledge, lessons and experience, including across the "UHC family" of international partnerships and initiatives. UHC2030 provides a platform to curate relevant evidence and learning, promote more joined-up approaches across different health systems networks, and connect countries with support that best meets their needs.
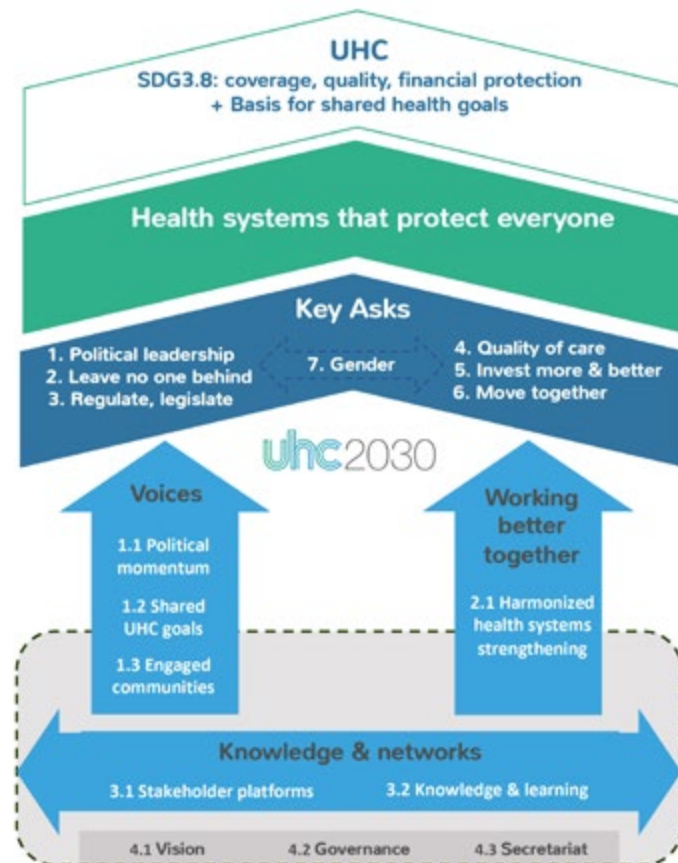
SNAPSHOT
of UHC2030 in 2020

COVID-19 has placed unprecedented challenges on societies around the world. In 2020, recognizing that all countries face the dual challenge of responding to the crisis and protecting other essential health services, UHC2030 stepped up in three main ways. First, it galvanized political leadership for UHC in the COVID-19 context by highlighting how the commitments in the UN high-level meeting's (UN HLM) Political Declaration on UHC, adopted by Member States in 2019, are made even more important by the pandemic. Second, it provided a coherent joint vision for UHC and health emergencies based on equitable and resilient health systems. Third, it continued to provide a unique platform to mobilize and promote diverse voices and multi-stakeholder engagement.

UHC2030 provided the first-ever review of progress on UHC political commitments (including a synthesis report and country profiles for all Member States) with clear messages for political leaders on UHC and COVID-19. This inspired powerful global and country UHC Day campaigns on the theme "Health for all: protect everyone". The campaign built on UHC2030's policy-focused work to develop and promote a shared vision for UHC and COVID-19, and action for stronger health systems to achieve UHC and health security goals.

As the global movement to strengthen health systems, UHC2030 played an important role in 2020 in bringing partners together on a joint vision for resilient health systems and priority actions. In the context of COVID-19, UHC2030 has stimulated discussion on how all stakeholders need to start thinking differently, and what can be done differently, to be better prepared for emergencies and make progress towards UHC.

This is especially timely: there is a risk that the COVID-19 pandemic will result in increasingly fragmented support for health at precisely the moment that a more coherent vision for strong and resilient health systems is needed. UHC2030 is uniquely placed to keep UHC commitments and action on the agenda, demonstrate their relevance and urgency, and promote collective action. As a platform that proactively involves communities and all relevant stakeholders and organizations, including civil society and the private sector, it is needed now more than ever.

UHC2020 highlights in 2020 include:

Promoted a shared vision for UHC and COVID-19 and action for stronger health systems
UHC2030 co-developed and is championing a shared vision for health systems that protect everyone, using partners' knowledge and expertise in the discussion paper "Living with COVID-19: time to get our act together on health emergencies and UHC", which presents a shared vision for health systems strengthening linking emergency preparedness and UHC goals and builds on "Healthy systems for universal health coverage: a joint vision for healthy lives".

Used the State of UHC Commitment review to advocate for a clear set of actions
UHC2030 is strengthening accountability for UHC commitments by supporting civil society and communities to hold governments and leaders to account and to "Keep the Promise" made at the UN HLM on UHC. UHC2030 helped partners to track progress with the release (on 12 December) of the first the State of UHC Commitment review, which includes a series of messages for political and country profiles that UHC advocates can use to hold their governments accountable for taking action on UHC.

Mobilized the UHC Political Advisory Panel
This panel of high-level experts provided strategic guidance and conveyed UHC2030's message to political leaders including following up on the UN HLM Political Declaration on UHC, consultation for the Co-Chair's Statement on UHC and COVID-19, and commentary on other key reports such as the State of UHC Commitment.

Coordinated the UHC Day campaign on the theme "Health for all: protect everyone"
which reached and influenced diverse audiences with clear messages to demand action on health systems for both UHC and health security.

Continued to promote diverse voices, multi-stakeholder engagement and shared learning, and mobilized a wide range of stakeholders across the world to align interests for UHC through its unique platforms for civil society, private sector and health systems partnerships.
The Civil Society Engagement Mechanism (CSEM) now has over 900 organizations in more than 100 countries. The private sector constituency is increasingly diverse, bringing together about 40 entities to promote action on how the private sector can contribute to UHC goals. Ten different health systems strengthening networks are working in a more joined-up manner.

Facilitated civil society and private sector engagement in the transversal Health System Connector of the Access to COVID-19 Tools Accelerator (ACT-A)
The ACT-A Health System Connector, which is led by the Global Fund, the World Bank and the World Health Organization (WHO) addresses cross-cutting asects of health systems to ensure rapid deployment of new tools as they become available, including capacity and infrastructure that should be radically upgraded in order to deploy the COVID-19 tools and system investments that will be required to complement the new tools.

Launched a collaborative learning agenda on health financing
This involves colloboration with PMNCH and the Global Fund, the Global Financing Facility (GFF) and Gavi to support jointly civil society organisations (CSO) capacity building on domestic resource mobilisation, building on the UHC2030 budget toolkit.

Launched the UHC Data Portal.
This is a single entry point on the UHC2030 website for access to multiple databases, which includes State of UHC Commitment country profiles for all Member States.

1

Voice – stronger and more coherent global and country voices for UHC

1.1 Political momentum

Milestones

- UHC2030 members and stakeholders champion the UN HLM Political Declaration on UHC's commitments in relation to the Key Asks.

Key achievements

- The State of UHC Commitment review, including synthesis and 193 country profiles, was launched ahead of UHC Day.
- The UHC movement Political Advisory Panel was mobilized.
- UHC2030 key messages on UHC and health emergencies were promoted.

UHC2030 plays a critical role in strengthening accountability for UHC commitments by supporting civil society and communities to track progress and hold governments and leaders to account and to "Keep the Promise" made at the UN HLM on UHC in 2019. UHC2030 provided the first-ever country profiles and synthesis of progress on political commitments for UHC with the State of UHC Commitment.

This document provides a multi-stakeholder consolidated view on the state of progress being made towards UHC at country and global levels. The review is political, country-focused and action-oriented in nature and complements the more technical UHC global monitoring report that focuses on UHC indicators on service coverage and financial protection. Findings and political messages fed into UHC Day campaign materials.

