

## CASE STUDY



## Global Advocacy for Universal Health Coverage

August 2017

## About Mathematica Policy Research

Mathematica Policy Research is a pioneering nonpartisan research organization dedicated to improving public well-being. Its 1,200+ experts conduct policy research, data collection, and data analytics that meet the highest standards of quality and objectivity, working with decision makers across the public and private sectors. For nearly 50 years, Mathematica Policy Research has been at the forefront of assessing the effectiveness of policies and programs.

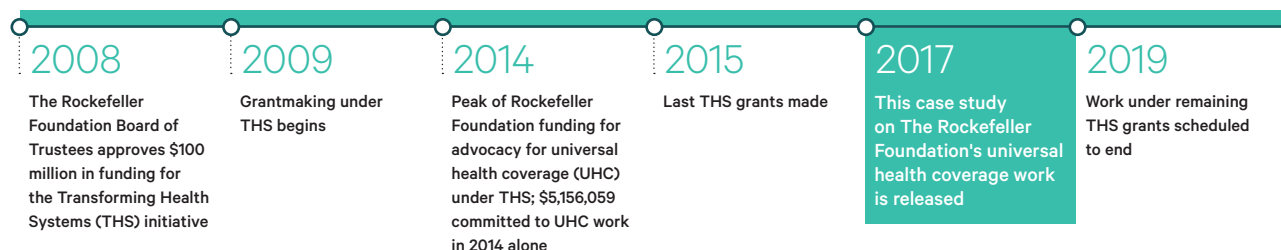
## About The Rockefeller Foundation

For more than 100 years, The Rockefeller Foundation's mission has been to promote the well-being of humanity throughout the world. Together with partners and grantees, The Rockefeller Foundation strives to catalyze and scale transformative innovations, create unlikely partnerships that span sectors, and take risks others cannot – or will not. For more information, please visit [www.rockefellerfoundation.org](http://www.rockefellerfoundation.org).

## Monitoring and Evaluation at The Rockefeller Foundation

Committed to supporting learning, accountability, and performance improvements, the Foundation's Monitoring and Evaluation team works with staff, grantees, and partners to monitor and evaluate the Foundation's pathways to impact in the short- and long-term, and to capture lessons about what works and what doesn't across the Foundation's diverse portfolio.

## Timeline: situating this case study within the Transforming Health Systems initiative



## CASE STUDY

# Global Advocacy for Universal Health Coverage

An effort by The Rockefeller Foundation's Transforming  
Health Systems initiative to influence global health policy

August 2017

Samina Sattar  
Kimberly Smith

Supported by



The contents of this report are the views of the authors and do not  
necessarily reflect the views or policies of The Rockefeller Foundation.

© 2017, The Rockefeller Foundation





---

# Table of Contents

Acronyms	ii
Preface	iii
Executive Summary	v
<b>1. Introduction</b>	<b>1</b>
Background	1
Case study objectives and approach	2
Organization of the report	3
<b>2. Overview of the UHC movement</b>	<b>5</b>
Origins and evolution of the UHC concept	5
The path to global adoption of UHC as a policy goal	6
The role of The Rockefeller Foundation in the UHC Movement	9
<b>3. Description of the THS global UHC advocacy strategy</b>	<b>11</b>
Overview of the THS global advocacy strategy	11
Components of the THS global advocacy strategy	14
<b>4. Findings: Key achievements and learning</b>	<b>21</b>
Key achievements, by activity area	21
Cross-cutting achievements	26
Key learnings	26
<b>5. Findings: The Rockefeller Foundation's legacy in the UHC arena</b>	<b>29</b>
<b>6. Implications for future Foundation initiatives</b>	<b>31</b>
<b>References</b>	<b>34</b>
<b>ANNEXES</b>	
Annex 1: Evaluation matrix for the UHC case study	35
Annex 2: Characteristics of online survey respondents	37
Annex 3: Key THS global advocacy grants, by focus area	38

---

# Acronyms

ACA	Affordable Care Act (United States)
BRICS	Brazil, Russia, India, China, South Africa (emerging economies)
G8	Group of Eight (eight industrialized nations)
G20	Group of Twenty (19 of world's largest economies and the European Union)
IHP	International Health Partnership
JLN	Joint Learning Network
LMIC	Low- and middle-income countries
NCD	Non-communicable disease
NGO	Non-governmental organization
OECD	Organisation for Economic Co-operation and Development
PAHO	Pan American Health Organization
PEPFAR	President's Emergency Plan for AIDS Relief (United States)
PLoS	Public Library of Science
R4D	Results for Development
SDG	Sustainable Development Goal
THS	Transforming Health Systems
UHC	Universal health coverage
UN	United Nations
UNGA	United Nations General Assembly
WHA	World Health Assembly
WHO	World Health Organization

---

# Preface

When The Rockefeller Foundation launched its Transforming Health Systems (THS) initiative in 2008, the concept of Universal Health Coverage (UHC) was controversial and often misunderstood. At the same time, health policy experts were increasingly questioning the prevailing focus on disease-specific interventions, with renewed attention to strengthening health systems as a whole. This trend, together with a nascent and growing movement to promote UHC, came together in the THS initiative. Yet the controversy loomed large. To ensure success, it was clear from the start that the Foundation, through THS, would have to be a global advocate for UHC. We believed that this was an essential to meet our overall commitment to equity – so that the health systems that countries build truly cover everyone, rich and poor alike.

This case study, part of an evaluation conducted on THS by Mathematica Policy Research, assesses how the activities of the initiative impacted the trajectory of UHC over its decade-long march from misunderstood concept to full acceptance as an issue of global concern. It examines how and how well the initiative strategically executed its approach – disseminating UHC evidence and information, promoting UHC dialogue, identifying and supporting UHC champions, and promoting UHC at the country level.

Through its examination of the design, evolution, and success of the THS global influence agenda, the case study illuminates the important contributions made by The Rockefeller Foundation and its grantees at critical points in the advance of the UHC concept – first, through support for the World Health Report 2010, *Health Systems Financing: The Path to Universal Health Coverage*, and the THS-initiated *Economists’ Declaration on UHC*, and then with promotion among and by other thought leaders in the health sector. The ultimate reward for this engagement was inclusion of UHC by the United Nations General Assembly in the Sustainable Development Goals, adopted in 2015.

The case study findings highlight some of the keys to effective use of global advocacy to influence policy. Such practical learning is an essential product of well-done evaluation. More than that, however, the study makes a case for the lasting importance of the Foundation’s work in the health sector and argues for the institutionalization of its UHC legacy.

**Veronica Olazabal**

Director, Measurement & Evaluation

**Michael Myers**

Managing Director, Health







---

# Executive Summary

The Rockefeller Foundation's Transforming Health Systems (THS) initiative (2008–2017) has sought to catalyze health systems strengthening activities that support advancement toward universal health coverage (UHC). Conceptualized at a time of rising interest in and political will for UHC, the THS initiative was designed to take advantage of what The Rockefeller Foundation viewed as a “unique opportunity to drive a global movement to support UHC and to catalyze the strengthening of health systems that promote greater efficiency and effectiveness, and are more affordable and equitable” (The Rockefeller Foundation, 2009). A primary goal of the THS movement-building strategy, particularly its global advocacy work, was to bring UHC to the forefront of the global health agenda, as a means of promoting widespread adoption of UHC as a mechanism for improving health outcomes and as a policy goal. To do so, the initiative sought to leverage The Rockefeller Foundation's legacy and convening power in the global health arena to elevate awareness, understanding, and use of the UHC concept among key global and country actors.

Since the 2008 launch of THS, UHC has risen to prominence as a measureable policy goal, culminating in the 2016 adoption of UHC as a health target in the Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development. As this case study documents, The Rockefeller Foundation has played an influential and well-recognized role in UHC's path to prominence on the global health agenda, supporting and shaping milestones in the UHC movement. THS's global UHC advocacy efforts, which spanned nine years, encompassed 109 grants totalling \$32 million, or roughly one-third of all grant expenditures under THS, and include a range of non-grant influence activities.

The THS initiative employed four main strategies to achieve its UHC advocacy and policy goals: i) strategic dissemination of information and evidence on UHC, to increase awareness, understanding, and acceptance of the term universal health coverage and to document country progress toward achieving it, ii) promotion of UHC dialogue among global leaders, donors, country policymakers, researchers, and civil society, in order to build engagement in and momentum around UHC and health systems strengthening issues, iii) identification of and support for UHC champions who could influence global dialogue on UHC and generate country support for UHC through the United Nations and other channels, and iv) promotion of country-level advocacy through support to institutions and civil society networks that influence and shape country-level health policy.

## Influence of THS's global advocacy efforts on the UHC movement

**The Foundation succeeded in championing a concept that was controversial at the time the THS initiative was launched, but responded to an unmet need for a unifying health sector objective.**

Although recognition of the importance of health systems started to grow in the early 2000s, “health system strengthening” was not gaining sufficient traction to influence global health policy. By providing

---

a language and basis for dialogue on health systems strengthening that had broader appeal than discussions focused on health systems strengthening alone, THS paved the way for widespread adoption of the UHC term. At the time THS was launched, the UHC term was used only sparingly by a few international organizations, in part because of concern that the term would be interpreted as endorsing single-payer health systems. In its efforts to disseminate and promote the concept, THS helped to create a policy space and agenda that brought together a broad range of partners working to improve health systems in low- and middle-income countries (LMICs). It also connected diverse members of the global health community under a common umbrella and goal.

**Through its highly adaptive, multicomponent and multilevel advocacy strategy, THS was able to influence the post-2015 agenda process, culminating in the inclusion of UHC in the SDGs.**

By maintaining a highly adaptive and flexible approach to grantmaking, and using multiple tools and vehicles for policy influence and agenda-setting at the global, regional, and country levels, The Rockefeller Foundation was able to strengthen and shape the UHC movement, and ultimately influence the SDG process. Through strategic reflection and pivots at key junctures in the UHC movement, THS effectively responded to and leveraged changes in the UHC landscape and consolidated gains under the strategy. At global and country levels, THS both created and harnessed momentum in support of UHC among related actors and institutions, and invested in strategic communications and coalition building to strengthen and sustain the UHC movement and commitment to UHC. In addition, the Foundation worked to develop strong synergies between the THS advocacy efforts and other elements of the initiative's broader strategy to increase adoption of UHC as a policy framework. Most notably, this includes the Joint Learning Network (JLN) for Universal Health Coverage, which is a THS-supported global network that connects practitioners to advance knowledge and learning about approaches to UHC-oriented reforms.

**THS played a defining role in key milestones and events that catalyzed and advanced the UHC movement.** Several well-recognized milestones in the history of the UHC movement reflect the influence of THS's advocacy efforts. These include the following.

- **World Health Report 2010.** The THS-supported World Health Report 2010, *Health Systems Financing: The Path to Universal Health Coverage*, is recognized as the single most influential milestone in the UHC movement to date. Shortly after WHO released the report, political leaders in Japan and Mexico (among other countries), and leaders of global institutions such as the World Bank, began using the UHC term and the WHO definition of UHC, which propelled acceptance and adoption of the term as a measureable policy goal.
- **UNGA resolution on UHC.** THS staff and grantees guided and supported the work of country champions for UHC within the UN system to support passage of UNGA Resolution A/67/L3 (2012), which recommended inclusion of UHC in the post-2015 development agenda, another prominent goal in the UHC movement. THS built relationships with well-placed country leaders willing to champion UHC within the UN arena, and provided strategic technical assistance to UN country missions, which key informants regarded as critical for facilitating the UN resolution process.

- 
- **Public UHC endorsements.** Through the Foundation's grantmaking and direct outreach by staff, THS was able to enlist leaders of key global institutions and other public figures as vocal supporters of UHC, which helped legitimize and promote action around UHC as a policy goal. In several high-profile speeches, WHO Director-General Margaret Chan and World Bank President Jim Kim publicly endorsed UHC and the need for health system reform to advance country progress toward UHC. To increase the legitimacy of UHC as a policy goal, THS staff and grantees also generated endorsements for UHC from prominent figures outside of the health arena, including the highly visible Economists' Declaration on UHC which was led by well-known economist Larry Summers.
  - **UHC-themed convenings.** THS organized and supported several strategic UHC-themed convenings around important global meetings and conferences which, in turn, helped to frame, inform, and increase UHC dialogue at pivotal points in the post-2015 agenda process. For example, at the sidelines of the 2014 UN General Assembly (UNGA) meeting, which launched deliberations over the final language of the SDGs, THS organized a high-level panel discussion on the importance of UHC and how to achieve it, which served to influence and inform subsequent discussions around 2030 development goals.

**Support for global platforms promoting dialogue around UHC and health system strengthening helped to bring UHC to the forefront of policy discussions.** THS has created or supported multiple platforms that have brought together large groups of stakeholders concerned with health systems-strengthening issues. These have included: i) the People's Health Assembly, a global meeting held every five years by the People's Health Movement, a large global network of health activists, civil society organizations, and academic institutions, and ii) the Global Symposium on Health Systems Research, an annual meeting of researchers, experts, policymakers, donors, and practitioners.

**Strategic use of media around UHC events helped amplify the UHC message in the post-2015 agenda process.** THS grantees organized a number of successful social media campaigns around related global events and announcements leading up to the 2015 UN Sustainable Development Summit, including: i) the release of the June 2015 World Bank and WHO report, "Tracking Universal Health Coverage", the first report to make a systematic assessment of countries' progress toward UHC using specific health coverage and financial protection indicators, ii) the release of the THS-initiated Economists' Declaration on UHC, which elevated the profile of UHC and has been mentioned in speeches by several global leaders, including the WHO Director-General and World Bank President, and iii) the THS-supported UHC Day campaign, which is in its third year and has become the largest coalition working in the health sector, encompassing 739 organizations across 117 countries.

**New partnerships to advance UHC have emerged out of THS-supported efforts led by countries and civil society organizations.** One of the highest profile partnerships to emerge has been the International Health Partnership (IHP) for UHC 2030, announced in 2016 by WHO Director-General Dr. Margaret Chan. Formerly called IHP+, this partnership of governments, development agencies, and civil society organizations is committed to facilitating and supporting progress toward the SDG UHC target. THS helped guide the evolution of the IHP+ partnership into IHP for UHC 2030, in order to strengthen accountability for UHC at the country level.

