

Meeting report

*CSO meeting*

*UHC2030 Civil Society Engagement  
Mechanism roll out and  
operationalisation*

December 14<sup>th</sup> – Geneva

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*This report summarizes the discussions and does not reflect organizations’ positions or agreement among participants. Only the decision points should be considered as agreed by the group in terms of next steps for CSEM operationalization.*

## 1. Background

With the Sustainable development goals, the global community has agreed on a renewed development framework through a universal and more ambitious agenda. Within the health sector, 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.

Within that frame, the IHP+ is transforming to the International Health Partnership for UHC 2030 (UHC2030), with an expanded mandate of supporting a multistakeholder movement for accelerated, equitable and sustainable progress towards UHC as well as the other health targets in the SDGs, including global security and equity.

As a multi-stakeholder partnership, UHC2030 will involve a wide range of actors, including civil society organizations (CSOs) to ensure systematic attention to the needs of the most marginalised and vulnerable population, so that no one is left behind.

This is why a Civil Society Engagement Mechanism (CSEM) has been developed and was approved by the UHC2030 Steering Committee on the 12th of December with the following core objectives:

- Strengthening an inclusive and broad civil society and citizen movement on UHC
- Influencing policy design and implementation of UHC,
- Strengthening citizen-led and social accountability mechanisms
- Promoting cooperation and harmonisation between CSO platforms and networks working on health related issues.

This proposal has been built through an extensive public consultation with civil society constituencies across regions, languages and areas of expertise, and a review of lessons learned from existing global health initiatives on civil society engagement.

While consensus is emerging around the critical functions of the CSEM, further discussions were needed to ensure that it is operationalised as well as fully owned by civil societies and amended accordingly.

As part of this effort, a meeting of 15 to 20 civil society organisations involved in HSS and UHC accountability and advocacy was organised on the 14<sup>th</sup> of December 2016 to discuss the proposed structures of the CSEM as well as the challenges and way forward for making the CSEM operational at the country and global level.

More specifically the objectives of the meeting were as followed:

- Ensure a clear understanding of the CSEM role and function in UHC2030
- Outline and complement CSEM efforts at global and local level
- Have a clear roadmap for building the CSEM

## 2. Decision points of the meeting

The participants agreed to act as a CSO pre-advisory group in UHC230 with 2 main objectives:

- Ensure participation of CSOs in ongoing transformation and work priorities of UHC2030
- Support the operationalisation and roll out of the CSEM by end of 2017
- Three time bound working groups will help to deliver on those objectives
  1. Country focus working group to set up the consultations and ensure stronger bottom up approaches and community participation
  2. Review committee group to set up the processes for advisory group and CSO representatives selection
  3. Advocacy and communication working group to develop a CSEM mission statement and ensure CSO inputs in UHC2030 current processes
- Each working group is accountable to the whole pre advisory group and regular updates will be shared through emails and conference calls to evaluate work streams progress and achievements
- Each group will be functional by the end of January with draft TORs to be agreed
- A dedicated mailing list will be set up for UHC2030 CSEM
- The pre-advisory group could connect physically around the WB spring meetings or WHA or UHC2030 Steering Committee
- Because the secretariat cannot be selected and operational overnight, in the first phase an interim secretariat will need to be set up (likely through consultants support) to support and follow up the different working groups

## 3. Presentation of UHC2030 and Civil society engagement related efforts

The first session provided updates and information sharing with presentation on:

- UHC2030 discussion at the steering committee on the 12th – Rozina Farhad Mistry
- Meeting on collaboration between Global Initiative on the 13th – Amy Dietterich
- Health Data Collaboration CSO Meeting in Nigeria – Lola Dare
- CSEM presentation - Annick Jeantet

Participants agreed with the CSEM proposal and were supportive of the objectives and the different level engagement that were presented. Discussions continued focusing on challenges in setting up the mechanism with regards to 1) legitimacy and governance, 2) inclusiveness at country level 3) Implementation and operationalisation of the CSEM 4) availability of resources