UHC action matters now more than ever

The COVID-19 pandemic is impairing and reversing progress towards the Sustainable Development Goals (SDGs), threatening a decade of human capital gains. Around the world, experience of the pandemic reinforces why leaders must remember their UHC commitments:

- COVID-19 is harming progress towards UHC. The crisis disproportionately affects vulnerable people, is increasing the burden on women, and is disrupting essential health services for everyone.
- A successful response to the crisis must ensure that everyone, everywhere is covered by proven public health measures and appropriate health care.
- As a foundation for UHC, governments must step up investments in core health systems' functions that are fundamental to protecting and promoting health and well-being, including "common goods for health" such as surveillance and risk communication.

UHC2030 mobilized the UHC movement Political Advisory Panel (for its composition, see Annex 4). The role of this panel is to advise on opportunities for UHC2030 to sustain high-level momentum on UHC and ensure follow-up on commitments made in the UN HLM Political Declaration on UHC. The panel provided high-level guidance and conveyed UHC2030's messages for political leaders, including the Co-Chairs' Statement on UHC and COVID-19 and foreward in the State of UHC Commitment.

UHC2030 promoted key messages on UHC and health emergencies (Box 3) around the meetings of the G7, G20 and World Health Assembly, and influenced the UN policy brief and the interim progress report on UN HLM released by the UN Secretary General. The One Year Commemoration of the UN HLM during the UN General Assembly with the Group of Friends for UHC mobilized 650 participants, with ministers emphasizing the importance of re-affirming the commitment to UHC in the face of the COVID-19 pandemic. UHC2030 also worked with the Inter-Parliamentary Union's (IPU) Health Advisory Group to prepare calls for parliamentary action in response to the pandemic, including a joint letter to presidents of parliaments from the UHC2030 Co-Chairs and IPU President.

> **COVID-19 has shown that universal health coverage, strong public health systems and emergency preparedness are essential to communities, to economies, to everyone.**
>
> **António Guterres, UN Secretary General**

1.2 Shared UHC goals

Milestones

- An integrated accountability framework that aligns with SDG3 accountability and is applicable to all countries.
- Health disease programmes/initiatives champion common UHC goals.

Key achievements

- Discussions are ongoing for the integrated accountability framework and UHC2030 role.
- Collaboration across partnerships was strengthened.
- Coherent messages on resilient health systems were promoted in the context of COVID-19.

UHC2030 is at the centre of global discussions that promote integrated accountability towards SDG3. A joint advocacy and accountability agenda to take forward with PMNCH in 2021 includes focus on: promoting and supporting social accountability, synthesizing evidence and sharing information on accountability resources/tools and mechanisms, strengthening partner capacity in driving accountability and advocacy, and promoting alignment of advocacy and accountability efforts among health partnerships towards the mid-term review of SDGs and the UN HLM on UHC in 2023.

The UHC2030/PMNCH summit on Lives in the Balance: improving the health of women, children and adolescents through UHC mobilized 1700 participants from 92 countries. Preparation involved collaboration with several other partnerships (NCD Alliance, RBM Partnership to End Malaria, Scaling Up Nutrition, Sanitation and Water for All (SAW), Women in Global Health (WGH)), which provided an opportunity to amplify jointly the call for investment in health systems that protect everyone.

> "
> We call on all leaders and other stakeholders across society to take urgent action for health systems that protect everyone – now
>
> **UHC2030 co-chairs and the UHC Movement Political Advisory Panel.**

1.3 Engaged citizens

Milestones

- More countries have civil society participation in national health planning and review processes.
- More countries have active campaigns on UHC.
- Better-aligned funding is in place for CSO-led advocacy and accountability efforts.

Key achievements

- Diverse views were reflected in consultations on the WHO handbook on social participation for UHC, facilitated by UHC2030 and the Health Systems Governance Collaborative.
- The UHC Day coordinated campaign on the theme "Health for all: protect everyone".
- The collaborative learning agenda on health financing was launched, bringing together efforts and resources of various health initiatives in building civil society capacity for budget literacy, advocacy and accountability.

UHC2030 and the CSEM continued to work closely with WHO and the Health Systems Governance Collaborative in developing the handbook on social participation for UHC, which aims to provide practical guidance to policy-makers on how to meaningfully engage with the population, communities and civil society for policy- and decision-making. Social participation mechanisms are vital for responsive health reforms that leave no one behind in efforts to achieve UHC – this is in line with the UN HLM commitment to engage relevant stakeholders, including civil society, through establishing participatory and transparent multi-stakeholder processes for influencing policies and reviews of progress on UHC.

UHC2030's key contribution in 2020 was to bring perspectives from CSOs through a broad consultative process, which reinforced the importance of practical and flexible guidance for meaningful social participation, communicating the benefits of social participation to decision-makers, and widening access of marginalized groups to national policy- and decision-making processes. UHC2030 also developed joint advocacy plans with PMNCH for further action in 2021.

> " The importance of an inclusive, multi-stakeholder response remains critical in the context of COVID-19.
>
> **Robinah Kaitiritimba, Executive Director of Uganda National Health Consumers' Organisation (UNHCO)**

For each UHC Day on 12 December, UHC2030 supports global and country campaigns to advocate UHC. In 2021, despite restrictions on organizing in-person events, UHC advocates were able to gather virtually to reach and influence diverse audiences with clear messages to demand action on health systems for both UHC and health security, around the theme "Health for all: protect everyone". Campaign highlights include:

- Over 1.3 billion potential Twitter impressions reaching 126.7 million accounts during 1–16 December.
- Widespread incorporation of COVID-specific messaging and tools, including the production of campaign face masks and development of digital mask filters.
- 60+ high-level UHC Day champions engaged in the campaign.
- 123 activities spanning 40 countries submitted to the global campaign heatmap.
- 27 stories and interviews published by CSEM on civil society's role during the pandemic to "protect everyone".

UHC2030's work on health budget literacy, advocacy and accountability with the development of a budget toolkit has sparked unique collaboration among global health initiatives. The Global Fund, the GFF, Gavi – the Vaccine Alliance, UHC2030 and PMNCH together with their local CSO constituencies, are collaborating to provide training and support on budget advocacy and accountability in favour of health financing and UHC. The design of this joint agenda builds upon existing collaboration initiatives such as the SDG3 Global Action Plan's (GAP) Sustainable Financing Accelerator and the Civil Society Accelerator.

To date, training has been provided in English and French through civil society partners in 20 African countries and includes technical support to develop country advocacy and accountability action plans and their implementation. Collaboration has proved instrumental in not just increasing knowledge and understanding of health financing issues as well as access to relevant information, but also in promoting alignment of training programmes with country programmes and reforms through discussions with partners on the ground and connecting CSOs with relevant decision-makers in the ministry of health and Parliament.

"

"People and community actions
are key to achieving UHC.
People's engagement leads to
community resilience and strong
health systems that are crisis ready"

**H.E. Mr. Don Pramudwinai, Deputy Prime Minister/
Minister of Foreign Affairs, Thailand**

2

Working better together – Effective collaboration on priority and emerging health systems issues

2.1 Harmonized health systems strengthening

Milestones
• Principles/framework agreed for mutually reinforcing actions for health security and UHC. • Learning promoted on UHC coordination in fragile settings. • Countries' and major funders' plans and accountability frameworks reflect consensus transition principles. • Common framework adopted for strengthening and use of country PFM systems for health. • Harmonized health systems assessments in at least three countries. • Demand-led country compacts in at least three countries, with learning documented.