---

## Learnings from the THS global advocacy strategy

**Sustained investment in global advocacy over nearly a decade was critical in achieving the longer-term THS goals.** THS global advocacy efforts spanned nine years, during which THS achieved many of its targeted outputs and outcomes. Many case study respondents noted that UHC's rise to prominence on the global health agenda over the last decade has been remarkable, and a result of the combined efforts of many global, regional, and country actors. However, many respondents also noted that movement building and agenda setting around a new policy concept is a long-term endeavor, and that The Rockefeller Foundation's sustained support for the UHC movement was likely a factor in the movement's successes.

**Adoption of a multilevel, multipronged advocacy strategy was key to THS success in elevating UHC's status on the global agenda.** The THS global advocacy strategy targeted key influencers while also striving to gain broad-based support from a range of stakeholders. It used multiple advocacy vehicles and tools, including research and dissemination, conferences and convenings, identification and support of UHC champions, and grassroots advocacy. Strategic use of these complementary advocacy approaches was critical in advancing the UHC movement – particularly in influencing the UN post-2015 deliberations – with each approach supporting the other. For example, THS investments in evidence generation and publications provided inputs for THS-supported convenings and for efforts to promote UHC dialogue and support UHC champions.

Certain components of the THS advocacy strategy were shown to be particularly effective. These included: i) securing and publicizing endorsements from groups of influential stakeholders, such as the Economists' Declaration on UHC, the Parliamentary Bellagio Statement, and the Civil Society Call to Action on UHC, and ii) nongrant activities, especially engagement of Foundation staff in one-on-one conversations with global health leaders and experts, which helped to both shape the THS initiative and further its goals.

**Although an important milestone, the UNGA resolution may have missed an opportunity to generate stronger support for inclusion of UHC as a more prominent goal in the SDGs.** The 2012 UNGA resolution on UHC, which endorsed UHC as a key policy goal and recommended its inclusion in the SDGs, has been hailed as a key milestone in the UHC movement. UHC champions involved in the UNGA resolution process continued to advocate for UHC after the resolution was passed, and engaged in tough negotiations around inclusion of UHC in the SDGs. Although these negotiations eventually led to the inclusion of UHC as a target under a broader health goal, some noted that the resolution could have done more to ease the negotiation process and pave the way for UHC to be included as an overall health goal. In particular, the resolution did not include language for setting up a task force or other type of body that could help institutionalize UHC as a key policy goal within the UN.

**The limited engagement of champions from developing countries may have hindered promotion of UHC in the SDG negotiation process.** THS engaged several countries to champion its efforts to secure a UNGA resolution on UHC and to include UHC in the SDGs. However, these were mainly wealthy



---

and highly industrialized countries, with the exception of Thailand. Greater engagement of developing countries as UHC champions could have strengthened efforts to influence SDG deliberations. For example, the UN Group of 77, the largest intergovernmental organization of developing countries in the UN, had an influential role in the negotiation process leading to the SDGs, but was not a champion for UHC.

## The Rockefeller Foundation's legacy in the UHC movement

**The Foundation is widely recognized as the thought leader behind the UHC movement.** Many experts and UHC actors hold the Foundation in high esteem for its influential role in advancing the UHC movement, and its visionary thought leadership in support of the UHC concept from its early days. However, many are not aware of the Foundation's specific contributions to pivotal events in the history of the UHC movement, such as the WHO's 2010 World Health Report.

**The Foundation's legacy in the global health arena, combined with the strong reputation of THS leaders, helped to influence leaders and decision-makers within the UN and other institutions.** The THS team was able to influence institutions – such as WHO, World Bank, UNICEF, and the UN Secretary-General's office – to engage in the UHC movement, mainly due to the Foundation's legacy in the global health arena, as well as the reputation and connections of individual THS leaders.

**The Foundation has not publicized its role in the UHC movement, which has limited awareness of the Foundation's specific contributions.** The Foundation has not publicized its role or successes in the UHC arena, but instead empowered global and country actors to be UHC champions. The Foundation's website does not provide extensive information about UHC or the THS initiative or offer a central place for accessing the many research products and publications that have been generated under the THS initiative. As a result, the Foundation's role in the UHC movement is not well recognized or understood outside of the movement's inner circles.

**The Foundation's role in the UHC movement is one that not many can take over.** Although THS invested heavily in WHO and the World Bank as organizations that could facilitate UHC advancement in the longer term, several informants noted that neither these organizations nor others actively working within the UHC space have The Rockefeller Foundation's well-known convening power, which is perceived to have been a critical factor in the UHC movement's success.

## Implications for future Foundation initiatives

THS's global advocacy efforts offer several key learnings for future Foundation initiatives seeking to influence global and policy agendas.

---

**A policy concept and, in turn, a policy goal needs evidence, academic validation, and public endorsement by political and field leaders to gain wide acceptance.** The publication of multiple articles on UHC in *The Lancet* and public endorsements of UHC by influential political and health actors provided legitimacy to the UHC concept, which was critical for increasing acceptance and adoption of UHC as a policy goal. THS also took steps to ground UHC dialogue in research and evidence, which helped to identify and document evidence-based policy alternatives and country success stories that could be used as inputs for advocacy activities.

**A global advocacy strategy should account for and address multiple channels of policy influence.** In addition to efforts to gain buy-in and support from leaders of governmental and intergovernmental agencies, THS devoted significant resources to strengthening the capacity of organizations to advocate for the UHC movement and to generate policy analysis to support it. THS used the political connections of Foundation staff, a constant drumbeat of research and policy analysis on UHC, and support for influential organizations at the country and global levels to influence the SDG process. The combination of various approaches, rather than one singular effective approach, was the key to generating a “critical mass” of support for UHC.

**Advocacy goals are more likely to be achieved when a strategy is flexible and responsive to changes in the global landscape and policy environment.** The THS global advocacy strategy was responsive to changes in the UHC landscape, as well as achievements and learnings emerging from THS investments along the way. The Foundation’s approach to grantmaking offered the flexibility needed to pivot THS’s advocacy strategy, as well as to adjust grantmaking, including the number and size of grants awarded, to support achievement of targeted outcomes.

**A policy movement requires institutionalization of its mission and vision in order to achieve sustainability.** The UHC movement has been driven by many organizations and individuals working behind the scenes – without one unifying voice or leader. However, the Foundation is recognized by many as embodying the movement and for stewarding its progress when needed. To ensure that the end of the THS initiative does not result in stalled momentum, the Foundation influenced the evolution of the IHP for UHC 2030 coalition, as a means of institutionalizing the global UHC movement and ensuring continued progress toward UHC at the country level. The JLN, a country-led global learning network to support countries’ UHC-oriented reform efforts, was created and supported under THS and will likely also play a key role in sustaining momentum and advancing progress toward UHC in JLN member countries.

**Learnings from THS’s global advocacy efforts also offer insights into how the design of an initiative can affect achievement of policy influence.** Some suggestions to consider include the following.

- **Choose a leader who is well-known and respected in the field to take the helm.** In order to influence discourse and agenda setting at the highest levels, an initiative needs to have a leader with the experience, reputation, and connections necessary to: i) determine the Foundation’s strategic positioning, ii) obtain the support of key influencers in the field, and iii) respond effectively to changes in the policy landscape.

- 
- ***Invest in exploratory grants to identify effective partners and build a broad base of support.*** Spreading grants across a large number of organizations can help mobilize a broad-based and diverse set of stakeholders around a policy issue, and facilitate identification of organizations that can effectively support achievement of the initiative's global influence goals. These organizations should represent different levels of influence and sectors in society, and include donors and global policymakers, as well as country-level government agencies and civil society.
  - ***Invest in knowledge management and dissemination platforms to promote broader and deeper understanding of policy issues.*** Foundation initiatives, such as THS, often generate large volumes of research, evidence, and information on an issue area. These resources can and should be leveraged to support attainment of the initiative's goals. By creating a widely accessible clearinghouse or repository of information around a particular issue area, the initiative can reach a wider audience and provide important background and technical information to support policymakers and advocates. Such an effort may also help strengthen the Foundation's legacy in that issue area.





---

# Introduction

## Background

The Rockefeller Foundation's Transforming Health Systems (THS) initiative (2008–2017) has sought to catalyze health systems strengthening activities that support advancement toward universal health coverage (UHC). The THS initiative was conceptualized at a time of rising interest in and political will for UHC, as reflected in the 2005 World Health Assembly (WHA) resolution on universal coverage (WHO, 2005). Further, it was designed to take advantage of what The Rockefeller Foundation viewed as a “unique opportunity to drive a global movement to support UHC and to catalyze the strengthening of health systems that promote greater efficiency and effectiveness and are more affordable and equitable” (Rockefeller Foundation, 2009). A key goal of the THS movement-building strategy – particularly its global advocacy work – was to bring UHC to the forefront of the global health agenda, as a means of promoting widespread adoption of UHC as both a mechanism for improving health outcomes and a policy goal. To do so, The Rockefeller Foundation sought to leverage its legacy and convening power in the global health arena to elevate awareness, understanding, and use of the UHC concept among key global and country actors.

The Foundation's global UHC advocacy efforts accounted for almost one-third of total grant expenditures under the THS initiative. Over the course of its nine years of grantmaking, THS invested more than \$32 million in global advocacy activities, including evidence generation and dissemination, promotion of dialogue around UHC, identification of and support for global and regional UHC champions, and mobilization of local actors to advocate for UHC at the country level. In addition to these grant investments, Foundation leadership and staff engaged in a range of non-grant activities to promote adoption of UHC as a policy framework and goal.

Given its centrality to THS's overall strategy and success, the Foundation funded Mathematica Policy Research to conduct a case study of THS's global advocacy efforts. The case study – Global Advocacy for Universal Health Coverage – focused on assessing the extent to which the Foundation's global advocacy efforts under THS influenced the global UHC movement, including the recent adoption of UHC as a United Nations Sustainable Development Goal (SDG) under the 2030 Agenda for Sustainable Development. This report presents the results of that case study which is part of a larger multicomponent evaluation of the THS initiative being conducted by Mathematica.

# Case study objectives and approach

## Objectives and overall approach

The case study covers global advocacy activities supported under The Rockefeller Foundation's THS initiative between 2008 and 2016. Conducted in consultation with the THS team and the Evaluation Office of The Rockefeller Foundation, the purpose of the study was to assess: i) the design, evolution, and success of the Foundation's efforts to embed UHC in the global health agenda, and ii) the extent to which The Rockefeller Foundation is recognized as a catalyst and partner in the global UHC movement. The case study also sought to identify lessons learned from THS global advocacy investments that could help inform future Foundation efforts to use global advocacy as a tool for influencing policy change. The evaluation team conducted the case study using a mixed methods approach guided by and structured around a logic model (Figure 3) and evaluation matrix (Annex 1).

## Data sources

The evaluation team collected data from four main sources to inform the case study.

**Document review.** The evaluation team reviewed grant proposals and reports, The Rockefeller Foundation initiative strategy and other documents, and published and gray literature on the UHC movement.

**Portfolio review.** Grant data from The Rockefeller Foundation's grants management database were made available to the evaluation team via the Foundation's SharePoint system, which enabled review of data on grants and grant performance pertaining to THS's global advocacy workstream.

**Online survey.** A web-based survey was developed using the SurveyMonkey platform to gather perspectives on the UHC movement and the Foundation's role in it from a wide range of stakeholders. These included THS grantees, external advisors to the Foundation, and other non-grantee

informants with knowledge of the UHC landscape at the global or country levels. Of the 159 individuals who received the survey invitation, 58 responded, for an overall response rate of 36 percent. Roughly one-half of all respondents had never received funding from the Foundation, and approximately one-third were current or former grantees. Other survey respondents included individuals from partner organizations (10 percent), external advisors to the Foundation (7 percent), and others (8 percent). Annex 2 offers more detailed information on survey respondents.

**Informant interviews.** The evaluation team conducted 50 in-person and phone interviews with current and former THS staff, THS grantees, representatives of donor or partner agencies, global health experts, and country-level practitioners. In-person interviews were conducted at the global Joint Learning Network (JLN) for universal health coverage meeting in Kuala Lumpur in July 2016. The purpose of the interviews was to gain a historical perspective on THS's global advocacy strategy, identify strengths and weaknesses of the strategy, and collect informed opinions on the contribution and influence of the Foundation's work within the UHC movement.

## Analysis methods

The evaluation team employed two main qualitative evaluation methods in analyzing case study data: thematic framing and data triangulation. Thematic framing involves the systematic review, sorting, and interpretation of data according to a specified structure. For this study, the framing analysis was structured around the activities and outcomes identified in the theory of change developed for THS's global UHC advocacy workstream (Figure 3), and the research questions specified in the case study's evaluation matrix (Annex 1). The evaluation team used triangulation to confirm dominant themes and patterns, and to identify discrepancies across data sources and respondents participating in interviews. Common themes and patterns were consolidated into findings around the research objectives listed above. These findings formed the basis for developing a set

of lessons learned and implications to inform future Foundation efforts to use global advocacy as a tool for policy influence.

## Organization of the report

The rest of the report consists of five chapters. Chapter 2 provides a high-level overview of the global UHC movement. Chapter 3 describes the key components of

The Rockefeller Foundation's global advocacy strategy to support and advance the UHC movement. Chapters 4 and 5 present case study findings on the Foundation's influence on the UHC movement, with Chapter 4 summarizing key achievements and learnings emerging from THS's global advocacy efforts, and Chapter 5 discussing the Foundation's legacy in the UHC arena. Finally, Chapter 6 presents overarching lessons learned around the design and execution of advocacy strategies aimed at influencing policy change.





## Overview of the UHC movement

### Origins and evolution of the UHC concept

Despite increases in health spending over the past two decades, health outcomes and access to affordable and effective health services remain low in much of the developing world. Approximately 99 percent of all maternal and infant deaths – commonly used indicators of health system performance and population health – occur in developing countries. In 2010, the maternal mortality ratio in sub-Saharan Africa was 26 times higher and the infant mortality rate was 11 times higher than the average rate among Organisation for Economic Co-operation and Development (OECD) countries (World Bank, 2010). Most of these deaths, and the overall disease burden in the poorest countries, could have been prevented through existing, relatively low-cost interventions, including basic drugs, vaccines, and health information. Yet, coverage of these interventions is expanding slowly and inequitably in many LMICs. Less than half of all births in sub-Saharan Africa and South Asia are attended by a skilled birth attendant, a significant indicator of healthcare coverage (World Bank, 2009). Even when available, effective interventions are often inadequately provided or underutilized, with many households unable to pay for health services or driven into poverty by catastrophic health expenses (Van Doorslaer *et al.*,

2007). Out-of-pocket payments account for nearly one-third of total health expenditures in sub-Saharan Africa and as much as 60 percent in South Asia (World Bank, 2011).