### 3.1. Legitimacy and governance

- Debates focused on the need to link better national and global advocacy work and bring closer the different CSO working on specific Global health initiative. Further inputs highlighted the importance for CSOs to engage in the Compact and other global documents and strategies

discussed at UHC2030 steering committee level to ensure that the vision supported by CSO with regards to UHC is translated into those documents

- Ensuring to find the right CSO representatives, independency as well as the need for mutual accountability were seen as critical elements in setting up the CSEM.
- Consensus emerged on the Importance of setting up CSEM as soon as possible to show the added value of CSO participation while reinforcing the need to ensure “we get this right”.
- For country level engagement, participants emphasised the need for meaningful engagement throughout all of UHC2030 processes and that CSO voice should be heard in public during many other processes at national and global level. This includes elements such as ensuring that governments and institutions do not send meeting invites too late or that CSOs are chosen by their own constituency.
- In light of the multiple challenges, the CSEM cannot be a standalone arm to ensure CSOs meaningful participation in UHC processes at all level.

### 3.2. Inclusiveness including at country level:

- Participants discussed how an infinite number of organisations and experts focusing on wide spread of issue could coherently work together as well how to ensure people feels represented in an horizontal agenda.
- Suggestion was made to define what means UHC for citizens and take clear position on the debate around public/private risk protection approaches as well as the package and services
- As UHC is country context specific and requires a tailored approach, a CSO position should detail clear principles to guide design and implementation of policies in support of UHC while not being prescriptive on a minimum package
- The development of a common vision on UHC and CSO participation in UHC2030 should be linked with others SDGs and reinforcing the equity dimension (ie that no one is left behind)
- Participants stressed the need to link with existing CSO efforts like the UHC coalition or CSO data collaborative efforts but also to go beyond CSO constituencies and look at synergies with multi-stakeholder initiatives such as the Joint Learning Network
- Raising the issue of how to bring the others health related and health target into the UHC movement, the CSEM was seen as a potential broker in bringing others Global initiatives CSO constituencies in UHC2030 to understand the added value for them. As such UHC2030 CSEM would need to develop bridges between communities, multilaterals, countries and donors’ activities.
- With regards to country level engagement, aligning with existing efforts at national level was seen as a prerequisite before any engagement. Historically – IHP+ focal points were often appointed by governments – UHC2030 CSEM need to ensure independence
- The selection of an organisation to be a “focal point “for UHC2030 at national level would help facilitate a strong country focus but selection should be based on a transparent process. The ability to spread the word of UHC2030 at citizen level was identify as an important criteria for selection
- Any CSO UHC narrative and materials would need to be translated in people’s language as “any movement can’t be built on acronyms “

### 3.3. Implementation and operationalisation of the CSEM

- In order to operationalise the CSEM and start implementing CSEM advocacy and capacity activities, the development of an advocacy and communication plan to share within organisations and network as well as setting up a list serve were discussed as priority actions. Those aspects raised the question of the host secretariat and its capacity. Suggestion was made to look for coordination and network management expertise to ‘conduct the orchestra’ – bringing out organisation with those technical abilities rather than being specialist on each aspects themselves. The need to develop clear ToR for secretariat staff and ensuring that there is a long term mandate (2 years) were highlighted as critical elements moving forward.
- In relation to country engagement the creation of a set of tools to be used at country level (including UHC explanation based on the SDGs 3.8, templates of letter to ministers etc) were discussed as ways to facilitate CSO and CBOs participation.