Key achievements

- Convened influential health leaders on UHC and COVID-19, published a discussion paper on health emergencies and UHC, and influenced policy discussions/positions in WHO and other organizations.

- Policy brief on COVID-19 and fragile settings informed high-level discussions and COVID-19 response strategies, including the WHO Strategic Preparedness and Response Plan refresh.

- Finalized and promoted a package of health system strengthening and coordination tools:

- "How COVID-19 is reshaping priorities for both domestic resources and development assistance in the health sector" (published jointly with SDG3 GAP Sustainable Health Financing Accelerator);

- "Public financial management for UHC: why and how it matters"; and

- Health systems performance assessment (HSPA) framework and template (soft launch with presentation of framework and country case studies in June 2020; final book to be published end 2021).

- Helped ensure UHC2030 and key constituencies remain involved and promote harmonized approaches in the relevant SDG3 GAP accelerators (civil society, sustainable financing, primary health care (PHC)).

In March 2020, the UHC2030 Steering Committee agreed to concentrate UHC2030 harmonized health systems efforts this year on developing and promoting a shared vision and policy guidance for resilient and equitable health systems in the COVID-19 context. UHC2030 uniquely convened dialogues on UHC and health emergencies that resulted in two influential and well-received policy products:

(1) a discussion paper, "Time to get our act together on health emergencies and UHC" (Box 4), that the President of the UN General Assembly described as "essential reading for everyone in global health"; and

(2) a policy brief on UHC and COVID-19 in fragile settings, which was co-produced across a series of seven workshops, sharing evidence and learning and directly informing agencies' planning and implementation of COVID-19 response strategies in fragile settings.

UHC2030 has consolidated the products of technical working groups on specific aspects of health systems strengthening, with key publications on sustainable health financing (including transition from external financing in the COVID-19 context with "How COVID-19 is reshaping priorities for both domestic resources and development assistance in the health sector"), public financial management ("Public financial management for UHC: why and how it matters", a joint primer on why PFM in the health sector is important for UHC and preventing future pandemics), and health systems performance assessment.

UHC2030 responded to initial demand for advice in three countries on development of multi-stakeholder "UHC Compacts" to strengthen health systems coordination. Follow-up was put on hold due to the COVID-19 pandemic. Related regional work was established with the WHO Eastern Mediterranean Regional Office on defining collective action for UHC and cross-country learning on how to strengthen multi-stakeholder engagement and coordination, and is ongoing.

UHC2030 sustained engagement in the SDG3 GAP, and has offered support to multi-stakeholder engagement and sharing lessons on health systems coordination in relevant workstreams of the ACT-A Health Systems Connector.

BOX 4

UHC and health emergencies

UHC2030's new discussion paper "Living with COVID-19: Time to get our act together on health emergencies and UHC" examines the implications of COVID-19 for health systems and highlights key areas where joint action can be taken. Its main conclusions are:

- **The new normal for UHC includes greater emphasis on common goods for health.** COVID-19 reinforces previous experience that strong health systems based on primary health care are the foundation for health security and UHC. National policies to promote UHC have sometimes neglected prevention, promotion and emergency preparedness. There is a strong case to position these public health actions as the first step towards UHC, and a core responsibility of governments.

- **Invest more and better in health for both health and economic reasons**. Countries are facing economic recessions because of the crisis. But the pandemic gives compelling reasons to prioritize health investments now: the costs are small compared with the economic costs of not acting. Health financing policies should prioritize public financing for health and remove financial barriers to services.

- **Seize the moment: opportunities for change can benefit both health security and UHC**. The pandemic has shown that the choice is not between health security and UHC: strong health systems, grounded in primary health care, are needed for both. The crisis reinforces the need for global cooperation on priorities including addressing health workforce shortages and ensuring equitable access to new diagnostics, medicines and vaccines. If retained, positive innovations developed during the pandemic – in service delivery models, information technologies, product development, financing, governance, and ways of working – will contribute to progress on both health security and UHC.

- **Local and global movements for shared health goals**. Governments need to work closely with local communities as part of the solution to the pandemic; this is also a key lesson from the Ebola crisis in 2014–15. For populations to be better protected in future, governments must create space for communities to participate actively in shaping more equitable health systems. Strong civil society voices have a vital role in demanding health systems that protect everyone.

"

Pandemic response plans must
adopt a multi-disciplinary approach with
multi-stakeholder input that consider the added
impact of poverty, gender inequalities, and
discrimination among other factors.

UHC2030 CSEM

3

Knowledge and networks – high-quality platforms and learning

3.1 Stakeholder platforms

Milestones

- The CSEM provides an effective platform to convene global and country CSOs.
- The Private Sector Constituency facilitates effective engagement and collaboration.
- A well-run Related Initiatives network (info shared, collaborations identified).

Key achievements

- Civil society actors from across the health and development space were convened by the CSEM in an open consultative process at the global level to develop the "Civil Society's COVID-19 Calls to Action", a set of common asks centring equity that members then integrated into issue-specific advocacy.
- The Private Sector Constituency developed a series of events and tools to explore opportunities and factors that could lead to or strengthen successful engagements between private sector and CSOs working towards UHC objectives.
- The UHC2030 Related Initiatives were mobilized to support common messaging and events on health systems and collective action.

3.1.1 Civil Society Engagement Mechanism

The Civil Society Engagement Mechanism (CSEM) is the civil society constituency of UHC2030, which is hosted with Management Science for Health in collaboration with WACI Health. Its Advisory Group fosters civil society representation in UHC2030 at global and national levels, conveys constituency priorities based on national inputs, and acts as a technical hub (see Annex 5). The CSEM provides a common platform for a diverse range of civil society and community organizations across the health sector. As such, it contributes to consolidating the UHC movement and ensures consistent messaging about UHC among the various groups active in disease or specific health issues. The increasing membership also helps to ensure that global advocacy efforts do not come just from the top but involve mobilization from the grass roots.

In 2020, the CSEM played a critical role in making consistent calls for greater involvement of civil society voices in health governance, particularly for decision-making around the COVID-19 response, through "Civil Society's COVID-19 Calls to Action" (see Box 5). The CSEM followed up by collecting stories of how CSOs around the world have been critical to "protect everyone" during the pandemic. It also published a paper built on the Calls to Action to present civil society's perspectives on the impact of COVID-19 responses on populations who are marginalized.

In lieu of wider in-person events for UHC Day, the CSEM published video interviews and photo stories to highlight the role of civil society to achieve health for all even within the constrained context of the pandemic and to advocate for further investments in its work. In addition, the CSEM and partners hosted a global forum on promoting social participation and citizen-led social accountability with key stakeholders in the COVID-19 response and beyond. The CSEM also mobilized civil society inputs for the State of UHC Commitment multi-stakeholder review through a survey and in-depth country consultations in Kazakhstan, Vietnam and the United States.

> ## The importance of an inclusive, multi-stakeholder response remains critical in the context of COVID-19.
>
> **Robinah Kaitiritimba, Executive Director of Uganda National Health Consumers' Organisation (UNHCO)**

Throughout the year, the CSEM Advisory Group and select members served as civil society experts speaking at a number of conferences and events – primarily focused on HIV, sustainable development, MNCH, NCDs, the health workforce, and more – at national, regional and global levels. Representatives advocated for more civil society engagement in health, equitable policies that leave no one behind, increased public financing for health, and stronger health systems for UHC.

In 2020, the CSEM further grew to reach more than 1000 members representing 916 organizations from more than 100 countries. Members were engaged through a listserv, monthly newsletters, online discussion forums on specific issues, webinars and virtual discussions on selected topics, and social media.