Global efforts to improve health outcomes in developing countries have tended to adopt either a “horizontal” approach, focusing on strengthening health systems to support provision of primary care, or a “vertical” approach, which is disease-specific. The horizontal approach was widely adopted by the global health community following the 1978 Declaration of Alma Ata, which was adopted at the International Conference on Primary Health Care (Figure 1). It confronted many health systems and other challenges, including insufficient financial and human resources, limited institutional capacity, and inadequate infrastructure, as well as high levels of poverty and the emergence of new diseases (Travis *et al.*, 2004).

Starting in the 1990s, donor support shifted toward vertical, disease-specific approaches which focus on several diseases, including HIV/AIDS, tuberculosis, and malaria.<sup>1</sup> Although these efforts have produced major results and measurable improvements in health status,

<sup>1</sup> These efforts include the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) funded by the U.S. government; and Gavi, the Vaccine Alliance.

there is growing acknowledgment that the array of disease-specific programs has created coordination, financial, and reporting burdens for recipient countries, and has not dealt with fundamental weaknesses in health systems (Hafner and Shiffman, 2012).

The World Health Report 2000 on health systems performance catalyzed and renewed interest and investment in horizontal approaches. The report highlighted the importance of reducing the regressive and sometimes catastrophic burden of out-of-pocket payments by expanding risk pooling and prepayment schemes, harnessing the private sector to improve health systems performance, and strengthening

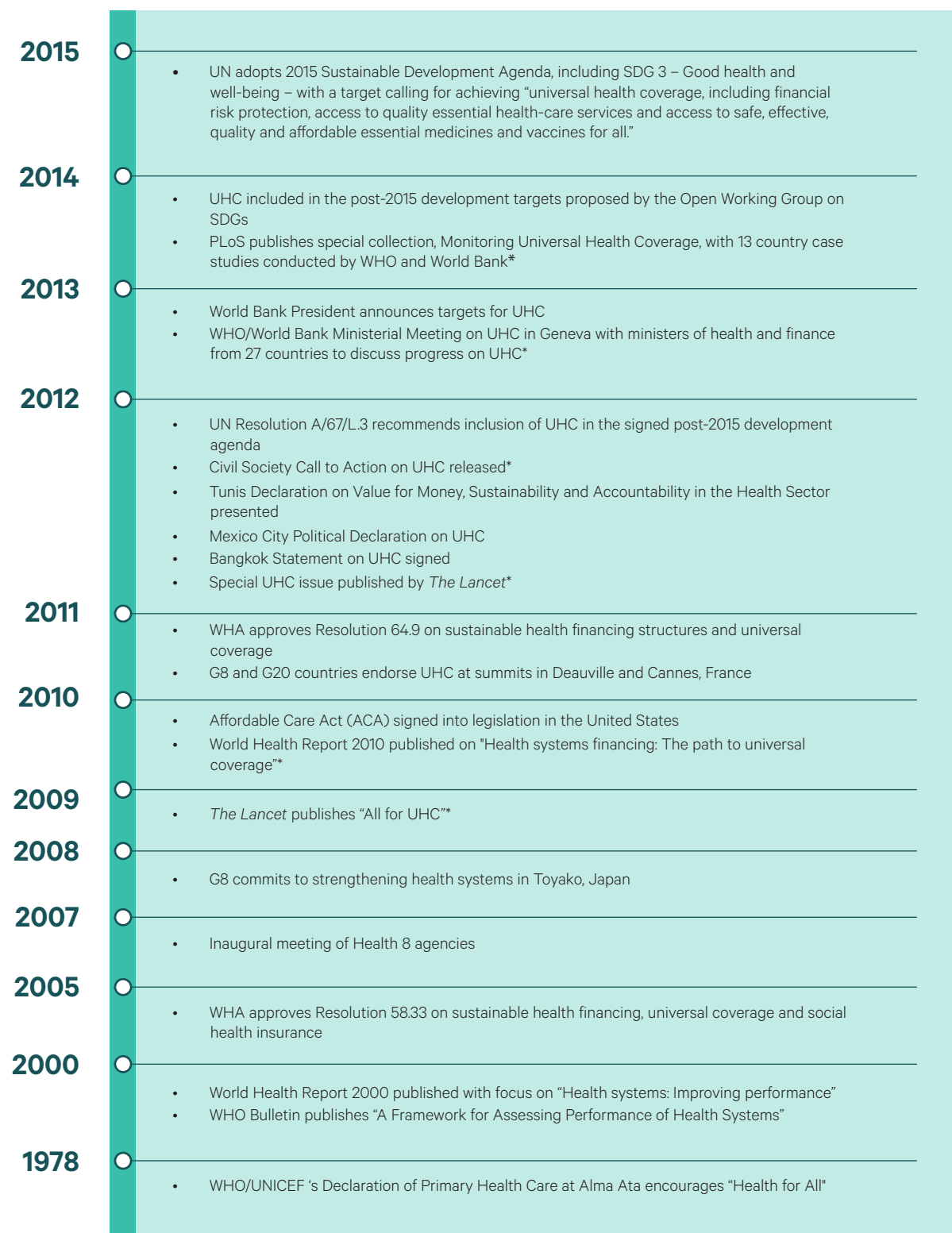
country stewardship and oversight of the health system (WHO, 2000). Since this landmark report, the importance of a well-functioning health financing system to the achievement of health systems goals has received increasing attention. At the 2005 WHA, WHO Member States committed to developing their health financing systems so that all people have access to health services when they need them and do not suffer financial hardship paying for them (WHO, 2005). It is this goal that is now defined as universal health coverage (UHC).

In actuality, universal health coverage emerged as a new term encompassing old ideas. In addition to financial risk protection, the concept of UHC incorporates two other measurable dimensions of health system performance: i) the extent of the population covered by health services, and ii) the extent to which services are provided that meet population health needs. Within the term itself, the word “universal” reflects a social compact and implies that governments should have primary responsibility for ensuring health for all citizens. The word “health” is used broadly to encompass health care systems, the practice of medicine, and social determinants of health, and “coverage” focuses on service availability and, within the UHC concept, implies that individuals should have equal access to the health services they need at an affordable cost.

While defining the key elements of UHC is straightforward, achieving UHC is a complex and long-term undertaking. This is particularly true in low-income countries where poverty, low levels of economic growth, high unemployment, and a large informal sector limit the potential for traditional tax-based and private health insurance models to cover large segments of the population (Lagomarsino *et al.*, 2012). Recognizing this and the need for practical guidance on health financing options, WHO’s 2010 World Health Report focused on policy options for movement toward UHC, and suggested ways the global community could support efforts in LMICs to achieve UHC (WHO, 2010).



**FIGURE 1. Key milestones in the UHC movement**



\* Denotes milestone directly supported by THS grants.

## The path to global adoption of UHC as a policy goal

Over the last several years, as the concept of UHC and the need for related health systems reforms has been increasingly integrated into global discourse, agendas, and agreements, many LMICs have implemented UHC-oriented reforms. Figure 1 provides a timeline of significant and commonly cited milestones that have driven UHC's rise to prominence as a health policy goal, culminating in the 2015 adoption of UHC as a health target of the UN SDGs.<sup>2</sup>

Many of UHC's milestones have been resolutions on or endorsements of UHC by involved political actors or bodies that helped to promulgate and legitimize the UHC concept following the 2005 WHA resolution. For example, in 2008, at a Group of Eight (G8) summit in Toyako, Japan, leaders from the G8 countries committed to strengthening their health systems. Three years later, at the 2011 G8 and Group of 20 (G20) summits in Deauville and Cannes, France, respectively, leaders from an expanded group of countries expressed their support of social protection for access to health services. Also in 2011, the WHA passed an expanded UHC Resolution 64.9 on "sustainable health financing and universal coverage."

The year 2012 was an important year for the UHC movement. Several high-profile UHC endorsements were made, including: i) the Bangkok Statement on UHC signed by participants at the January 2012 Prince Mahidol Award Conference, "Moving Toward UHC: Health Financing Matters," ii) the Mexico City Political Declaration on UHC came out of the April 2012 forum "Sustaining UHC: Sharing Experiences and Supporting Progress," organized by the Government of Mexico and attended by representatives from 21 countries, and iii) the Tunis Declaration on Value for Money, Sustainability, and Accountability in the Health Sector was a joint declaration by the ministers

of finance and ministries of health of African countries who attended a donor-sponsored conference of the same name in Tunis in July 2012. In addition to expanding country support for UHC, 2012 brought stronger endorsements of UHC from key global health leaders and civil society actors. In May 2012, WHO director-general Margaret Chan, in her speech accepting a second five-year appointment, referred to UHC as "the single most powerful concept that public health has to offer." During the May 2012 WHA, a group of non-governmental organizations (NGOs) based across three continents and led by Action for Global Health issued a common statement for UHC, asking for greater political support and promoting a joint movement for UHC.

In December 2012, these endorsements, which had come from political and NGO actors in countries across the globe, led to the UNGA's passage of Resolution A/67/13, "Moving toward UHC," which recommended inclusion of UHC in the post-2015 sustainable development agenda. During the 2012 UNGA, several countries, including Japan, France, and Thailand, spoke publicly about the importance of UHC and their own successes with expanding health coverage. The 2012 resolution further demonstrated country commitment to achieving UHC as a central goal of health system reform at the country level. Building from its passage, the World Bank and WHO worked together in 2013 and 2014 to develop UHC targets and undertook a series of case studies to document country progress toward UHC. Those studies were published as a Public Library of Science (PLOS) special collection in September 2014 (The PLoS Medicine Editors, 2014).

Global momentum for UHC culminated in September 2015, when the global community approved the inclusion of UHC as an SDG target 3.8, under the overall SDG on health: Goal 3, "Ensure healthy lives and promote well-being for all and all ages." Target 3.8 specifies that countries "achieve UHC, including financial risk protection, access to quality essential health care services and access to safe, effective, quality, and affordable medicines and vaccines for

<sup>2</sup> Several milestones shown in this Figure 1 were influenced or supported by THS. This is discussed in subsequent chapters.



all” (United Nations, 2015). Although UHC had been proposed as an overarching health goal at meetings leading up to the drafting of the SDGs, there were also groups advocating for healthy life expectancy as the health goal, which they felt would better integrate achievement of other core health indicators, such as maternal and child mortality, and the eradication of AIDS and other diseases.

The SDG process was a critical step in solidifying UHC as a global goal, rather than a goal of select countries. Now that UHC is firmly established as a target under the health SDG, the focus of the UHC movement has shifted to country achievement of Target 3.8, and the need for advocacy, technical assistance, and monitoring of progress to support country advancement toward UHC. This SDG process has also focused attention on how to measure UHC and monitor progress toward the target’s achievement. Related discussions have

helped to inform the development of a comprehensive framework for measuring progress toward UHC at the global and country levels, led by the WHO and the World Bank.

## The role of The Rockefeller Foundation in the UHC movement

Along UHC’s path to prominence on the global agenda, The Rockefeller Foundation has used a range of global advocacy tools to support and influence the UHC movement and achievement of several of the UHC milestones highlighted in Figure 1. The next two chapters look at the Foundation’s global UHC advocacy work and the role it played in the UHC movement and the inclusion of UHC in the SDGs.



## Description of the THS global UHC advocacy strategy

### Overview of the THS global advocacy strategy

Global advocacy was central to the THS initiative's efforts to catalyze and shape the UHC movement, and to advance progress toward UHC more broadly. The overarching goal of the THS global advocacy strategy was to bring UHC to the forefront of the global health agenda, as a means of increasing commitment to and investment in UHC reform efforts in LMICs. THS investments in global advocacy spanned nine

years and encompassed 112 grants totalling over \$33 million. As illustrated in Figure 2, grantmaking was limited during the initiative's 2007–2008 development phase but expanded rapidly after the initiative moved into execution in 2009, and then declined during its 2013–2017 consolidation phase. The last global advocacy grant was made in 2015, but grant activities will continue through 2017. This case study focuses largely on 59 core grants under the THS global advocacy portfolio (Annex 3).