### 3.4. Availability of resources

- The resources that should be provided as part of UHC2030 were seen as vital way to set up the CSEM and kick off the work. However, it was acknowledged that the available budget was limited to go beyond secretariat operational cost and small number of activities
- Participants agreed that this should not stop the CSEM to deliver on its advocacy accountability and capacity building objectives and it was stressed that members’ organisation could also pool resources “to make the most of what is available already” and look at how to best rationalize existing efforts
- In parallel it is clear that a resource mobilisation strategy should be developed reflecting on the advocacy plan and including CSOs capacity strengthening activities in the planned budget.
- Once developed, a meeting with civil society and donors to discuss funding for CSEM could be foreseen

## 4. Groups session on CSEM functions and structures at national, global and UHC2030 level

Following the plenary discussion, participants split into breakout groups to discuss the shifts needed for each level of engagement according to the challenges identified in plenary in order to agree on the functions, representations and means of engagement for the country, global and UHC2030 civil society engagement. Each group reported back and following a discussion in plenary the following points were discussed:

### 4.1. Country level:

The priority functions at country level:

- Each advocacy strategy should be design according to country context and ensure to mobilise existing CSO advocates / or existing CSO organisation engaged in health advocacy

- The strategy should be acceptable for different group and should support the definition of a benchmark on UHC as well as the minimum package within a specific country setting
- Engagement with the media is needed in order to popularize UHC
- The CSEM should support capacity strengthening on UHC and should prioritise countries that have/ will signed UHC2030 compact

#### Engaging citizen and community led organisation grassroots:

- It was seen as problematic to call community level groups “grassroots” – proposal to use another name that can be broader and easier to engage in the UHC2030: citizens group and or community led organisation.
- To include community led organisations into national work there is a need to conduct a mapping exercise and define who is part of such groups: for example, are professional workers considered as community organisations?
- In order to engage such groups and strengthen their capacities: the CSEM should develop a narrative that focuses on promotion and prevention - access to basics health care. It would be counterproductive to be too technical and ensure that it collect stories from citizens about the reality of the health system

#### How to ensure synergies with existing efforts /platforms:

- The CSEM will need to identify what exists already at national level, who is working on HSS and UHC and is there any existing UHC platform
- This mapping exercise at national level can be provided by members in countries of existing health constituencies
- In order to ensure synergies and stronger collaboration with exiting efforts, mutual accountability through feedback mechanism need to be put in place

## 4.2. Advisory group:

### Advisory group mandate

- The advisory group should support the CSO representatives to the steering committee through a democracy advice
- Members should also be supporting capacity strengthening and knowledge sharing to and from the broad constituency. This will be done with support of the CSEM secretariat
- In addition to their role of communication to the board constituency, some members of the advisory group would be in charge of sharing information from and to specific regions. This would help with language barriers.
- No agreement was made on the what type of CSOs would be part of the advisory group and if it will be based on a broad definition of CSOs that could include academics and professional organisations

### Criteria's and selection process

- The advisory group would be limited in numbers with 12 members and the 3 CSO representatives to the steering committee
- Elected members would represent their organisation

- While not dismissing regional and gender criteria's, selection should first take into account expertise related to areas of focus of UHC2030 with the knowledge and ability to support CSOs on advocacy
- Selection process would be done through an appointment panel composed 6 independent individuals representing the multi-stakeholder and multi country nature of UHC2030

### 4.3. CSO representatives

#### Roles and functions of CSO representatives to UHC2030 Steering Committee

- The 3 representatives and 3 alternates should be one from a national organisation, one from a global organisation and one from a citizen-led organisation although should also attempt to represent LICs/MICs/HICs
- They should work as a team with different experiences highlighting what are the needs of their constituency but coordinating and working through the CSEM agenda
- The CSO representatives should be able to influence discussion in the Steering committee and lobby others steering committee members, UN agencies and other global stakeholders on behalf of the CSEM
- Representatives should build their position to the Steering committee based on Advisory group proposal and as such should be active members of the AG and report back about steering committee decision.

#### Criteria's for selection of the representatives in the Steering Committee

- Regional and Gender diversity should be ensured
- Representatives would not need to be UHC experts but should be working on one of the key issues and have expertise in different areas
- English proficiency would be a prerequisite
- The development of a criteria matrix would help facilitate the selection process

## 5. How to roll out the CSEM and build the constituency

The afternoon sessions focused on how to roll out the CSEM and build the constituency. Participants split in breakout groups to discuss what concrete steps that are needed for each level of engagement agreed in the morning. After groups feedback and a plenary discussion, the following points were discussed.