Civil Society's COVID-19 Calls to Action

Through a number of virtual consultations, the CSEM published Civil Society's COVID-19 Calls to Action as a living document that calls for an equitable and effective COVID-19 response. It began with a Civil Society Participation in the COVID-19 Response survey that received over 200 responses from 58 countries. Since the survey responses and associated webinar consultations spotlighted limited formal involvement of civil society in national COVID-19 responses, the CSEM mobilized its membership to create 'Calls to Action' for the COVID-19 response.

Global and country CSOs working on a range of issues – from those working in the HIV and NCD spaces to organizations addressing gender disparities and networks of people living with disabilities – came together to create these Calls to Action that acknowledge a diversity of needs in each issue area but reflect common asks for a UHC-focused pandemic response; this includes considerations to leave no one behind, increased public financing for health, promotion of transparency and accountability through civil society engagement, and promotion of sustained investments in health workers. These Calls to Action were then incorporated into specific issue-area messaging within advocacy by members.

The CSEM also disseminated evidence and messages through a range of substantive blogs and papers, for example:

- "Governance of the COVID-19 response: a call for more inclusive and transparent decision-making", BMJ Global Health
- "COVID-19: a test for political leaders to truly leave no one behind", UN DESA blog, 22 May 2020
- "For an equitable COVID-19 response, investments in civil society cannot wait", UHC2030 blog, 21 September 2020
- "The health and economic impacts of COVID-19 containment strategies on the most left behind: Recommendations for how we can build back better, stronger, and more resilient health and economic systems", CSEM

3.1.2 Private Sector Constituency

The UHC2030 Private Sector Constituency has been established as the convening platform for private sector entities wishing to exchange on and collaborate towards UHC. It brings together entities that directly provide services and goods within the health value chain, such as service providers, health insurers, and manufacturers and distributors of medicines and health products as well as innovative and disruptive technologies with applications to the health market. As of June 2021, 40 private sector entities have joined the UHC2030 Private Sector Constituency (see Annex 6).

The constituency, now hosted by the World Bank following handover from the World Economic Forum in 2020, aims to foster dialogue, convene, and collaborate with private sector actors, and provide a platform for interaction with the private sector for all UHC2030 partners and health systems networks.

The constituency's workplan is structured around four priority pillars:

- Constituency development
- Cross-constituency work
- Joint outreach
- Country engagement.

In 2020, members of the UHC2030 Private Sector Constituency made diverse contributions to the COVID-19 response in the spirit of moving together towards shared goals. Such contributions build on the 2019 UN HLM Private Sector Constituency statement which shows how access to products and services and innovation are important principles to guide the actions of the private sector so that it brings additional capacity to keep the country health system functioning while governments strive to urgently increase their capacity to test, trace and treat COVID-19 patients and also maintain their essential health services.

Members have been strengthening the constituency by fostering awareness of and encouraging dialogue about their work as well as highlighting examples of collaboration between constituency members through regular presentations by individual members.

In addition to intra-constituency development, the Private Sector Constituency has also focused on strengthening dialogue with CSOs working towards UHC objectives. The constituency organized the side event "From commitment to action: private sector engagement for UHC" at the 2020 Prince Mahidol Award Conference held in January 2020 in Bangkok including a panel,and subsequent breakout working sessions focusing on business models and innovation, UHC financing and innovative models, and working together to drive collective action. A joint roundtable series was launched in 2020, leading to the development and deployment of a survey of private sector organizations and CSOs to explore opportunities and factors that could lead to or strengthen successful engagements between the two groups' members. The survey findings (see Box 6) were used to raise awareness of the importance of multi-stakeholder partnerships in the context of achieving UHC and investing in health.

Looking ahead, key priorities for the constituency include: strengthening outreach through more active communications including web presence, continuing with mutual understanding and trust-building engagements among UHC2030 constituencies, and creating country engagement opportunities to action on the Private Sector Constituency statement on contributions towards UHC.

BOX 6

Key insights from Private Sector Constituency's survey

- Where there's a will, there's a way: 95% of respondents agree on the importance of inter-constituency collaboration.
- Practice makes more effective: Over half (56%) of respondents are already engaged in inter-constituency collaboration.
- Focus, focus, focus: Health systems strengthening was identified as a top priority area linked to UHC2030 objectives for collaboration; over half of respondents were also interested in working together on resource mobilization and strengthening the health workforce.
- Success starts with country-focused impact: Respondents also noted that exchanging information, knowledge and insight, and mobilizing resources and key stakeholders will be key to successful collaboration.
- Some barriers may be easier to break: Lack of information, misperception of the roles and motives of the private sector, missing accountability mechanisms, and lack of capacity were all highlighted as constraints to successful collaboration and progress towards the UHC2030 objectives.
- Perceptions of value add vary by constituency: Only 14% of respondents expressed willingness to contribute financial resources to collaborative efforts.

3.1.3 UHC2030 Related Initiatives

UHC2030 was established to promote collaborative working on health systems strengthening and provides a platform to promote more joined-up approaches across different health systems networks and collaboratives. As such, UHC2030 brings together existing partnerships, alliances and networks, referred to as "Related Initiatives", which focus on strengthening specific areas of health systems to collaborate around achieving UHC, including through knowledge exchange. A full list of UHC2030 Related Initiatives can be found in Annex 2.

In 2020, UHC2030 developed a joint info pack which provides a short profile of each UHC2030 Related Initiative with information about opportunities to work together. UHC2030 also helped develop and promote common messaging on health systems, providing a platform to share insights, guidance and learning about country responses to COVID-19 in relation to stronger health systems, and offering a blog series on COVID-19 and health systems. The joint event on resilient health systems at the Global Symposium on Health Systems Research (HSR2020) (see Box 7) made the case for collective action on common goods for health. Now, more than ever, the global public health community must unite behind effective strategies for investing in common goods for health as the foundation for UHC and health security.

> The private sector has the opportunity to innovate in different ways to serve our particular communities and there are also ways to partner with governments to fill in capacity where needed.
> We need to promote more coordination between the public and private sectors [...] and come to the table with openness, not competing with each other and innovate together.

Ms. Sylvana Q. Sinha, CEO and Founder of Praava Health, and Member of the UHC2030 Private Sector Constituency

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BOX 7

All together – stronger health systems for UHC and health

Participants of the HSR2020 session identified three underlying causes of a lack of investment in the common goods for health:

- A lack of political incentives and short-term thinking: prevention is not visible, and "immediate" results are more attractive for investment;
- A lack of salience: without a clearly defined problem of "potential future crises" there is not a perceived solution; and
- A lack of collective identity: collective action requires that we all think we are in the same boat, part of one community of global citizens.

3.2 Knowledge and learning

Milestones

- New initiatives use the UHC2030 platform.
- Knowledge/learning is relevant to different country contexts (low/middle/high-income, fragile).
- UHC2030 thought leadership is recognized.
- Knowledge hub is used by intended audiences and a sustainable future has been identified for it.

Key achievements

- The UHC2030 platform is being used for civil society and private sector engagement by ACT-A Health Systems Connector partners.
- The UHC Data Portal was launched on the UHC2030 website.
- Publication of substantive blogs/papers from the Secretariat and different constituencies.

The transversal Health System Connector of the Access to COVID-19 Tools Accelerator (ACT-A), led by the Global Fund, the World Bank and WHO, addresses cross-cutting aspects of health systems to ensure rapid deployment of new tools as they become available, including capacity and infrastructure that should be radically upgraded in order to deploy the COVID-19 tools and system investments that will be required to complement the new tools. UHC2030 facilitates civil society and private sector engagement in the ACT-A Health System Connector, while P4H – the social health protection network and one of the UHC2030 Related Initiatives – is hosting the financing workstream.