*At the time the THS initiative was launched, the UHC term was still used only sparingly by a few international organizations, in part because of concern that the term would be interpreted as endorsing single-payer health insurance systems.*

**FIGURE 2. Grantmaking under global UHC advocacy**

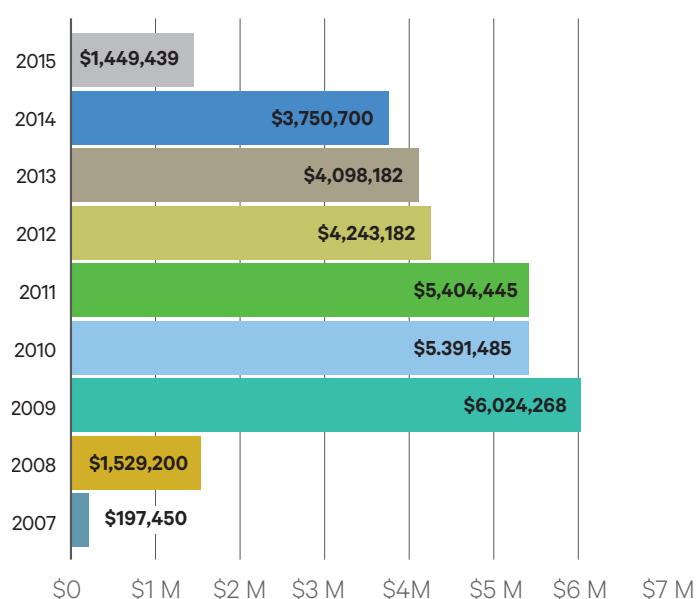
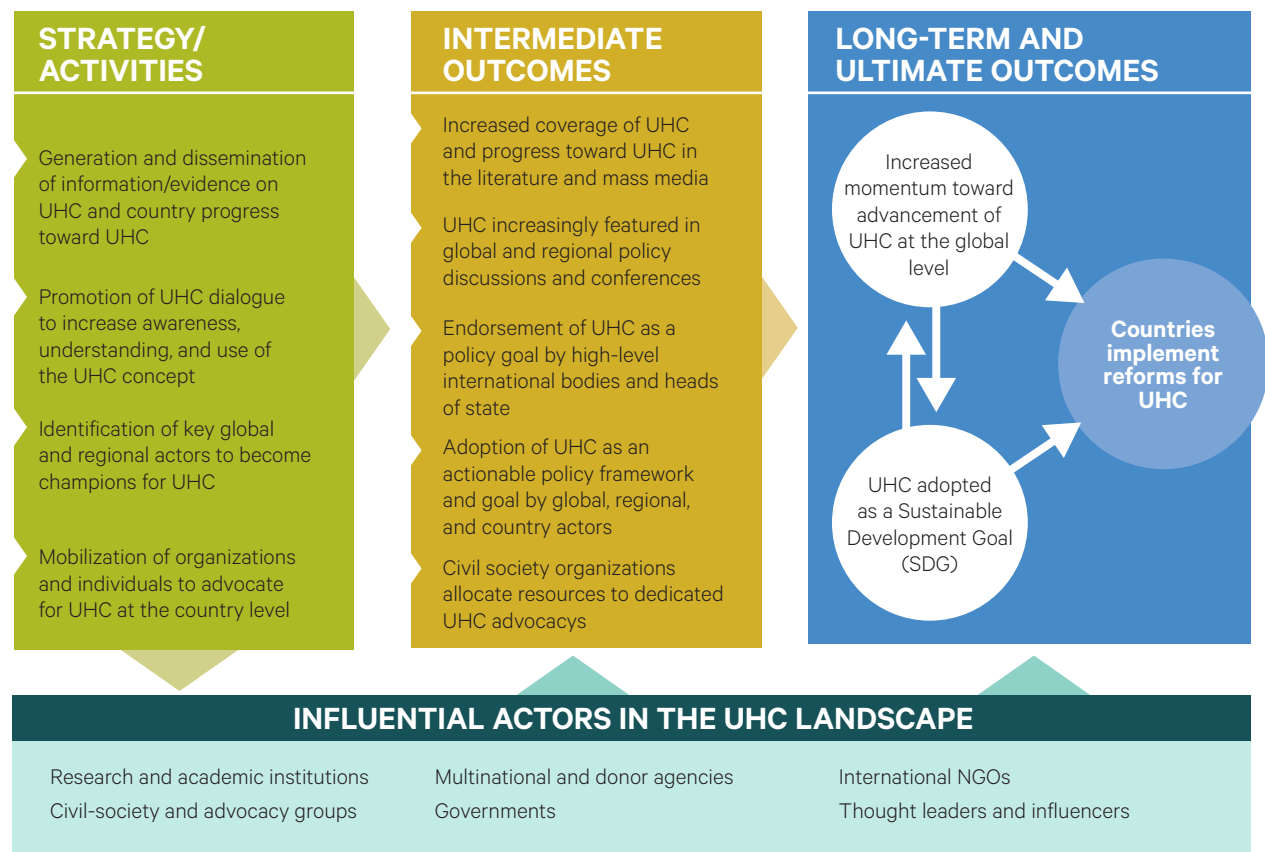


Figure 3 presents the theory of change underlying THS's global advocacy strategy. As shown in the figure, the specific long-term objectives of the strategy were to i) build increased and sustainable momentum toward advancement of UHC at the global level and ii) ensure inclusion of UHC in the post-2015 development agenda (later known as the SDGs). Achievement of these objectives was viewed as critical for generating widespread commitment to and sustainable progress toward UHC at the country level. However, at the time the THS initiative was launched, the term “universal health coverage” or “UHC” was used only sparingly by a few international organizations, in part because of concern that the term would be interpreted as endorsing single-payer health insurance systems. Therefore, to achieve these longer-term advocacy objectives, THS global advocacy work initially focused

on increasing awareness, knowledge, and use of the UHC term among global leaders. As the UHC concept became more widely understood and adopted, the focus of THS advocacy efforts shifted to gaining endorsements of UHC from key political and health institutions, and ensuring UHC's prominence on the global agenda. To support UHC's elevation on the global agenda, THS invested in coalitions and local advocacy efforts to promote commitment to UHC at the country level.

The evolution of the THS global UHC advocacy strategy can be broken down into the three phases introduced below. The phases reflect how the strategy has been adapted to gains made to date, to changes in the UHC landscape, and to transitions in THS leadership.

**Figure 3. THS approach to global UHC advocacy**





### **Phase 1 (2009–2011): Dissemination of the UHC concept**

For the first few years of the initiative, THS focused largely on generating evidence and disseminating information on UHC to increase awareness and understanding of the UHC concept, and to increase its adoption by global influencers. To foster their adoption, THS developed an economic argument for UHC, which it then presented to global leaders sympathetic to the need for health systems strengthening in LMICs. It convened global leaders at the Rockefeller Pocantico Center in New York and, through a partnership with former President Jimmy Carter and other members of The Elders, at the Carter Center in Georgia. The Elders is a group of highly influential independent global leaders working together to promote human rights.

During this period, THS also identified the UN system as a key vehicle to advance adoption of the UHC concept at the global and country levels. THS initially focused its UN advocacy efforts on achieving a UN resolution on UHC. Gaining enough support to pass a UHC resolution called for THS to shape and align UN delegates' messages on UHC. The Foundation also conceptualized and launched the JLN, a global network that connects practitioners in LMICs to advance knowledge and learning about approaches to accelerate country progress toward UHC. The JLN supported and complemented the THS global advocacy efforts through its engagement of global and country actors in dialogue around UHC policy reforms, as well as its efforts to generate and disseminate information and knowledge products to support country reform efforts.

### **Phase 2 (2012–2014): Increasing focus on the post-2015 development agenda**

In 2012, as the UN Millennium Development Goals (MDGs) were nearing their expiration, the Foundation began to focus its global advocacy efforts on ensuring that UHC would be included in the post-2015 development agenda. This meant ensuring that UHC was part of global conversations being facilitated by the UN on the post-2015 agenda, and that UHC was featured in the evidence-based

inputs the UN was responsible for providing to its member states to support participation in the post-2015 process. These inputs were to be synthesized by the UN Secretary-General in a report to the UNGA in 2014, to help inform intergovernmental negotiations leading up to the UN Sustainable Development Summit in September 2015.

During this period, THS sought to identify and support UHC champions who could influence the post-2015 process, and support passage of a UN resolution on UHC. Initially, the initiative focused on gaining endorsements and support from major industrial countries, such as those in the G8, as well as influential global health and foreign policy institutions, such as the World Bank. Once the UN resolution on UHC was passed, THS focused its advocacy efforts on UN member countries involved in negotiations on the SDGs' text on health. This included gaining the support of NGOs and thought leaders who could influence member states. To support its advocacy work during this period, THS enlisted a communications firm to develop a multipronged communications strategy aimed at elevating UHC's prominence on the global stage. THS also invested in the development of a framework and indicators for measuring and monitoring progress towards UHC at the country level, an effort designed to make UHC a more concrete, actionable policy goal, as well as to increase its legitimacy as a policy goal within the SDG framework.

### **Phase 3 (2014–2016): Strategic communication and coalition building**

During this phase, THS continued to focus on influencing the post-2015 agenda. It supported country UHC champions within the UN system through engagements with and technical support to mission offices, in particular countries that were part of influential coalitions such as the G8 and G20. It targeted influential leaders to join its coalition of supporters, including The Elders. THS also intensified its strategic communications around UHC through expanded media engagement. To maintain a constant focus on UHC during SDG deliberations, THS facilitated

the placement of op-eds and articles on UHC in prominent news outlets, supported the development and dissemination of policy briefs and research on UHC and country progress toward UHC, and organized or co-sponsored UHC-themed convenings around related global meetings. As it became clear in early 2015 that UHC would be included in the SDGs, THS looked toward the post-2015 period, devoting more resources to securing UHC commitments from coalitions and collaboratives that could support country progress toward achievement of the SDG UHC target, such as the International Health Partnership (IHP+), a coalition of developing country governments, civil society organizations, and donors that could support country-level progress towards UHC.

## Components of the THS global advocacy strategy

Across all three phases of the THS global UHC advocacy work, the Foundation employed four main strategies or activity areas to achieve its advocacy goals: i) dissemination of information and evidence on UHC and country progress toward UHC, ii) promotion of dialogue on UHC, iii) identification of and support for key global and regional champions for UHC, and iv) mobilization of organizations and individuals to advocate for UHC at the country level. The strategies are explained in detail in the text below, while Figure 3 shows how these interrelated strategies, or areas of activity, were envisioned to result in intermediate outcomes that would support achievement of THS's longer-term global advocacy objectives.

### Dissemination of information and evidence on UHC

THS needed evidence, information, and stories on UHC that could be used for broad-based and targeted advocacy efforts. Thus, evidence generation and information dissemination became important components of the THS global advocacy strategy in order to: i) increase awareness, understanding, and acceptance of the UHC term and concept as they were

not widely known at the time, and ii) influence adoption of and commitment to the concept at the global level. Broad-based advocacy efforts included dissemination of information and evidence on UHC in academic journals, and traditional and social media outlets. Targeted efforts included efforts to secure endorsements of UHC and influence dialogue at global meetings.

THS's efforts to disseminate information on UHC were also designed to control the message and clarify the UHC concept. THS's first strategic dissemination effort was the article "All for universal health coverage", developed by the Council on Foreign Relations, a THS grantee, (Table 1) and published in *The Lancet* (Garrett, 2009). The article provided an economic basis for UHC, a map for how UHC could be achieved, and examples of progress toward UHC in different parts of the world. It also emphasized that achievement of UHC is not driven by economic success, but intentional restructuring of health financing systems to pool risk and subsidize health services for the most vulnerable. *The Lancet* has continued to be an important dissemination vehicle, with THS supporting several Lancet publications on UHC, including a 2012 special series called "Universal Health Coverage" (*The Lancet*, 2012), a 2013 piece focusing on UHC in the post-2015 framework (Vega, 2013), and a 2014 series called "Universal Health Coverage in Latin America" that focused on UHC reforms in Latin America and the Caribbean (*The Lancet*, 2015). A 2014 THS grant also supported *The Lancet's* Commission on Global Surgery to feature THS focus countries – Bangladesh, Ghana, Rwanda – in case studies of surgical care.

Many of the grants in this activity area have focused on documenting country progress toward UHC, either through case studies or systematic examination of country-level data on health spending and coverage. This included research on UHC reforms in Ghana, Rwanda, Vietnam, India, Thailand, and Bangladesh, as well as *The Lancet's* 2013 issue on UHC reforms in the Latin America and the Caribbean region. Many of these countries are members of the JLN, which has facilitated access to stakeholders to support their research

efforts. The JLN has contributed to THS's efforts to document and disseminate country experiences with UHC reforms. In 2011, THS also released an update of the Foundation's seminal 1985 book "Good Health at Low Cost," which included new research on the factors that determine effective health systems (Balabanova et al., 2011).

The WHO and the World Bank have been key partners in efforts to provide countries with concrete, measurable indicators for tracking progress towards UHC, as well as tools to improve measurement of changes in population health. THS grants to WHO and the World Bank have supported efforts to develop and reach consensus on a set of indicators that could provide a foundation for future monitoring of country and global

progress toward UHC. As part of this work, a collection of 13 country case studies documenting country-level implementation of UHC measurement and monitoring was published in the journal, *PLOS Medicine* (2014). In 2015, with THS support, WHO and the World Bank jointly released the first comprehensive assessment of country progress toward UHC, which offered sobering statistics on health coverage and financial protection from health risks in LMICs.

### Promotion of dialogue on UHC

THS grants supported a number of convenings that brought together diverse stakeholders – global leaders, policymakers, health ministers, researchers, and civil society – to engage in dialogue around UHC (Table 2). THS support came in many forms, including organizing

**TABLE 1. Evidence generation and information dissemination activities**

ACTIVITY	GRANTEE	YEAR
"All for UHC" article in <i>The Lancet</i>	Council on Foreign Relations	2009
"Health systems financing, the path to universal coverage", World Health Report 2010	WHO	2010
"Health-financing reforms in southeast Asia: challenges in achieving universal coverage", in <i>The Lancet</i>	China Medical Board	2011
"'Good health at low cost' 25 years on" published	London School of Hygiene and Tropical Medicine	2011
Country-specific reports on UHC efforts in Ghana, Rwanda, Vietnam, India, Thailand, Bangladesh	Multiple grantees	2011–2012
"Universal health coverage" series, in <i>The Lancet</i>	Results for Development (R4D)	2012
"Universal health coverage: a commitment to close the gap" published by Save the Children	UNICEF	2013
"UHC in the post-2015 framework" article in <i>The Lancet</i>	THS staff	2013
"Bangladesh: Innovation for universal health coverage", in <i>The Lancet</i>	International Centre for Diarrhoeal Disease Research, Bangladesh	2013
"Universal health coverage in Latin America", series in <i>The Lancet</i>	UN Economic Commission For Latin America and the Caribbean	2014
"An assessment of progress towards universal health coverage in Brazil, Russia, India, China, and South Africa (BRICS)" in <i>The Lancet</i>	THS staff	2014
'The PLOS "Monitoring universal health coverage" collection: Managing expectations' in <i>PLOS Medicine</i>	WHO	2014
"Tracking universal health coverage: First global monitoring report", published by WHO and the World Bank	WHO	2015

**TABLE 2. THS-supported convenings to promote UHC dialogue**

ACTIVITY	GRANTEE	YEAR
<b>Global Health Expert meeting, Bellagio, Italy</b>	Health Policy Institute, Bocconi University, Japan	2008
<b>Global Health Forum, Bocconi University, Japan</b>	Health Policy Institute, Japan	2009
<b>First Symposium on Health Systems Research, Montreaux, Switzerland</b>	WHO	2010
<b>UHC-themed side event at 2010 WHA</b>	R4D	2010
<b>Progress toward UHC panel at UNGA, in collaboration with Brazilian Mission to the UN</b>	Council on Foreign Relations	2011
<b>Pan-African Conference on UHC, Accra, Ghana</b>	Centre for Health and Social Services	2011
<b>Second Symposium on Health Systems Research, Beijing, China</b>	Peking University	2012
<b>Prince Mahidol Award Conference (PMAC), Bangkok, Thailand</b>	Mahidol University	2012
<b>Third People's Health Assembly, Cape Town, South Africa</b>	Asian Community Health Action Network	2012
<b>Series of roundtables on “unfinished UHC agenda”</b>	Council on Foreign Relations	2013
<b>Third Symposium on Health Systems Research, Cape Town, South Africa</b>	Health Systems Global	2013
<b>UHC as a Post-2015 Priority, panel during UNGA week</b>	Global Health Strategies	2014
<b>PMAC on Global Health Post-2015, Bangkok, Thailand</b>	Mahidol University	2015
<b>UHC sessions at WHA, Roadmap Summit, and Financing for Development Conference</b>	Management Sciences for Health	2015

or sponsoring meetings, holding UHC-themed events during global conferences and forums, supporting conference attendance by relevant stakeholders, and disseminating documentation of meeting proceedings and outcomes.