### 5.1. Country level consultations:

- The country consultations should Inform citizen and CSOs on UHC2030 and UHC2030CSEM and ensure that the CSEM is reaching the right people
- Different approaches were discussed depending on budget availability
  - a. Country dialogues with national CSOs at country level to understand how a national engagement on UHC2030/CSEM should look like in the country

- b. Create 3 to 4 national dialogues and propose to convene a regional meeting to learn from each other and share some lessons learned for others countries
- There is a need to better define the outcome of the country consultation whether it will validate CSEM, understand what are the country's realities or assess what is the appetite for CSO and community lead organisation to get involve.
- Agreement was that such consultations should help taking forward activities at country level and not just review the CSEM
- A working group will be set up to refine the outcomes of the country consultations, develop TORs and agree on a list of potential countries

## 5.2. Building the advisory group and electing the CSO representatives

- By June 2017, the three CSO representatives and the advisory group should be selected
- An review committee will be putting procedures in place and will select the members
- People from the review committee won't be able to be part of the AG nor one of the CSO representatives of UHC2030
- A group of 6 people will comprise the Review committee which will be time-limited

## 5.3. Advocacy and communication

- There needs to have a CSEM narrative outlining a mission and vision statement. This statement should take into consideration the following elements:
  - what is expected around civil society engagement within UHC
  - All voices at all levels should be able to participate
  - People centred health systems
  - Full and equal participation in processes/conversations
- Additionally, there needs to be CSO inputs in the current UHC2030 documents under discussions including on the global compact through 2 possible approaches:
  - submit common position
  - look for ways for as many CSO's as possible to feed into
- Therefore, an advocacy plan identifying opportunities and specific objectives should be developed. This will further help to engage CSOs and to create a dynamic around CSEM
- A working group will be set up with the task of drafting the CSEM mission and vision statement and fleshing out an advocacy and communication strategy

## 6. Conclusion and next step:

- The participants agreed to act as a CSO pre-advisory group in UHC230 with 2 main objectives
  - Ensure participation of CSOs in ongoing transformation and work priorities of UHC2030
  - Support the operationalisation and roll out of the CSEM by end of 2017

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- Because the secretariat cannot be selected and operational overnight, in the first phase an interim secretariat will need to be set up (likely through consultants support) to support and follow up the different working groups

## 7. Annexes

### 7.1. Agenda of the meeting – December 14th

		Chairs
9:00 9.15	<b>Welcome, objectives and round of introduction</b>	Bruno Rivalan
9.15.9.30	Presentation of UHC 2030 and latest UHC2030 SC decision	Rozina Farhad Mistry
9.30.9.45	Presentation of HDC CSO efforts	Lola Dare
9.45. 10.00	Presentation of the outcome of the meeting with Key Constituencies on coordination	Amy Dietterich
10.15	Presentation of UHC 2030 CSEM	Annick Jeantet
10:15 11.00	Plenary Q&A	Bruno Rivalan
11.00 11.15	<b>Coffee Break</b>	
11.15	<b>Groups session on CSEM function and structure at global and national level</b>	Bruno Rivalan
11.15 12.00	<u>First group: Country work</u> Discussion point: <ol style="list-style-type: none"> <li>1. What are the priority functions at country level? Pick 4</li> <li>2. How to engage grassroots?</li> <li>3. How to ensure synergies collaboration with existing efforts /platforms?</li> </ol>	Rosemary Mburu
11.15 12.00	<u>Second group: Global level – Advisory group</u> Discussion point: <ol style="list-style-type: none"> <li>1. What are the priority functions ?</li> <li>2. And the members profile Selection process ?</li> <li>3. Collaboration with existing constituencies</li> </ol>	Bruno Rivalan