UHC2030 made progress in offering tools to promote knowledge and learning relevant for different country contexts. The UHC Data Portal provides a single entry point for access to multiple databases, including the State of UHC Commitment country profiles for all Member States (see section 1.1). Follow-up on the proposed UHC2030 Knowledge Hub has been put on hold due to lack of funding, while discussions are ongoing regarding a possible UHC2030 contribution to establish the collaborative knowledge platform for primary health care envisaged by the G7.

Building on its discussion paper on emergencies and UHC, the UHC2030 Secretariat, its constituencies and Related Initiatives developed substantive blogs and papers that culminated with the powerful UHC Day campaign on the theme "Health for all: protect everyone" on 12 December and influenced the UN policy brief and interim progress report on UN HLM.

4

UHC2030 governance and operations

4.1 Vision

Milestones

- Appropriate strategic direction that ensures UHC2030 remains relevant.
- Members are kept engaged and up to date.

Key achievements

- Partners and constituencies engaged around health systems strengthening and UHC issues through 16 blogs prepared by members.
- Coverage and reach increased through more than 2000 new Twitter followers (achieving close to 10 700) and new subscribers to the newsletter (over 2500).

4.1.1 Shared vision of health systems

In order to take forward the UN HLM Political Declaration on UHC, and UHC2030 contribution to translate commitments into action, UHC2030 consolidated its strategic narrative, which can also be used to keep a broad range of UHC stakeholders engaged and updated (see section on 2.1). Follow-up included translation of messages into communication products including for the UHC Day campaign and a series of blogs.

4.1.2 Communications

In 2020, the Core Team continued to communicate with UHC2030 members, partners and constituencies using a range of communication channels including the UHC2030 website, newsletter and Twitter account. The website has been maintained and regularly updated with news, information and new publications throughout the year, including the introduction of a new blog series on UHC. The most visited landing pages were the UN HLM 2019, civil society engagement and a history of UHC as well as the news section.

UHC2030 and partners wrote and published a total of 16 new blogs on a range of health systems and UHC-related topics. A series of newsletters and newsflashes were sent out to over 2500 subscribers, with an increase over the year of over 200 subscribers. On Twitter, UHC2030 continued to promote key messages and disseminate outputs and materials relating to UHC from UHC2030 and partners and gained more than 2200 new followers, taking total followers close to 10 700.

UHC Day was again a focal point for communicating the urgency and need for countries to "Protect Everyone" during the COVID-19 pandemic. UHC2030 supported promotion of the virtual rally that took place on 12 December through social media.

Co-Chairs' statements
In 2020, UHC2030 issued several statements from its Co-Chairs to reach out to political audiences:

- "UHC2030 Co-Chairs' statement on COVID-19 and UHC"
- "An open message from the UHC2030 Co-Chairs to the UNGA Ministerial Meeting on UHC"
- "Call from UHC2030 Co-Chairs to OECD/DAC ministers of development to help countries to build health systems that protect everyone"

New publications
UHC2030 launched and disseminated a range of new publications during 2020 including:

- "State of commitment to universal health coverage: synthesis, 2020"
- "Living with COVID-19: time to get our act together on health emergencies and UHC"
- "Public financial management for universal health coverage: why and how it matters"
- "COVID-19 and fragile settings", policy brief

4.2 Governance

Milestones

- Accountability for appropriate strategic direction and focus on results.

Key achievements

- Steering Committee meetings organized with each constituency engaged, leading to a strong narrative on UHC in the context of the COVID-19 crisis.
- Selection process for new co-chairs completed successfully at the end of 2020.

The Steering Committee is responsible for setting the overall strategic direction and oversight of UHC2030 and approves the workplan and budget.

It includes a constituency-based representation that enables broader representation and a more participatory process (a list of representatives is provided in Annex 3).

The Steering Committee includes the following constituencies:

- Governments
- Multilateral organizations
- Philanthropic foundations
- CSOs
- Private sector entities.

In addition, the Political Advisory Panel advises UHC2030 on how to sustain political momentum until 2023, particularly exploring ways to strengthen its political engagement in political processes and move the agenda from inside (for its composition, see Annex 4). As part of this process, UHC2030 initiated more structured dialogue with parliamentarians through the President of the IPU, and local governments, through the Secretariat of the United Cities and Local Government (UCLG).

During its virtual meeting on 29 June 2020, the Steering Committee agreed the UCH2030 vision, plans and follow-up actions for health systems that protect everyone, including enhanced focus on common goods for health. The Steering Committee also agreed a resource mobilization plan for 2020–21.

While the second semi-annual Steering Committee meeting was postponed until early 2021, the Secretariat organized two interim calls, in March and April. During the first interim call, the co-chairs reported positively how, following the Steering Committee meeting in December 2019, they have worked closely with the Secretariat to explore options and make strategic proposals for UHC2030 to build on the success of the UN HLM in 2019. As a result, the Steering Committee tasked the Secretariat to develop an updated strategic narrative with stronger focus on investment health systems and integrated preparedness for both UHC and health security outcomes, which eventually resulted in the discussion paper (see section 2.1). The Steering Committee also recommended to discuss scope and expected responsibilities for the Organisation for Economic Cooperation and Development (OECD) to become a co-host of UHC2030 alongside WHO and the World Bank Group.

> **There is a real danger of a new vertical approach of health security. The debate that UHC2030 has started is critical to counteract that new verticality. If we go wrong now, the world will pay a very heavy price – and as always the most vulnerable "will pay the most."**
>
> **Prof. Ilona Kickbusch, UHC2030 Co-Chair**

During the second interim call, the Steering Committee had a chance to be updated on the emerging findings from the State of UHC Commitment and reflected on how to take the process forward in the future.

At the end of 2019, UHC2030 reached the point of bidding farewell to our outgoing Co-Chairs Professor Ilona Kickbusch, Chair, International Advisory Board, Global Health Centre, Graduate Institute for International and Development Studies Geneva, and Dr Githinji Gitahi, CEO and Director General of AMREF Health Africa Group. They both reached the three-year time limit. The Secretariat made an open call for expressions of interest for a co-chair that would represent the broader public sector and another one from civil society, and with the help of a selection panel from the Steering Committee completed the process successfully by the end of the year. The new co-chairs are Gabriela Cuevas Barron, Member of Parliament at the Mexican Congress and Australian community advocate Dr Justin Koonin, President of ACON (AIDS Council of New South Wales).

4.3 Secretariat

Milestones

- Effective structures, processes and resources in place to support the implementation of the UHC2030 workplan.

Key achievements

- The Core Team Report 2019 was finalized and disseminated mid 2020.
- A short-term plan to address immediate needs for 2020 and 2021 was approved by the Steering Committee with the development of a medium/long-term strategy postponed to 2021.
- Funding for the base programme is secured, with new funding from the Government of France obtained for 2021, alongside existing funding from the European Commission and the Government of Japan.
- Revised co-host administrative arrangements were close to being finalized with ongoing discussions with WHO, the World Bank Group and OECD.

The UHC2030 Secretariat is co-hosted by WHO and the World Bank Group. It includes a core team across the two organizations, which is responsible for managing the UHC2030 workplan, budget and communications under the oversight of the Steering Committee. It takes forward Steering Committee decisions, organizes Steering Committee meetings and facilitates working group meetings.