**Global forums.** Many of the THS-supported convenings provided opportunities to influence dialogue at global forums. For example, THS supported a Global Health Expert meeting at The Rockefeller Foundation's Bellagio Center in 2008 and a Global Health Forum at Japan's Bocconi University in 2009, with the goal of ensuring UHC would be included in the agenda for the 2009 G8 summit in Italy. In 2011, THS co-sponsored a UHC-themed event at a high-level meeting on non-communicable diseases (NCDs) during the 2011 UNGA, aiming to broaden NCD dialogue to include achieving

UHC. Between 2012 and 2015, in collaboration with UN country missions, THS cohosted several UHC-themed events during the UNGAs. In 2015, THS grantees organized sessions to discuss and promote UHC at the WHA, Roadmap Summit, and Financing for Development Conference.

THS also invested in broader-based efforts to build engagement in and momentum around UHC and health systems strengthening issues. For example, in 2010, with THS support, WHO and partners hosted the First Global Symposium on Health Systems Research in Montreaux, Switzerland, entitled “Science to Accelerate Universal Health Coverage.” With over 1,200 participants from 100 countries, the symposium indicated an unprecedented level of support for health systems research and UHC. Importantly, it signaled



broad consensus within the global health community on the need for high quality research on how to strengthen health systems and achieve UHC in LMICs. The symposium led to the creation of the THS-supported Health Systems Global, an international society for health systems research to oversee global symposia on health systems research moving forward. Under its auspices, symposia were held in 2012, 2013, and 2016, and it remains the only global forum for health systems research.

**Regional forums.** THS has supported regional convenings to generate and deepen country-level support for UHC, and to try to influence the global agenda from the bottom up. For example, in 2011, THS supported the first Pan-African Conference on UHC, which created a platform for practitioners, academics, NGOs, and others to discuss implementation of UHC reforms in African countries. THS also awarded grants to influence the health agendas of countries in Latin America and the Caribbean, including grants that supported strategic consultations and high-level advisory commissions.

These efforts complemented efforts to increase regional and county dialogue around UHC reform processes under the JLN. Growing from 6 to 27 members between 2010 and 2016, the JLN has become a highly-effective vehicle for increasing awareness of UHC and facilitating ongoing UHC dialogue among LMICs.

## Identification of and support for UHC champions

A key component of the THS global advocacy strategy involved identifying champions who could influence UHC dialogue and debate, and generate country support for UHC through the UN and other channels (Table 3). This work included formally engaging champions through grants to the UN Secretary-General's office, WHO, Results for Development (R4D), and UNICEF, among others, as well as direct outreach by Foundation and THS staff to leaders at key institutions, such as the World Bank. In 2008, the Foundation supported a meeting of key global health

stakeholders at the Carter Center in Atlanta aimed at gaining the support of the UN Secretary-General for health systems strengthening. THS later collaborated with the UN Secretary-General on a key meeting at UN headquarters in 2009 and, in 2012, provided support to the UN Secretary-General's office to integrate UHC into its campaign around maternal and child health as part of the post-2015 agenda process. In 2010, R4D convened a global UHC task force comprised of thought leaders from global institutions and governments committed to UHC, enabling them to align their efforts to support progress on UHC and discuss potential solutions and strategies to the challenges they faced. R4D, with Foundation support, also launched the JLN at this time, which solidified the partnership between the organizations and R4D's role in advancing UHC at global and country levels.

THS grants also aimed to generate formal endorsements for UHC by groups of influencers outside of ministries of health. Gaining more widespread and mainstream endorsements for UHC was perceived as critical for solidifying the case for inclusion of UHC in the SDG framework, and as a universal goal for wellbeing rather than simply a health insurance goal. To this end, in 2013, THS supported a convening of parliamentarians at the Bellagio Center, which led to the Bellagio Statement in support of UHC. THS also organized the Economists' Declaration on UHC – a joint statement of support for UHC by a group of prominent global economists – in the lead up to the UN Sustainable Development Summit in September 2015. THS initially focused on securing the support of Larry Summers, an influential economist, who helped gain buy-in from other prominent economists and led the drafting of the Declaration, which made a strong economic case for the importance of UHC. THS also sought the backing of The Elders, the group of prominent former heads of state that announced its public support for UHC in 2016.

THS made additional grants to gain buy-in and enable more vocal support for UHC among country leaders. For example, THS provided support for the 2008 G8

**TABLE 3. THS activities to identify and support UHC champions**

ACTIVITY	GRANTEE	YEAR
Meeting on global health at Carter Center, Atlanta, Georgia	World Affairs Council of Northern California	2008
Forum "Strengthening Global Health in the Face of Crisis" United Nations headquarters, New York	UN Foundation	2009
Roster of developed global UHC advocates	R4D	2010
Secretariat support established and provided for the Global Task Force for UHC	R4D	2010
Advocacy and support for UNGA resolution on UHC	WHO, UNSG	2012
Advocacy and support for embedding UHC within the post-2015 agenda	WHO, UNSG	2013
Joint NGO statement from the United Nations post-2015 health thematic consultation	Interact Worldwide	2013
Bellagio Declaration on Parliamentarians and UHC	Inter-American Parliamentary Group	2013
Economists' Declaration on UHC	Global Health Strategies	2015
Public endorsement of UHC	The Elders	2016

Summit, hosted by the Government of Japan, which became an important partner supporting the WHA and UNGA resolutions on UHC, as well as inclusion of UHC in the SDGs. Similarly, grants were made to organizations in Ghana and India that aimed to support progress toward UHC and build country support for inclusion of UHC in the post-2015 agenda. This included a grant to the Center for Health and Social Services in Ghana to build capacity and engagement within the Ministry of Health.

WHO, a critical partner in the THS global advocacy efforts, served as a UHC champion from the early days of the initiative. Early THS support to WHO funded research for and development of the 2010 World Health Report, which was the first WHO report to focus explicitly on UHC. Subsequent grants to WHO funded its technical assistance to countries for health systems strengthening, support for WHA and UNGA resolutions on UHC, engagement in deliberations on the post-2015 agenda and SDGs, and joint work with the World Bank to develop a monitoring framework and indicators for tracking progress toward UHC at the country level.

## Mobilization of country-level UHC advocacy

Many THS grants have supported institutions that influence and shape health policy at the country level, including civil society networks that could advocate for UHC (Table 4). For example, in 2009, THS supported the establishment of the Vietnam Alliance for Health Equity, which was tasked with monitoring and reporting on progress toward health equity in the country. Through the Public Health Foundation of India, THS helped establish a secretariat to assist the Government of India's Planning Commission in developing a framework for UHC achievement. The secretariat presented its final report to several high-level groups in the country, including the Indian Prime Minister, and hosted conferences and other events to promote dialogue around its policy recommendations and UHC in India. THS has also supported local advocacy campaigns in several Asian and African countries aimed at elevating UHC on the political agenda and gaining greater support for implementation of UHC-oriented reforms. Although not a component of the THS UHC advocacy strategy, the JLN has been integral to efforts

**TABLE 4. THS activities to support country-level UHC advocacy**

ACTIVITY	GRANTEE	YEAR
<b>Established Vietnam Alliance for Health Equity</b>	Institute for Social Development Studies	2009
<b>Established a secretariat to assist India in developing a UHC framework</b>	Public Health Foundation of India	2010
<b>Campaigned for UHC in five LMIC countries in Africa</b>	Management Sciences for Health	2011
<b>Promoted country-level advocacy for UHC in Egypt, Ghana, and India</b>	Oxfam	2013
<b>Developed regional agenda for UHC in Americas</b>	Pan American Health Organization	2013
<b>Supported Action for Global Health's work to increase civil society engagement and commitment to the UHC agenda, including civil society declaration on UHC</b>	Plan International, UK	2014
<b>Held Inaugural UHC Day to commemorate UNGA resolution on UHC</b>	Global Health Strategies	2014
<b>Promoted UHC reforms within India, Indonesia, and Myanmar</b>	Royal Institute of International Affairs	2015

aimed at building capacity and knowledge to advance progress toward UHC at the country level.

Since 2011, the initiative has paid increasing attention to civil society and its role in health sector agenda setting at the global and country levels. THS established the *UHC Forward* newsletter and website in 2011, which gathered articles, events, and other resources for the UHC community in a central place. The website later merged with the JLN website, which leveraged the prominence of the JLN among

civil society actors and aligned THS's advocacy work with its network strategy around UHC advancement. In 2014, THS supported a civil society meeting on UHC which brought together actors from 23 countries and resulted in a civil society declaration on UHC. THS also supported the formation of a coalition of organizations from across the globe to campaign for and support UHC Day, an annual day commemorating the UNGA resolution on UHC. Inaugurated on December 12, 2014, the coalition now includes over 700 organizations across 117 countries.





## Findings: Key achievements and learnings

THS's global advocacy strategy spans multiple areas and levels of activity, and encompasses a large number of grants across a variety of organizations, as well as strategic non-grant activities. This chapter discusses major achievements under the THS global advocacy strategy, within and across the strategy's four main areas of activity, followed by key learnings that have emerged from THS advocacy efforts.

### Key achievements, by activity area

#### Dissemination of information and evidence on UHC

**The THS-supported 2010 World Health Report is recognized as the single most influential milestone in the UHC movement to date.**

The 2010 World Health Report "Health Systems Financing: The Path to Universal Health Coverage" catalyzed acceptance of UHC as a policy goal. Multiple data sources and over 90 percent of online survey respondents cited the 2010 report as a critical and pivotal milestone in the UHC movement. The report provided a comprehensive definition of UHC, including its three

coverage dimensions – health services, financing, and population – and mapped how countries can modify their financing systems to promote equitable and efficient access to and provision of health services. In doing so, it helped to clarify and increase understanding of the UHC concept and how it could be used to guide health reform efforts. The definition and explanation of UHC provided in the 2010 report has been used frequently in UHC dialogues and efforts to advocate for UHC-oriented health reforms. Shortly after the 2010 report was released, political leaders in Japan and Mexico, among others, and leaders of key global institutions, such as the World Bank, began using the UHC term and WHO definition, propelling their acceptance. The strategic publication of the THS-supported "All for UHC" article in *The Lancet* – just before the 2010 report was released – amplified the report's influence, providing complementary information on the need for UHC to address significant gaps in health coverage and health-induced financial hardship in LMICs.

**UHC has remained a prominent topic in *The Lancet*, an influential and highly visible platform in global health policy, due at least in part to THS.**

When *The Lancet* published the THS-supported article "All for UHC," it was the first well-known academic journal

to focus specifically on UHC. The journal has a strong following in the global health community, is known for being very selective in publishing submissions, and its editor, Richard Horton, is regarded as highly influential in the global health field. *The Lancet* has since also published multiple articles and special series on UHC, country progress toward UHC, and the role of UHC in the post-2015 agenda, many of them supported by THS (see Table 1). The Rockefeller Foundation provided its prestigious Bellagio Center as a venue for five Lancet Commission gatherings from 2013 to 2016. The *Lancet's* long-standing interest in and support for research focused on UHC topics helped legitimize the UHC movement, and it has served as an effective dissemination vehicle, particularly for reaching and influencing global leaders and academics.

**Hosting UHC-themed convenings around strategic high-level global meetings helped to frame, inform, and increase UHC dialogue at pivotal points in the post-2015 agenda process.**

THS organized and supported several strategic events scheduled around global meetings and conferences. Many respondents noted that these “side meetings” were critical for framing the UHC discussion and post-2015 UHC message among policymakers and high-level officials. They also provided an opportunity for these stakeholders to ask questions and gain more clarity on UHC and health system strengthening issues. For example, in September 2014, during the 69th session of the UNGA, The Rockefeller Foundation and THS grantee Global Health Strategies, in collaboration with WHO, the World Bank, and the French, Japanese, and Thai UN missions, organized a high-level side-meeting panel – “Delivering on UHC: Why the time is now” – which was attended at full capacity. Prior to the panel, THS grantees and staff provided input for panel discussions, and supplied handouts on UHC topics that were distributed at the event. Case study respondents indicated that, by highlighting the importance of UHC and what was needed to achieve it, this event was critical for influencing negotiations around the SDG language during and after the

September 2014 UNGA. The panel also provided a strategic opportunity to announce the first annual UHC Day in December 2014.