11.15 12.00	<b>Third group: CSO representatives</b> Discussion point: 1. Complementary role and function of the 3 seats in the SC of UHC2030 ? 2. Criteria's and process for selection of the representatives	David Ruiz
12.00 13.00	<b>Report Group in Plenary</b> ✓ Each group report on finding and proposal ✓ Discussion in Plenary for comments and clarification	Timur Abdullaev and Laura Kerr
13:00 13:30	<b>Lunch break</b>	
13.30 13.45	<b>3 Group sessions in parallel working on CSEM next steps</b>	Bruno Rivalan
13.45 14.15	<b>Group Interim group:</b> Mandate and process for the next 6 months	Marwin Meier + one rapporteur
13.45 14.15	<b>Group country consultation:</b> Further involvement of grassroots at country level	Lola Dare + one rapporteur
13.45 14.15	<b>Group communication and knowledge sharing</b> What is needed to inform better about CSEM at all level?	Thomas Schwartz
14.15 15.00	<b>Plenary feedback</b>	Simon Wrights and Maty Dia
15.00 15.15	<b>Coffee Break</b>	
15.15 15.45	<b>Agreement of next steps including country consultations and interim group</b>	Annick Jeantet
15.45 16.00	<b>Conclusion</b>	Bruno Rivalan

## 7.2. List of participants

Name	Title	Organisation	Country	Function
Dr. Rozina Farhad Mistry	MRS	Senior Health consultant	Pakistan	IHP+CSO rep for Southern Countries
Bruno Rivalan	MR	Global Health Advocates	France	Director of the French office
Annick Jeantet	Mrs	Consultant	France	Senior Consultant

Ariana Childs Graham	Mrs	PAI	USA	Director, Primary Health Care Initiative
Itai Rusike	Mr	Community Working Group on Health (CWGH) / Coordinator – African Platform for UHC	Zimbabwe	Executive Director
Aurélie Du Chatelet	MRS	Sun	France	Member of the Steering Committee
Rosemary Mburu	MRS	CISPHA	Kenya	Coordinator
Amy Dietterich	MRS	IFRC	Geneva	Senior Officer, Gavi Civil Society Constituency
Simon Wright	MR	Save the Children	UK	Head of Essential Services dpt
Heather Barclay	MRS	IPPF	UK	
Laura Kerr	MRS	Result UK	UK	Policy Advocacy Adviser
Fogue Foguito	MR	Positive Generation	Cameroon	Coordinator Health Platform
David Ruiz	MR	Stop Aids Alliance	Geneva	Senior Advisor
Aminu Magashi Garba	MR	Africa Health Budget Network (AHBN)	Nigeria	Coordinator & Founder
Guy Aho Tete Benissan	MR	REPAOC OAFRESS Secretariat	Senegal	Regional Coordinator of REPAOC
Lola Dare	MRS	CHESTRAD	UK - Nigeria	President
Austin Arinze Obiefuna	MR	Afro Global Alliance	???	Executive Director
Mandana.Kooijmans	MRS	Cordaid	The Netherlands	Advocacy and Policy
Fumie Saito	Mrs	Africa Japan Forum	Japan	Program Director for Global Health, Africa Japan Forum
Pallavi Gupta	Mrs	Oxfam india	India	Programme Coordinator-Health
Marwin	Mr	World Vision Deutschland e.V.	German	Manager Health &

Meier			y	Advocacy
Timur Abdullaev	Ms	Global Coalition of TB Activists	Uzbekistan	Community Representative, Stop TB Partnership Coordinating Board
Barbara Fienieg	Mrs	Wemos	The Netherlands	Senior Global Health Advocate
Maty Dia	Mrs	Consultant	Senegal	Francophone Lead GFF CSO
Thomas Schwarz	MR	MMI	Switzerland	Executive Secretary
Alice Sabino	Mrs	Health budget Network	UK	Consultant
Cecilia Rodriguez	Mrs	Foundation Me Muevo	Chili	Executive director
Ginney Liu	Mrs	Aids Fond	NL	Senior Policy Advisor

### 7.3. Presentations and supporting documents