To build on successes to date, UHC2030 requires more predictable and sustainable resources. Some progress has been made in resource mobilization with new contributions confirmed and parallel financing for some activities, but not enough to implement a more ambitious programme in line with expectations from partners and to address more sustainable funding for future years. The Secretariat requested support from the Steering Committee and in response it created a resource mobilization sub-group to advise the Secretariat.

In 2020, the Steering Committee decided to invite OECD to be part of the Secretariat, acknowledging the thought leadership and important role of this organization in making UHC2030 relevant for all countries. Discussions took place among WHO, the World Bank and OECD to revise co-host administrative arrangements.

In 2020 the UHC2030 Core Team comprised the following staff:
- WHO included a team of six professional staff and one assistant.
- The World Bank supported the Core Team with five staff engaged in varying roles on a part-time basis, equivalent to less than two full-time positions.
- Communications support was provided through a part-time consultant.
- As co-hosts of the UHC2030 Secretariat, WHO and the World Bank Group provided substantial in-kind support to the operations of UHC2030 which included staff time, office space and oversight inputs.

5

UHC2030 finances

The UHC2030 programme of work for 2020 was fully funded, with continued support from the European Commission (EC) and the Government of Japan, a new contribution from the Government of France and further support from WHO.

Total funding mobilized in 2020 was USD 4.47 million. However, a significant portion of 2021 funding (EC contribution) had to be brought forward to 2020 to cover a deficit at the beginning of the year, and a large proportion of new funding came very late in 2020 so is carried over for 2021 activities. The total expenditure was lower than in previous years given that budget savings were possible to adjust to the COVID-19 situation (e.g. less in-person meetings and travel).

In 2020, UHC2030 benefited from significant in-kind support. As co-hosts of the UHC2030 Secretariat, WHO and the World Bank Group contributed substantial in-kind support to the operations of UHC2030 in terms of staff time, office space and oversight inputs, which are not reflected in the overview of expenditure provided in this section. This in-kind support is extended to the various areas of UHC2030 work. Additional in-kind support was provided by the World Bank Group, which is now hosting the Private Sector Constituency. The Global Fund, the GFF and Gavi also provided parallel funding to civil society engagement in health financing advocacy through a collaboration between UHC2030 and PMNCH.

Table 1 provides a summary of expenditure by areas of the UHC2030 programme of work for 2020 and types of expenditure.

Table 1	Approved Budget 2020 (base)	Staff	consultants services	Travel	Operations	Total expenditure
1 VOICE FOR UHC						
1.1 Political momentum						
1.1.1 'State of Commitment' report	225,000	150,000	172,491	-	-	322,491
1.1.2 UHC political advisory panel	50,000	15,000	-	-	-	15,000
1.1.3 UHC briefs for G7, G20 and other forums	25,000	15,000	-	8,159	-	23,159
1.2 Shared UHC goals						
1.2.1 Integrated UHC accountability framework	65,000	25,000	-	4,924	-	29,924
1.2.2 Advocacy briefs on coherence across health & disease programs	25,000	25,000	53,266	-	-	78,266
1.3 Country voices and participation						
1.3.1 UHC101 and guidance for country advocacy	25,000	-	-	-	-	-
1.3.2 Social participation handbook - support to 3 country processes	45,000	25,000	6,310	-	-	31,310
1.3.3 Consensus approach for support to country CSO/platforms	25,000	-	-	-	-	-
1.3.4 Budget toolkit pilots (incl. 2 regional workshops)	45,000	25,000	17,006	-	-	42,006
1.3.5 UHC Day campaign materials & coordination (incl. grants to CSOs)	45,000	90,000	112,322	-	-	202,322
Sub-total 1	**575,000**	**370,000**	**361,395**	**13,083**		**744,478**
2 WORKING BETTER TOGETHER FOR UHC						
2.1 Harmonised health systems strengthening						
2.1.1 HSS guidance products	-	-	-	-	-	-
Sustainability and transition	65,000	100,000	2,908	-	-	102,908
Public financial management in health	25,000	-	-	-	-	-
Health systems performance assessment	25,000	64,000	-	-	-	64,000
Fragile settings	10,000	45,000	-	-	-	45,000
2.1.2 Country compacts						
Guidance for different country contexts	65,000	25,000	-	-	-	25,000
Country compacts in at least 3 countries	45,000	25,000	-	-	-	25,000
2.1.3 UHC and health security policy note (plus collaboration platform)	30,000	45,000	6,523	-	-	51,523
Sub-total 2	**265,000**	**304,000**	**9,431**	**-**	**-**	**313,431**
3 KNOWLEDGE AND NETWORKS FOR UHC						
3.1 Stakeholder platforms						
3.1.1 Civil society engagement mechanism (plus output 1 products)	625,000	25,000	419,986	-	-	444,986
3.1.2 Private sector constituency (plus HLM statement follow-up)	10,000	25,000	32,557	-	-	57,557
3.1.3 UHC2030 related initiatives (plus info pack and joint events)	40,000	75,000	7,451	-	-	82,451
3.1.4 Platform for knowledge initiatives (G7 PHC, G20 value-based care)	30,000	-	-	-	-	-
3.2.2 substantive blogs/papers linked to outputs 1 and 2	45,000	55,000	-	-	-	55,000
3.2.3 Knowledge hub pilot	-	-	-	-	-	-
Sub-total 3	**750,000**	**180,000**	**459,994**			**639,994**
4 UHC2030 GOVERNANCE						
4.1 Vision						
4.1.1 'Commitment to action' vision paper	35,000	-	-	-	-	-
4.1.2 Website, social media and communication products	150,000	105,000	85,554	-	-	190,554
4.2 Governance						
4.2.1 Steering Committee	135,000	125,000	1,535	3,654	-	130,189
4.2.2 Resource mobilisation strategy (plus sub-committee)	10,000	20,000	-	-	-	20,000
4.3 Secretariat						
4.3.1 Annual report, interim workplan & results, progress updates	65,000	135,000	1,611	-	-	136,611
4.3.2 Revised co-host administrative arrangements	10,000	8,795	-	-	884	9,679
Sub-total 4	**405,000**	**393,795**	**88,700**	**3,654**	**884**	**487,033**
TOTAL	**1,995,000**	**1,247,795**	**919,520**	**16,737**	**884**	**2,184,936**

ANNEXES

1 UHC2030 members

Countries and territories

Afghanistan: September 2013
Australia: May 2008
Bahrain: September 2018
Belgium: January 2010
Benin: September 2009
Burkina Faso: September 2009
Burundi: September 2007
Cabo Verde: May 2012
Cambodia: September 2007
Cameroon: June 2010
Canada: September 2007
Chad: March 2011
Chile: May 2017
Comoros: July 2014
Congo: September 2018
Côte d'Ivoire: February 2008
Democratic Republic of Congo: November 2009
Denmark: May 2014
Djibouti: July 2009
Egypt: September 2018
El Salvador: May 2011
Ethiopia: September 2007
European Union–European Commission: September 2007
Finland: May 2008
France: September 2007
Gambia: May 2012
Georgia: September 2018
Germany: September 2007
Ghana: May 2018
Guinea: May 2012
Guinea Bissau: May 2013
Haiti: May 2013
Indonesia: May 2017
Iran (Islamic Republic of): May 2018
Iraq: September 2018
Italy: September 2007
Japan: November 2014
Jordan: May 2017
Kenya: September 2007
Kyrgyz Republic: September 2018
Kuwait: September 2018
Lebanon: September 2018
Liberia: April 2016
Libya: September 2018
Luxembourg: May 2014
Madagascar: May 2008
Mali: October 2007
Mauritania: May 2010
Morocco: September 2018