## **Identification of and support for UHC champions**

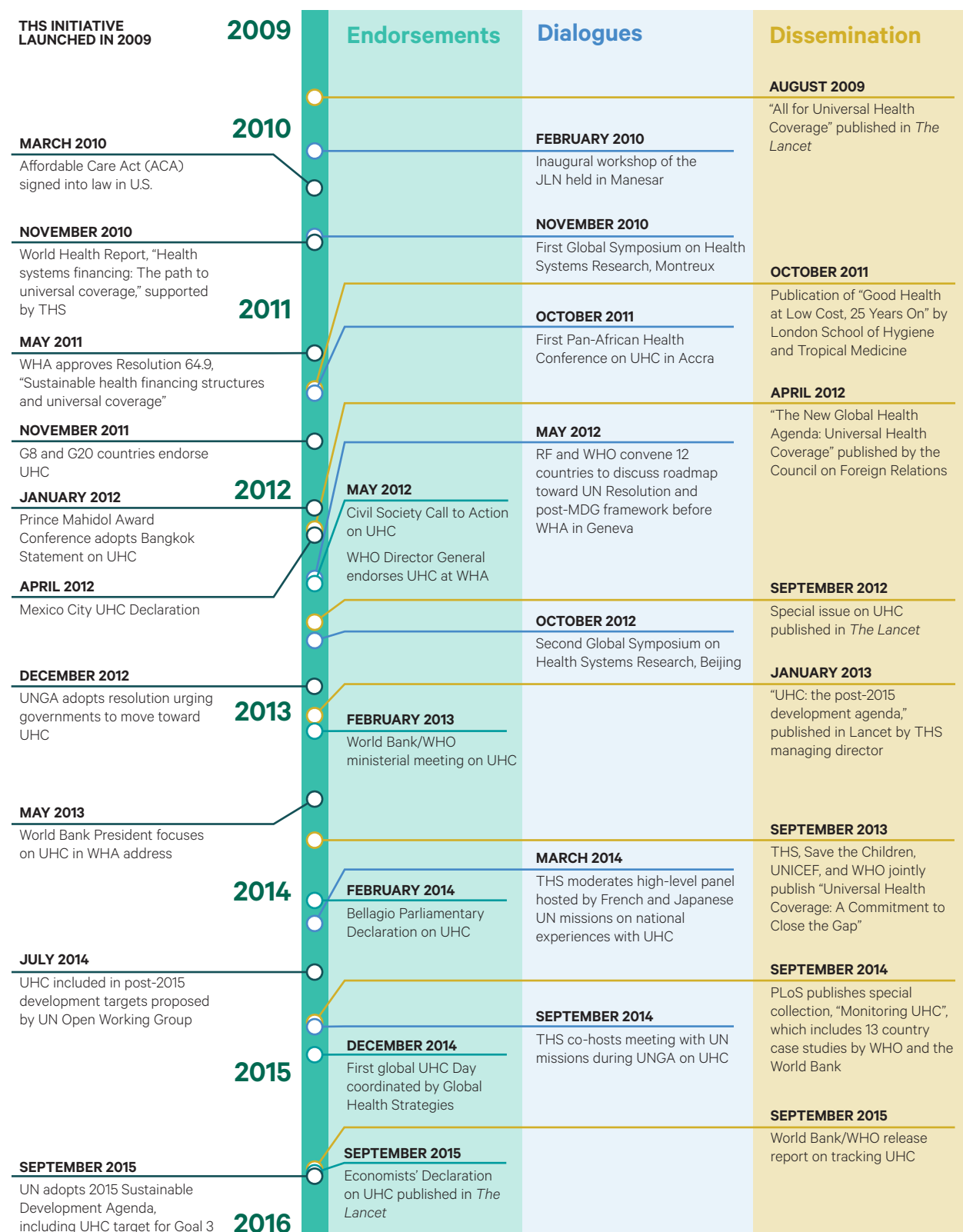
**Exploratory grants to a wide range of organizations allowed THS to identify those that could be highly influential proponents of UHC, and fostered broad-based engagement in UHC issues.**

In the early years of the THS initiative, the Foundation provided grants to a wide range of organizations, many of which were designed to help the Foundation refine its global advocacy strategy. With the exception of a few large grants to the core THS grantees WHO and R4D, most of these exploratory grants were less than \$250,000. The allocation of grant funding over a large number of organizations helped THS identify potential high-value, high-impact advocacy vehicles and partners, while also disseminating messaging around health systems strengthening and UHC to a broad range of actors within the global health arena. In later phases of the initiative, THS focused on a smaller number of organizations that emerged as effective UHC champions and partners that could help the initiative achieve its goals.

**Through its grantmaking and direct outreach by Foundation staff, THS was able to influence leaders of key institutions and other well-known figures to be vocal supporters of UHC, helping to legitimize and promote action around UHC as a policy goal.**

In several high-profile speeches, WHO Director-General Margaret Chan and World Bank President Jim Kim endorsed UHC and the need for health system reform to advance country progress toward UHC. Although WHO had been a long-standing supporter of health systems strengthening and UHC, informants noted that direct outreach by THS staff to these institutional leaders had been an effective vehicle for increasing their public support for UHC. Informal and grant relationships between The Rockefeller Foundation and these global institutions throughout the life of the initiative also ensured that they would continue

**FIGURE 4. Timeline of milestones in UHC movement and under the THS initiative**



*“[THS] hosted many different dialogues, invited member states to come in and participate, and laid out the rationale and evidence for why UHC is critical and should be a target in the SDGs. [It was] useful for bringing in other stakeholders, civil society, and other voices.”*

*- Interviewee*

to support the UHC movement and work toward achievement of the UHC SDG target. In addition, THS staff and grantees generated endorsements from prominent figures outside of the health arena in an effort to generate broad-based support for UHC and increase the legitimacy of UHC as a policy goal. This included the highly visible Economists’ Declaration on UHC, which was led by well-known economist and public figure Larry Summers.

**THS helped to guide and buttress the work of key country champions within the UN system to support passage of the UNGA resolution on UHC.**

The THS team built relationships with leaders from well-placed countries willing to champion UHC within the UN arena, including Thailand, France, Brazil, and South Africa. These countries were all on the path to UHC, were members of the informal Global Health and Foreign Policy group, and had existing ties with the Foundation or individual Foundation staff. THS focused its engagement on political and foreign affairs leaders in these countries, who tended to have more influence in the global sphere and post-2015 deliberations than the ministries of health. For example, THS team members provided technical assistance to UN country missions to support passage of the 2012 UNGA resolution on UHC, drafting language for the resolution and providing data analysis and other research support. The informants noted that THS technical support

was critical for facilitating the resolution process, and recognized that country mission staff members based in New York tend to be foreign affairs specialists, meaning that they may have difficulty leveraging expertise within their home country’s ministry of health. THS also provided financial, coordination, and media support for high-profile events around UNGA weeks in New York, which provided opportunities for UN country champions to engage in dialogue on UHC issues with their UN counterparts, acquire evidence and information to support their arguments for UHC, and generate additional and sufficient support to achieve passage of the UHC resolution.

**Mobilization of country-level UHC advocacy**

**THS created a large coalition of diverse organizations to support and sustain its UHC advocacy efforts at the global and country levels.**

THS created a large coalition of organizations that support UHC through grants and convening thought leaders in the global health arena. This coalition, which included organizations such as Save the Children, Oxfam, Action for Global Health, and the People’s Health Movement, became the coalition behind UHC Day which is now held annually on December 12. The UHC Day coalition has become the largest coalition of organizations working in the health sector, and currently includes 739 organizations across 117 countries,



including academic institutions, NGOs, foundations, and other organizations. In addition to being coalition members, several organizations have played major roles in organizing and executing UHC Day, demonstrating the commitment of coalition partners to the UHC cause and the potential sustainability of the coalition after the THS initiative ends.

**New partnerships to advance UHC have emerged out of THS-supported efforts led by countries and civil society organizations.**

The International Health Partnership (IHP) for UHC 2030, one of the most high-profile partnerships to emerge, was announced in 2016 by WHO Director-General Dr. Margaret Chan. Formerly called IHP+, this partnership of governments, development agencies and civil society organizations is committed to facilitating and supporting progress toward the SDG UHC target. THS leadership and grantee Management Sciences for Health helped to guide the evolution of the IHP+ partnership into IHP for UHC 2030 to strengthen accountability for UHC at the country level. Their efforts included facilitating dialogues about the partnership's vision and objectives, as well as engaging members in efforts to broaden the scope and base of the partnership.

## Cross-cutting achievements

**The Foundation succeeded in championing a concept that was controversial at the time the THS initiative was launched, but responded to an unmet need for a unifying health sector objective.**

By providing a language and basis for dialogue on health systems strengthening that had broader appeal than discussions focused on health systems strengthening alone, THS paved the way for widespread adoption of the UHC term. Although recognition of the importance of health systems strengthening started to grow in the early 2000s, a trend that the THS initiative was designed to leverage, “health systems strengthening” was not gaining sufficient traction to influence global health policy. In its efforts to promulgate and promote

*“The most direct and effective strategy to influence the negotiation is getting countries who are involved in negotiating the text to support it.”*

*- Interviewee*

the UHC concept, THS helped to create a policy space and agenda that brought together a broad range of partners working to improve health systems of LMICs. The UHC concept connected diverse members of the global health community under a common umbrella and goal, including: i) WHO, the World Bank, and other Health <sup>83</sup> institutions that have longstanding involvement in health policy and financing, ii) communities and organizations focused on historically siloed health or disease areas, such as maternal and child health, AIDS, and NCDs, that could relate to the UHC's emphasis on access and equity, and iii) countries such as Germany, Japan, and France that had been championing national health care programs based on their own successes. UHC was also considered an issue that all countries could work toward, not just the global south, which gave it universal appeal. Respondents to the online survey unanimously agreed that the UHC concept was important to the advancement of global health, and 95 percent felt that UHC had already been widely or moderately accepted as a policy goal among concerned global-health actors.

<sup>83</sup> The Health 8 is an informal group of multi-national organizations that conduct health-related work. It was created in 2007 to increase progress toward the Millennium Development Goals.

**Through its highly adaptive, multicomponent and multilevel advocacy strategy, THS was able to influence the post-2015 agenda process, culminating in the inclusion of UHC in the SDGs.**

By maintaining a highly adaptive and flexible approach to grantmaking, and using multiple tools and vehicles for policy influence and agenda-setting at the global, regional, and country levels, the Foundation was able to strengthen and shape the UHC movement and, ultimately, influence the SDG process. Through strategic reflection and pivots at critical junctures in the UHC movement, THS effectively responded to and leveraged changes in the UHC landscape and consolidated gains made under the strategy. THS created and harnessed momentum in support of UHC among the related actors and institutions at the global and country levels, and invested and engaged in strategic communications and coalition building to strengthen and sustain the UHC movement and commitment to UHC at global and country levels.

## Key learnings

**Sustained investment in global advocacy over nearly a decade was critical to achieving the longer-term THS goals.**

During the THS global advocacy efforts, which spanned nine years, it achieved many of its targeted outputs and outcomes. Many case study respondents identified UHC's remarkable rise to prominence on the global health agenda over the last decade as a result of the combined efforts of many global, regional, and country actors. However, many respondents also noted that movement building and agenda setting around a new policy concept is a long-term endeavor, and that The Rockefeller Foundation's sustained support for the UHC movement was likely a key factor in the movement's successes.

**Adoption of a multilevel, multipronged advocacy strategy was key to THS's success in elevating UHC's status on the global agenda.**

The THS global advocacy strategy targeted key influencers, while also striving to gain broad-based support from a range of stakeholders, using multiple advocacy vehicles and tools, such as research and dissemination, conferences and convenings, identification and support of UHC champions, and grassroots advocacy. Strategic use of these complementary advocacy approaches, each of which involved stakeholders at various levels and from across the globe, was critical to advancing the UHC movement and influencing the UN post-2015 deliberations. Each approach supported the other, with, for example, THS investments in evidence generation and publications providing key inputs for THS-supported convenings and efforts to promote UHC dialogue and support UHC champions.

**Securing and publicizing endorsements from groups of influential stakeholders was a highly effective component of THS's global advocacy strategy.**

Several THS grants that supported organization of or participation in conferences or convenings called for public statements on UHC as grant deliverables. Other grants were awarded with the express purpose of eliciting endorsements of UHC, such as grants for the Economists' Declaration on UHC, the Bellagio Declaration on Parliamentarians and UHC, and the Civil Society Call to Action on UHC. Endorsements that seem to have had greatest impact were those timed to optimize media coverage around key global events, such as the Economists' Declaration, which was released shortly before the SDGs were finalized by the UNGA.

**Non-grant activities played an important role in THS's advocacy efforts.**

A number of respondents noted that the reputation and personal connections of THS leadership and staff, and engagement of Foundation staff in one-on-one conversations with global health leaders and experts helped both to shape the THS initiative and further its goals. THS leaders listened to and adeptly engaged in

policy dialogue around health systems strengthening, and leveraged their personal networks and connections to advance the UHC agenda. These non-grant efforts complemented and supported grant efforts that tended to have broader reach, but were not sufficient on their own to influence global leaders. Many stakeholders highlighted the importance of the direct engagement of Foundation staff in UHC dialogue and movement-building efforts.

*“It is the combination of the different [THS] strategies that has been most effective ... and their success is in that variety even if all strategies were not equally impactful.”*

*- Interviewee*

**Although an important milestone, the UNGA resolution may have missed an opportunity to generate stronger support for inclusion of UHC as a main goal in the SDGs.**

The 2012 UNGA resolution, which endorsed UHC as a key policy goal and recommended inclusion of UHC in the SDGs, was hailed as an important milestone in the UHC movement by 73 percent of the survey respondents. Informants also highlighted it as an important signal of UHC's elevation on the global agenda. Several informants speculated that engagement of country actors in the resolution process may have had greater impact on the SDG process than the resolution itself.

UHC champions involved in the UNGA resolution process continued to advocate for UHC after the resolution was passed, and tough negotiations around inclusion of UHC in the SDGs were underway. Although these negotiations eventually led to the inclusion of UHC as a target under a broader health goal, some noted that the resolution could have done more to ease the negotiation process and pave the way for UHC to be included as an overall health goal. In particular, informants noted that the resolution did not include any language around setting up a task force or other body that could have helped to institutionalize UHC as a policy goal within the UN. The resolution did call on WHO to produce a report on UHC, but it is unclear if that report was ever published. Informants suggested that having a number of countries petition the UNGA president's office to gain the president's support might have resulted in a higher-profile resolution with stronger language and specific steps toward inclusion of UHC in the SDGs.

**The limited engagement of developing country champions may have hindered promotion of UHC in the SDG negotiation process.**

By most accounts, THS engaged several countries to champion their efforts to secure a UNGA resolution on UHC and inclusion of UHC in the SDGs. However, with the exception of Thailand, these were wealthy, highly-industrialized countries. Greater engagement of developing countries as UHC champions may have strengthened efforts to influence SDG deliberations. For example, the UN Group of 77, the largest intergovernmental organization of developing countries in the UN, had an influential role in the negotiation process leading to the SDGs, but was not a key champion for UHC.