Mozambique: September 2007
Myanmar: January 2014
Nepal: September 2007
Netherlands: September 2007
Niger: May 2009
Nigeria: May 2008
Norway: September 2007
Occupied Palestinian Territory: September 2018
Oman: September 2018
Pakistan: August 2010
Portugal: September 2007
Qatar: September 2018
Rwanda: February 2009
Saudi Arabia: September 2018
Senegal: September 2009
Sierra Leone: January 2010
Somalia: September 2018
South Africa: May 2017
Spain: January 2010
Sudan: May 2011
Syrian Arab Republic: September 2018
Sweden: May 2008
Switzerland: December 2018
Thailand: May 2017
Togo: January 2010
Tunisia: September 2018
Ukraine: May 2019
Uganda: February 2009
United Arab Emirates: September 2018
United Kingdom of Great Britain: September 2007
United States of America: May 2013
Viet Nam: May 2010
Yemen: September 2018
Zambia: September 2007

Philanthropic organizations

Bill & Melinda Gates Foundation: September 2007
Medtronic Foundation: May 2020
Rockefeller Foundation: May 2017
United Nations Foundation: May 2017

Private sector entities

See Annex 6

Multilateral organizations and Global Health Initiatives

African Development Bank: September 2007
Gavi, the Vaccine Alliance: September 2007
Global Financing Facility: September 2018
Global Fund to Fight Aids, TB and Malaria: September 2007
East Central and Southern Africa Health Community (ECSA): November 2019
International Labour Organization: September 2007
International Organization for Migration: November 2017

Inter-Parliamentary Union (IPU): November 2019
OECD: May 2017
UNAIDS: September 2007
UNICEF: September 2007
UNDP: September 2007
UNFPA: September 2007
WHO: September 2007
World Bank: September 2007

Civil society organizations

Access Challenge: April 2020
African Health Budget Network: July 2020
ACON: November 2019
African Health and Policy Economics Association (AfHEA): July 2018
Amref Health Africa: November 2017
BRAC, Bangladesh: November 2017
Community and Family Aid Foundation (CAFAF-Ghana 360): December 2017
Community Working Group on Health (CWGH), Zimbabwe: May 2017
Community Health Development Initiative (Tanzania): December 2018
CORE Group: July 2018
FALCOH Foundation (Cameroon): December 2018
G4 Alliance: December 2018
Health Enabled, South Africa: January 2018
Healthcare Information and Management Systems Society: July 2020
HelpAge: July 2019
Humanity and Inclusion: May 2019
International Alliance of Patients Organisations: July 2019
International Council of Nurses: May 2019
International Federation of Medical Students' Associations: November 2017
International Federation of Red Cross and Red Crescent Societies: May 2018
International Pharmaceuticals Student Federation: September 2018
JHPIEGO: July 2020
Living Goods: November 2019
Management Sciences for Health: March 2018
Medical Impact: November 2019
Medicus Mundi International Network: November 2017
Motus Health Initiative: February 2019
Outreach Scout Foundation, Malawi: November 2017
PAI: June 2019
Positive Generation, Cameroon: November 2017
Rare Diseases International: November 2019
Sante Diabetes: November 2019
Save the Children: July 2018
Smile Train: November 2019
Somali Health and Demographic Organisation: July 2020
The World Hospice Palliative Care Association: May 2018
Tunisian Centre for Public Health: February 2019
Youth Association for Development: February2019
We Care Bill Foundation: July 2020
Women in Global Health: May 2018
World Heart Federation: May 2019
World Federation of Societies of Anesthesiologists (WFSA): April 2020
World Hepatitis Alliance: April 2020
Worldwide Medical Association: May 2019
World Organisation of Family Doctors (WONCA): September 2019

2 UHC2030 Related Initiatives

Health systems specific initiatives

- Alliance for Health Policy and Systems Research
- Providing for Health Global (P4H) – Global Network for health financing and social health protection
- Global Health Workforce Network
- Global Service Delivery Network
- Health Data Collaborative
- Health Systems Global
- Health Systems Governance Collaborative
- Joint Learning Network for UHC
- Primary Health Care Performance Initiative
- Universal Health Coverage Partnership

Other related initiatives

UHC2030 also engages with a range of other partnerships and initiatives to facilitate a more integrated approach to advocacy and accountability for UHC and shared health goals.

- Non communicable disease alliance
- Partnership for Maternal, Newborn and Child Health
- Roll back Malaria
- Stop TB Partnership
- Universal Social Protection 2030
- WHO Coordination Mechanism on the Prevention and Control of Non Communicable Diseases

3 Steering Committee in 2020

Co-Chairs
- **Dr Githinji Gitahi,** Global CEO and Director-General, Amref Health Africa, Kenya
- **Prof. Dr Ilona Kickbusch**, Chair, International Board of the Global Health Centre, Graduate Institute for International and Development Studies, Switzerland

Countries
- **Dr Mohsen Asadi-Lari**, Assistant Minister of Health and Medical Education, Ministry of Health and Medical Education, Iran
- **Dr Bernard Braune**, Head of Division, Return/Reintegration, Federal Ministry of Economic Cooperation and Development (BMZ), Germany (September – December 2020)
- **Dr Patrick Banda**, Assistant Director, Budgeting and Planning, Ministry of Health, Zambia
- **Dr Bocar Mamadou Daff**, Directeur Général, Agence de la couverture maladie universelle, Senegal
- **Dr Satoshi Ezoe**, Director, Global Health Policy Division, International Cooperation Bureau, Ministry of Foreign Affairs, Japan (September – December 2020)
- **Dr Kevin McCarthy**, Health Sector Senior Advisor, Europe Aid, European Commission, Belgium
- **Dr Emmanuel Odame**, Director, Policy, Planning and Monitoring and Evaluation, Ministry of Health, Ghana
- **Dr Walaiporn Patcharanarumol**, Director, International Health Policy Program, Ministry of Public Health, Thailand
- **Dr Aquina Thulare**, Technical Specialist, Health Economics/National Health Insurance Department of Health, South Africa

Civil society organizations
- **Dr Oanh Khuat Thi Hai**, Founder and Executive Director, Centre for Supporting Community Development Initiatives (SCDI), Vietnam; Smitha Sadasivan, India (nominated Alternate)
- **Dr Justin Koonin**, President, ACON, Australia; Masaki Inaba, Program Director, Global Health Africa, Japan Forum, (nominated Alternate)
- **Javier Luis Bellocq**, Founder and editor, Key Correspondents Team for Latin America, Argentina; Evalin Karijo, Project Director, Y-ACTION, Youth in Action at Amref Health Africa, Kenya (nominated Alternate)

Foundations
- **Kate Dodson**, Vice President, Global Health, United Nations Foundation, United States of America

Private sector
- **Nicole Denjoy**, Secretary General, European Trade Association for Medical Imaging, Radiotherapy, Health ICT and Electromedical Industries (COCIR), Belgium Multilateral organizations
- **Mr Edward Booty**, Chief Executive Officer, Allied World Asia (formerly Reach52), Singapore

Multilateral organizations
- **Bruno Rivalan**, Senior Partnership Specialist, Global Financing Facility, World Bank
- **Dr Fodé Simaga**, Director a.i., Fast Track Implementation Department, Joint United Nations Programme on HIV/AIDS (UNAIDS), Switzerland
- **Francesca Colombo**, Director, Health, Directorate for Employment, Labor and Social Affairs, Organisation for Economic Co-operation and Development (OECD), France
- **Dr Muhammad Ali Pate**, Global Director, Health, Nutrition and Population, World Bank, United States of America World Health Organization
- **Dr Agnes Soucat**, Director, Health Systems Governance and Financing, World Health Organization, Switzerland