**While UHC Day succeeded in raising the profile of UHC, it may have missed an opportunity to embed the UHC movement within a visible and well-known institution.**

The rapid growth of the coalition behind UHC Day, and the widespread coverage of UHC Day in traditional and

social media demonstrate the campaign's success in generating broad-based support for UHC. However, several case study respondents felt the UHC Day campaign missed an important opportunity to provide a public "face" for the UHC movement, noting that the organization leading the UHC Day effort – THS grantee Global Health Strategies – is not the ideal

organization to represent the UHC movement moving forward, in part because it is not well-known within the global health community. Having UHC Day led by a well-known organization with a mission aligned with the THS initiative could have provided the movement with leadership that could be sustained after the THS initiative ends.



## Findings: The Rockefeller Foundation's legacy in the UHC arena

The Rockefeller Foundation's role in expanding and deepening global commitment to health systems strengthening and UHC is well recognized among key actors in the UHC arena. Several informants suggested the Foundation's contributions to the UHC movement increased global health leaders' respect for the Foundation's wisdom and vision for addressing key global health issues, as well as its unique ability to bring stakeholders together to articulate and address global issues more broadly. However, greater attention to sustainability might have strengthened the Foundation's legacy in the UHC arena.

### **The Foundation is widely recognized as the thought leader behind the UHC movement among key actors in the UHC space.**

Many experts hold the Foundation in high esteem for its influential role in advancing the UHC movement, and its visionary thought leadership supporting the UHC concept from its early days. Online survey data suggest that many perceive the Foundation's role in the UHC movement as its most notable contribution to global health (see Table 5). Almost 80 percent of survey respondents reported that The Rockefeller Foundation was one of the top five influencers in the UHC movement. In contrast, only 50 percent of respondents selected the Foundation as a top-five influencer in the global health arena.

Although The Rockefeller Foundation is perceived to be a catalytic and influential player in the UHC movement, many respondents were not aware of the Foundation's specific contributions and role in pivotal events in the movement's history. For example, few knew of the Foundation's role in the development of the 2010 World Health Report. Yet, the Foundation

**TABLE 5. Survey respondents' perceptions of key UHC movement and global health influencers**

ORGANIZATION	TOP 5 INFLUENCER IN UHC MOVEMENT (%)	TOP 5 INFLUENCER IN GLOBAL HEALTH (%)
WHO	84	93
The Rockefeller Foundation	77	50
World Bank	74	65
Bill & Melinda Gates Foundation	46	73
Global Fund to Fight AIDS, Tuberculosis and Malaria	28	44
USAID	21	44
UNICEF	17	29

Source: Mathematica online survey

*“Having a strong reputation changes the receptivity [of key leaders] and changes the legitimacy [of the issue]. [The Foundation’s] reputation was formative for their credibility in this space.”*

*- Interviewee*

had played a pivotal role in the decision to focus the report on UHC, and provided feedback on early drafts of the report. Similarly, many survey respondents and interviewees were not aware of the Foundation’s role in the UNGA resolution on UHC.

**The Foundation’s legacy in the global health arena, combined with the strong reputation of THS leaders, helped influence leaders and decision-makers within the UN and other institutions.**

The THS team effectively influenced key institutions – such as WHO, the World Bank, UNICEF, and the UN Secretary-General’s office – to actively engage in the UHC movement in large part because of the Foundation’s legacy in the global health arena, as well as the reputation and connections of individual THS leaders. This was true even though THS program officers tended to be relative novices in the health sector. The Foundation’s reputation also facilitated its efforts to gain support and endorsements for UHC from key political leaders. One of the most effective aspects of the THS advocacy strategy was its leveraging of various intergovernmental platforms to promote UHC, including the G8, the Global Health and Foreign Policy group, and the African Union. By making connections with government officials participating in these platforms, THS was able to influence the health agenda and put UHC on the map.

**The Foundation has not publicized its role in the UHC movement, which has limited awareness of the Foundation’s specific contributions.**

By most accounts, the Foundation’s role in the UHC movement is not well recognized or understood outside of the movement’s inner circles. This is likely because the Foundation has not publicized its role or successes, but instead empowered global and country actors to be

UHC champions. While the Foundation’s reputation in the global health arena was a key factor facilitating its global advocacy successes, under THS, the Foundation has not invested in communications efforts to protect and potentially strengthen its reputation. In fact, some respondents indicated that the Foundation’s presence in the global health arena has diminished over time due to a reduction in the number of Foundation staff representing its health area. Moreover, the Foundation’s website does not provide extensive information about UHC or the THS initiative, or for accessing the many research products and publications that have been generated under the THS initiative. A few blog posts by THS staff have focused on The Foundation’s contributions, but the posts are not easily found when searching online for UHC information.

**There are not many organizations that can assume the Foundation’s role in the UHC advocacy space.**

Although THS invested heavily in WHO and the World Bank as organizations that could facilitate UHC advancement in the longer term, several informants noted that neither these organizations nor others actively working within the UHC space have The Rockefeller Foundation’s well-known convening power – which is perceived to have been a factor in the UHC movement’s success to date. Because of the level of coordination and bureaucracy involved in executing programs and initiatives within these organizations, informants further noted that, unless the heads of these agencies personally take on and advocate an issue, it is difficult to ensure that the issue will remain at the forefront of the agencies’ agendas. Several respondents also mentioned that WHO and World Bank are technical partners more than advocates, and are not likely to engage in the local advocacy that may be needed to advance UHC reform processes at the country level.

## Implications for future Foundation initiatives

The global advocacy efforts of THS offer several learnings for future Foundation initiatives seeking to influence global and policy agendas.

**A policy concept and, in turn, a policy goal need evidence, academic validation, and public endorsement by political and field leaders to gain wide acceptance.**

The publication of multiple articles on UHC in *The Lancet*, and public endorsements of UHC by influential political and health actors provided legitimacy to the UHC concept, which was critical for increasing acceptance and adoption of UHC as a policy goal. THS also sought to ground UHC dialogue in research and evidence, which helped to identify and document evidence-based policy alternatives and country success stories that could be used as inputs for a wide range of advocacy activities.

**A global advocacy strategy should account for and address multiple channels of policy influence.**

In addition to efforts to gain buy-in and support from leaders of government and intergovernmental agencies, THS devoted significant resources to strengthening the

capacity of organizations to advocate for and generate policy analysis to support the UHC movement. THS used the political connections of Foundation staff, a constant drumbeat of research and policy analysis on UHC, and support for influential organizations at the country and global levels to influence the SDG process. The combination of various approaches, rather than one singular effective approach, was the key to generating a “critical mass” of support for UHC.

**Flexibility and responsiveness to changes in the global landscape and policy environment are critical for achieving advocacy goals.**

The THS global advocacy strategy was responsive to changes in the UHC landscape, as well as achievements and learnings emerging from THS investments along the way. The Foundation’s approach to grantmaking allowed the flexibility needed to pivot the THS advocacy strategy and to adjust grantmaking, including the number and size of grants awarded, to support achievement of targeted outcomes. THS solicited input from global health experts during the initial design and later phases of the initiative, to ensure the initiative was guided by current knowledge and understanding of the field.

**A clear goal and theory of action can facilitate achievement of targeted outcomes.**

THS evaluated its strategic positioning at junctures along its lifecycle to help identify and inform needed strategy refinements. At each of these junctures, THS identified well-defined advocacy outcomes and the outputs that would be needed to achieve those outcomes, such as the UNGA declaration on UHC. Strategically orienting advocacy activities around targeted outcomes enabled articulation of a clear theory of action.

**Sustainability of a policy movement requires institutionalization of its mission and vision.**

The UHC movement has been driven by many organizations and individuals working behind the scenes, without one unifying voice or leader of the movement. However, many recognize the Foundation as embodying the movement and stewarding its progress when needed. To ensure that the end of the THS initiative does not result in stalled momentum, the Foundation supported the evolution of the IHP for the UHC 2030 coalition, as a means of institutionalizing the global UHC movement and ensuring continued progress toward UHC at the country level. It also will likely play a role in sustaining momentum and advancing progress toward UHC in JLN member countries (Sridharan and Smith, 2017).

Learnings from THS's global advocacy efforts also offer insights into how the design of an initiative can affect achievement of policy influence. Some suggestions to consider include the following.

- **Choose a leader who is well-known and respected in the field to take the helm.**

For an initiative to be able to influence discourse and agenda setting at the highest levels, it is important to have a leader with the experience, reputation, and connections necessary to: i) determine the Foundation's strategic positioning, ii) obtain the support of key influencers in the field, and iii) respond effectively to changes in the policy landscape. THS directors responsible for



designing and leading much of the THS global advocacy work had deep expertise and experience in health policy and global health, were well-known and respected in the global health arena, and possessed a historical perspective which enabled them to identify strategies and actors that could catalyze and advance the UHC movement.

- **Invest in exploratory grants to identify effective partners and build a broad base of support.**

Spreading grants across a large number of organizations can help mobilize broad-based and diverse stakeholders around a policy issue, and facilitate identification of organizations that can be effective in supporting achievement of the initiative's goals. These organizations should represent different levels of influence and sectors in society, and include donors and global policymakers, as well as country-level government agencies and civil society.



- **Establish a concrete theory of change for the initiative and advocacy strategy.**

Articulating clear goals and critical change levers and pathways for achieving those goals can support effective grantmaking and ensure a more cohesive influence strategy. Initiative teams should seek input from informed external advisors on the initiative's theory of change and strategic plan at the outset, as well as at critical junctures during the initiative's lifecycle.

- **Invest in knowledge management and dissemination platforms to promote broader and deeper understanding of policy issues.**

Foundation initiatives, such as THS, often generate large volumes of research, evidence, and information on an issue area. These resources can and should be leveraged to support attainment of

the initiative's goals. By creating a widely accessible clearinghouse or repository of information around a particular issue area, the initiative can reach a wider audience and provide important background and technical information to support policymakers and advocates. Such an effort may also help strengthen the Foundation's legacy in that issue area.

- **Consider communication efforts to solidify or build the Foundation's reputation in a particular issue area.**

Foundation legacy and reputation can go a long way in supporting policy and advocacy efforts. The Foundation may want to consider strengthening external communications around Foundation initiatives and grantee achievements via the Foundation's website or other vehicles.

# References

- Balabanova, D., McKee, M., & Mills, A. (eds). 2011. Good health at low cost 25 years on. *What makes a successful health system?* London School of Hygiene & Tropical Medicine.
- Garrett, L., Chowdhury, A.M.R., & Pabloz-Mendez, A. 2009. All for universal health coverage. *The Lancet*, vol. 374, 1294–1299.
- Hafner, T. & Shiffman, J. 2012. The emergence of global attention to health systems strengthening. *Health Policy and Planning*, 28(1), 41–50.
- Lagomarsino, G., Garabrant, A., Adyas, A., Muga, R. & Otoo, N. 2012. Moving towards universal health coverage: health insurance reforms in nine developing countries in Africa and Asia. *The Lancet*, vol. 380, 933–943.
- Marten, R., et al. 2014. An assessment of progress towards universal health coverage in Brazil, Russia, India, China, and South Africa (BRICS). *The Lancet*, vol. 384, 2164–2171.
- Murray, C. J. & Frenk, J. 2000. A framework for assessing the performance of health systems. *Bulletin of the World Health Organization*, 78(6), 717–731.
- Save the Children. 2013. *Universal health coverage: a commitment to close the gap*. London, UK: Save the Children.
- Sridharan, S. & Smith K. 2016. Joint Learning Network for Universal Health Coverage: Case Study. New York: Rockefeller Foundation.
- The Lancet. 2012. Universal health coverage. *The Lancet*, vol. 380, 859–948.
- The Lancet. 2013. Bangladesh: Innovation for universal health coverage. *The Lancet*, vol. 382, 1681–2111.
- The Lancet. 2015. Universal health coverage in Latin America. *The Lancet*, vol. 385, 1230–1247.
- The PLOS Medicine Editors. 2014. The PLOS “Monitoring Universal Health Coverage” Collection: Managing Expectations. *PLoS Med* 11(9): e1001732. <https://doi.org/10.1371/journal.pmed.1001732>.
- The Rockefeller Foundation. 2009. Internal Transforming Health Systems strategy document. Unpublished manuscript. New York: The Rockefeller Foundation.
- Tangcharoensathien, V. et al. 2011. Health-financing reforms in southeast Asia: challenges in achieving universal coverage. *The Lancet*, vol. 377, 863–873.
- Travis, P., Bennett, S., Haines, A., Pang, T. Bhutta, Z., Hyder, A.A., Pielemeier, N.R., Mills, A. & Evans. T. 2004. Overcoming Health-Systems Constraints to Achieve the Millennium Development Goals. *The Lancet*, vol. 364, 900–906.
- United Nations. 2015. Sustainable Development Goals. New York, NY: United Nations. <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>.
- Van Doorslaer, E., O'Donnell, O., Rannan-Eliya, R.P. et al. 2007. Catastrophic Payments for Health Care in Asia. *Health Economics*, vol. 16, 1159–1184.
- Vega, J. 2013. Universal health coverage: the post-2015 development agenda. *The Lancet*, vol. 381, 179–180.
- Walsh, J. A. & Warren, K. S. 1980. Selective primary health care: an interim strategy for disease control in developing countries. *Social Science & Medicine*. Part C: Medical Economics, 14(2), 145–163.
- World Bank. 2011. World Development Indicators. Washington, DC: World Bank.
- World Bank, 2010. World Development Indicators. Washington, DC: World Bank.
- World Bank. 2009. World Development Indicators. Washington, DC: World Bank.
- World Health Organization. 2000. *The World Health Report 2000. Health Systems: Improving Performance*. Geneva: WHO.
- World Health Organization. 2005. Resolution WHA58.33 Sustainable health financing, universal coverage and social health insurance, Geneva, 25 May 2005. WHO. <http://apps.who.int/medicinedocs/documents/s21475en/s21475en.pdf> (accessed on Jul. 28, 2017).
- World Health Organization. 2007. Everybody's business: Strengthening Health Systems to Improve Health Outcomes. WHO's Framework for Action. Geneva: WHO.
- World Health Organization. 2010. *The World Health Report 2010. Health Systems Financing: The Path to Universal Coverage*. Geneva: WHO.
- World Health Organization. 2015. Tracking universal health coverage: first global monitoring report. Geneva: WHO.