4 Political Advisory Panel of the UHC Movement

- **Dr Vytenis Povilas Andriukaitis**, Former European Commissioner
- **Elhadj As Sy**, Chair of the Board, Kofi Annan Foundation
- **Gabriela Cuevas Barron**, President of the Inter-Parliamentary Union
- **Dr Gro Harlem Brundtland**, Board Members of The Elders
- **María Fernanda Espinosa Garcés**, President of the 73rd Session of the UNGA
- **Emilia Saiz**, Secretary General of the United Cities and Local Governments
- **Prof. Keizo Takemi**, Member of the House of Councillors, Japan

5 CSEM Advisory Group

- **Laura Adams**, Global Health Programme Advisor, Christian Aid
- **Anamaria Bejar**, Director of Advocacy, International Planned Parenthood Federation
- **Javier Hourcade Bellocq**, Founder and Editor, The Key Correspondent Team
- **Ariana Childs Graham**, Director, Primary Health Care Initiative, PAI
- **Dumiso**, Founder, Success Capital NGO
- **Kurt Frieder**, President, Fundación Huésped
- **Katie Husselby**, Coordinator, Action for Global Health Network
- **Masaki Inaba**, Program Director on Global Health, Africa Japan Forum
- **Cary James**, Chief Executive Officer, World Hepatitis Alliance
- **Evalin Karijo**, Project Director, Y-ACT, Youth in Action
- **Justin Koonin**, President, ACON
- **Esther Njoroge-Muriithi**, Vice President and Regional Director, Africa, Smile Train
- **Jose Maria 'Lloyd' Nunag**, Youth Coalition for Sexual and Reproductive Rights
- **Khuat Thi Hai Oanh**, Executive Director, Center for Support Community Development Initiatives
- **Itai Rusike**, Executive Director, Community Working Group on Health – Zimbabwe
- **Smitha Sadasivan**, Accessibility Consultant, Election Commission of India
- **Dr Julia Tainijoki**, Medical and Advocacy Advisor, World Medical Association
- **Johannes Trimmel**, Programme Director – Disability Inclusive Development, Sightsaver

Changes occurred in 2021 – see https://csemonline.net/about-us/who-we-are/ for the current composition of the Advisory Group

6 Private Sector Constituency

- **Accessible Quality Health Services**, South Africa
- **Allied World Asia**, Singapore
- **Amref Enterprises Limited**, Kenya
- **Apollo Hospitals**, India
- **Becton, Dickinson and Company**, USA
- **Common Health Inc**, USA
- **Dimangi**, USA
- **Fullerton Healthcare Corporation Limited**, Singapore
- **GE Medical Systems**, France
- **German Health Alliance**, Germany
- **GlaxoSmithKline**, UK
- **Global Diagnostic Imaging**, Healthcare IT & Radiation Therapy Trade Association, Belgium
- **Global Self-Care Federation**, Switzerland Healthcare Federation of Nigeria, Nigeria
- **HealthSetGo**, India
- **Henry Schein**, USA
- **International Federation of Pharmaceutical Manufacturers and Associations**, Switzerland
- **Japan Pharmaceutical Manufacturers Association**, Japan
- **Johnson Johnson**, Belgium
- **Kenya Association of Pharmaceutical Industry**, Kenya
- **MEDx eHealthCenter**, Netherlands
- **Medtronics Labs**, USA
- **Merck**, USA
- **mHealth Global**, Canada
- **Mission & Co**, Malaysia
- **Novartis**, Switzerland
- **Novo Nordisk**, Denmark
- **Organization of Pharmaceutical Producers of India**, India
- **Ottobock**, Germany
- **Pfizer**, USA Pharmaceutical Society of Kenya, Kenya
- **Praava Health Bangladesh Limited**, Bangladesh
- **Royal Philips**, Netherlands
- **Sanofi**, France
- **Sumitomo Chemical Company**, Japan
- **Swoop Aero**, Australia
- **Takeda Pharmaceutical Company,** Japan
- **Taleam Systems**, Canada

7 UHC2030 meetings and events

UHC2030 Steering Committee meetings in 2020:
- **20 March:** UHC2030 Steering Committee interim update to review strategic priorities and workplan for 2020
- **29 June:** UHC2030 Steering Committee meeting
- **27 November:** UHC2030 Steering Committee interim update – presentation of the State of UHC Commitment review

Other events in 2020
- **29 January, Bangkok:** "From commitment to action: private sector engagement for UHC," a side event during PMAC 2020, organized by the World Economic Forum, the World Bank and UHC2030
- **29 January, Bangkok:** "Power of Social participation: a key contributor towards UHC and Sustainability", a side event during PMAC 2020, organized by the National Health Commission Office, the National Health Security Office, WHO, UHC2030 and the Social Participation Technical Network
- **30 January, Bangkok:** "Reaching Those Furthest Behind: Consultation on the State of UHC Commitment Report", side event during PMAC 2020, organized by the World Bank, WHO, UHC2030, and the CSEM
- **February:** webinar series to launch civil society consultation on WHO handbook on social participation for UHC, in collaboration with WHO, the Social Participation Technical Network, and the CSEM
- **14 May:** "Developing a shared vision on COVID-19 and universal health coverage", UHC2030 roundtable discussion to gather feedback from eminent experts on draft discussion paper
- **27 May:** launch of UHC2030 paper on health security and health systems, webinar organized by UHC2030
- **7 July:** contribution to "Protecting and advancing human wellbeing and ending poverty, an official programme's session of the High Level Political Forum
- **9 July:** contribution to "Investing in Health: The key to building back better from COVID-19 and accelerating progress for universal health coverage and sustainable development", a High Level Political Forum side event co-hosted by the Governments of Japan, Georgia and Thailand and co-organized by WHO
- **13 July:** contribution to "Mobilising the resources to recover better," a Voluntary National Review Lab during the High Level Political Forum
- **13July:** "From Page to Action: Accountability for the Furthers Left Behind in COVID-19 and Beyond," a side event during the High Level Political Forum, to launch the 2020 Report of the UN Secretary-General's Independent Accountability Panel (IAP) for Every Woman Every Child co-hosted by the Governments of Japan, South Africa and Georgia, and co-organized by the EWEC Secretariat, IAP, UHC2030 and PMNCH
- **14 July:** "Taking action for universal health coverage: how do we ensure that our health systems protect everyone), Dialogue between United Cities and Local Governments (UCLG) and UHC2030
- **13 August-3 September:** webinar series on the State of UHC Commitment, in collaboration with the CSEM and Chatham House
- **8 October:** Ministerial meeting on UHC, a side event organized during the UN General Assembly, in collaboration with the Group of Friends for UHC and Global Health, WHO and the UN Foundation to commemorate the 1st anniversary of the adoption of the UN Political Declaration on UHC
- **9 November:** "All together – stronger health systems for UHC and health security", a joint session of UHC2030 Related Initiatives during the Global Symposium on Health Systems Research (HSR2020)
- **20 November:** "CSO Engagement in Health Financing Joint Learning Agenda," opening webinar in collaboration with PMNCH, Gavi, Global Fund and GFF
- **11 December:** Lives in the Balance: improving the health of women, children and adolescents through UHC, a virtual summit organized jointly by PMNCH and UHC2030
- **15 December:** Launch of WHO handbook on social participation (conference copy), in collaboration with WHO, the UHC Partnership and the Health Systems Governance Collaborative

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International Health Partnership

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