# Annexes

## Annex 1: Evaluation matrix for the UHC case study

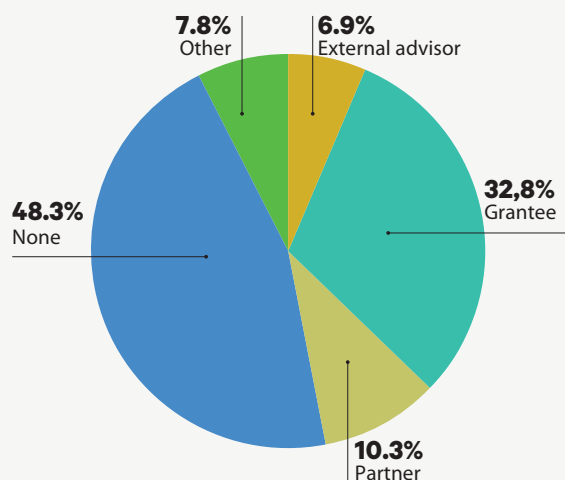
DATA SOURCES		INTERVIEWS		WEB SURVEY		SECONDARY SOURCES		
RESEARCH QUESTIONS	SUB-QUESTIONS	PHONE	IN-PERSON	GRANTEE SURVEY	EXTERNAL STAKEHOLDER SURVEY	PROGRAM AND MONITORING DOCUMENTS	ONLINE RESOURCES	CASE STUDIES OF THS FOCUS COUNTRIES
1. What were the key objectives and elements of RF's global UHC advocacy strategy under THS?	<ul style="list-style-type: none"> <li>What was the conceptual framework for THS' global advocacy work?</li> <li>How did THS' global advocacy strategy evolve over time and why?</li> <li>What were key activities and grants under THS' global advocacy strategy?</li> </ul>	✓	✓	✓	✓	✓	✓	
2. To what extent (TWE) did the Foundation's global UHC advocacy efforts influence the UHC movement?	<ul style="list-style-type: none"> <li>TWE were the targeted intermediate and longer term UHC advocacy outcomes appropriate for advancing the UHC movement and achieved?</li> <li>What was the role and contribution of the Foundation in progress toward or achievement of targeted outcomes?</li> <li>What approaches or activities/products were particularly successful in increasing commitment to and investment in UHC advancement at the global and country level?</li> <li>TWE would those commitments and investments have happened without THS?</li> <li>What challenges did the Foundation face in its UHC advocacy efforts, and how were they addressed?</li> <li>What were key factors that facilitated or inhibited progress toward targeted outcomes (including strategy design, internal processes, and external landscape factors)? (For example, TWE did the mapping of the influence channel enable the Foundation to identify and effectively pursue/generate champions for the UHC cause?)</li> </ul>	✓	✓	✓	✓	✓	✓	

DATA SOURCES		INTERVIEWS		WEB SURVEY		SECONDARY SOURCES		
RESEARCH QUESTIONS	SUB-QUESTIONS	PHONE	IN-PERSON	GRANTEE SURVEY	EXTERNAL STAKEHOLDER SURVEY	PROGRAM AND MONITORING DOCUMENTS	ONLINE RESOURCES	CASE STUDIES OF THS FOCUS COUNTRIES
3. TWE is the RF recognized as a catalyst in the global UHC landscape?	<ul style="list-style-type: none"> <li>What is the perceived role of the Foundation in the UHC arena among grantees and external stakeholders?</li> <li>What are the perceived key achievements and comparative advantage of the RF in the UHC space?</li> <li>What factors have supported or inhibited the Foundation's legacy as an influencer and catalyst in the UHC landscape?</li> </ul>	✓	✓	✓	✓		✓	✓
4. What are key lessons learned and recommendations from THS' global advocacy work for future RF initiatives?	<ul style="list-style-type: none"> <li>How did internal and external factors support or hinder the achievement of UHC advocacy outcomes?</li> <li>What approaches or activities should be considered for replication in future advocacy and policy efforts?</li> <li>What could be done better in future RF initiatives?</li> </ul>	✓	✓	✓	✓	✓	✓	

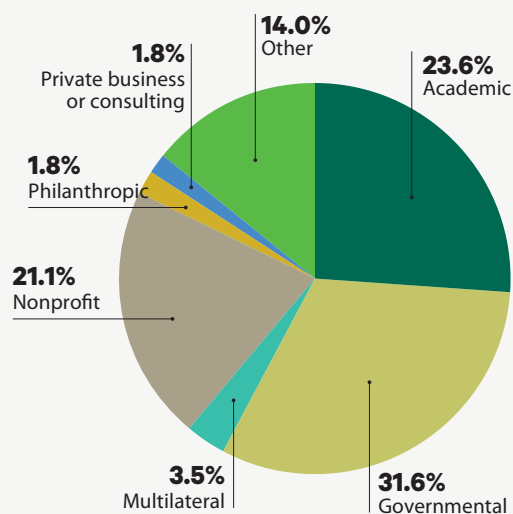


## Annex 2: Characteristics of online survey respondents

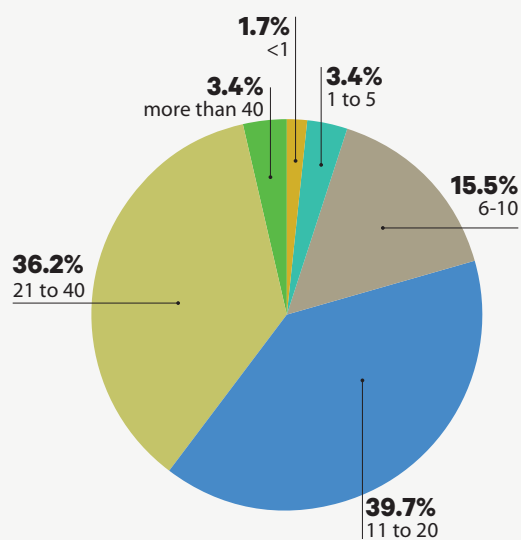
Relationship to Foundation



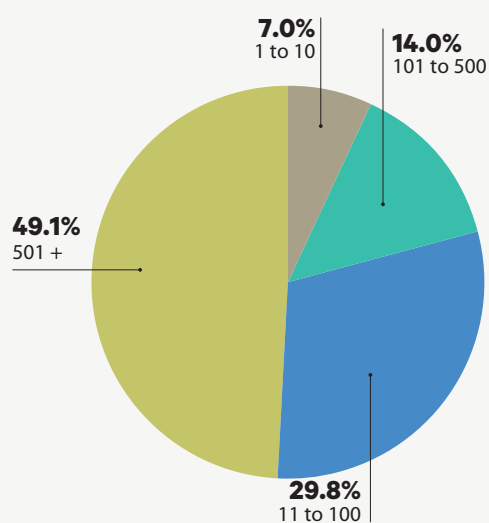
Organization type



Years in health sector



Size of organization



## Annex 3: Key THS global advocacy grants, by focus area

GRANTEE NAME	GRANT NUMBER	GRANT START DATE	GRANT END DATE	WORKSTREAM FUNDING	DESCRIPTION OF ACTIVITIES	APPROACH
Increased coverage of UHC and progress toward UHC in the literature and mass media						
Manatt, Phelps & Phillips, LLP	2009 THS 302	8/1/2008	2/28/2009	\$269,600	<ul style="list-style-type: none"> <li>Provide strategic communications technical assistance on the THS program which includes policy and donor engagement strategies, laying the groundwork for subsequent THS announcements, diverse media engagement strategies, internal communications, craft communication tools, strategic announcements, and web/wiki content creation.</li> </ul>	Advocacy and engagement
London School of Hygiene and Tropical Medicine, University of London	2009 THS 335	6/1/2009	6/30/2013	\$1,000,000	<ul style="list-style-type: none"> <li>Organize a multi-organization initiative to build evidence/research on the elements of health systems that improve health outcomes for poor and vulnerable people in Bangladesh, Ethiopia, India, the Kyrgyz Republic, and Thailand. Produce "Good Health at a low cost" book, including launch events and dissemination to inform debates around health systems strengthening and bolster regional capacity in health systems research.</li> </ul>	Evidence generation
	2011 THS 302	5/1/2011	7/31/2012	\$250,000		
Medical Education Cooperation with Cuba	2009 THS 346	10/1/2009	9/30/2011	\$80,000	<ul style="list-style-type: none"> <li>Publish two journal articles on innovations in health systems strengthening and improving access to UHC.</li> </ul>	Evidence generation
Management Sciences for Health, Inc.	2011 THS 307	9/1/2011	8/31/2014	\$510,839	<ul style="list-style-type: none"> <li>Create and implement campaign strategies for its "Campaign for Universal Health Coverage in Low and Middle Income Countries", an effort to put UHC on the post 2015 agenda by creating a website, producing campaign materials, devise strategies, etc.</li> </ul>	Advocacy and engagement
Results for Development Institute, Inc.	2011 THS 330	9/1/2011	12/31/2012	\$101,200	<ul style="list-style-type: none"> <li>Recruit authors and facilitate the production of a special Lancet series on UHC</li> </ul>	Evidence generation
Georgetown University	2012 THS 304	5/1/2012	1/31/2015	\$310,504	<ul style="list-style-type: none"> <li>Support to establish "Joint Action and Learning Initiative on National and Global Responsibilities for Health" to foster UHC by maintaining the website, launching a blog, and hosting conferences.</li> </ul>	Networks and partnership

GRANTEE NAME	GRANT NUMBER	GRANT START DATE	GRANT END DATE	WORKSTREAM FUNDING	DESCRIPTION OF ACTIVITIES	APPROACH
United Nations Economic Commission for Latin America and the Caribbean	2013 THS 303	2/1/2013	11/30/2014	\$281,900	<ul style="list-style-type: none"> <li>Support a special publication in <i>The Lancet</i> on the political, economic, and technical challenges implementing UHC in Latin America and the Caribbean.</li> </ul>	Evidence generation
National Institute for Health and Care Excellence	2014 THS 301	1/1/2014	12/31/2015	\$1,890,000	<ul style="list-style-type: none"> <li>Implementing a communications strategy to engender the process of systems-level priority setting for better decision making for UHC at the global and country levels through: <ul style="list-style-type: none"> <li>Organizing an event at the World Health Assembly in 2014</li> <li>Supporting country-level programs in Ghana</li> <li>Supporting regional networks</li> </ul> </li> </ul>	Advocacy and engagement
UHC featured in global and regional policy discussions and conferences						
Council on Foreign Relations	2007 SRC 139	9/1/2007	2/29/2008	\$126,000	<ul style="list-style-type: none"> <li>For use by its Global Health Program in support of a meeting of global health leaders on critical changes in global health and the strategic role that United Nations agencies might play in shaping the future of this field.</li> </ul>	Advocacy and engagement
World Affairs Council of Northern California	2008 PSH 204	2/1/2008	6/30/2008	\$325,100	<ul style="list-style-type: none"> <li>Organized meeting on global health at the Carter Center in Atlanta. Discussions addressed strategies to tackle specific challenges and critical deliverables, health systems, women's health, and neglected tropical diseases.</li> </ul>	Advocacy and engagement
National Bureau of Asian Research	2009 THS 324	3/1/2009	12/31/2009	\$50,000	<ul style="list-style-type: none"> <li>Organize a workshop each year (2009-2011) at the Pacific Health Summit highlighting approaches to achieve UHC. Topics included lessons from vertical disease programs to support UHC, efforts to implement UHC through maternal and newborn health, and the impact of UHC on fair access to medicines.</li> </ul>	Advocacy and engagement
	2010 THS 307	4/1/2010	12/31/2010	\$50,000		
	2011 THS 310	4/1/2011	12/31/2011	\$70,000		
Università Commerciale "Luigi Bocconi"	2009 THS 329	5/1/2009	12/31/2010	\$250,700	<ul style="list-style-type: none"> <li>Support the establishment of a secretariat to provide an evidence base to support UHC for the global health agenda for the G8 summit in 2008. This includes disseminating reports, convening a stakeholder meeting, and developing/disseminating an action-oriented report.</li> </ul>	Evidence generation

GRANTEE NAME	GRANT NUMBER	GRANT START DATE	GRANT END DATE	WORKSTREAM FUNDING	DESCRIPTION OF ACTIVITIES	APPROACH
Columbia University	2010 THS 302	1/1/2010	2/29/2012	\$500,000	<ul style="list-style-type: none"> <li>Support/host a conference on scaling up HIV/AIDS services in sub-Saharan Africa held at The Rockefeller Foundation Bellagio Center, Italy, fall 2010;</li> <li>Support an effort to identify new funders of health systems and universal health coverage</li> <li>Support/host a conference on the "Changing Landscape of Global Public Health," held in New York City, June 2010</li> <li>Write a white paper on support of the Global Fund for AIDS, TB and Malaria for Rwanda's mutuelle system.</li> </ul>	Advocacy and engagement
African Health Economics and Policy Association	2011 THS 305	3/1/2011	12/31/2011	\$75,000	<ul style="list-style-type: none"> <li>Organized the conference "Towards Universal Health Coverage" in Senegal, 2011.</li> </ul>	Advocacy and engagement
Fundação Oswaldo Cruz	2011 THS 308	3/1/2011	3/31/2012	\$250,000	<ul style="list-style-type: none"> <li>Coordinate and hold the World Conference on Social Determinants of Health - Rio de Janeiro, Brazil October 2011; fund NGO representatives to join the conference.</li> </ul>	Advocacy and Engagement
Peking University	2011 THS 318	5/1/2011	12/31/2012	\$500,000	<ul style="list-style-type: none"> <li>Support/host the Global Symposium on Health Systems Research;</li> </ul>	Advocacy and engagement
	2012 THS 322	10/1/2012	4/30/2013	\$70,000	<ul style="list-style-type: none"> <li>Support the establishment of international society to advance the Symposium's work</li> <li>Support the travel of participants from low and middle income countries</li> </ul>	
Centre for Health and Social Services	2011 THS 322	8/1/2011	3/31/2012	\$257,242	<ul style="list-style-type: none"> <li>Organized the first "Pan-African Conference on Universal Health Coverage."</li> </ul>	Advocacy and engagement
Council on Foreign Relations, Inc.	2011 THS 333	9/1/2011	11/30/2012	\$49,220	<ul style="list-style-type: none"> <li>Support multiple conferences/meetings on progress towards UHC including 1) moderating a UN General Assembly discussion, 2) convening four meetings on the unfinished UHC agenda, 3) Holding 2 roundtable discussions on UHC and the post 2015 agenda.</li> </ul>	Advocacy and Engagement
	2013 THS 326	10/1/2013	12/31/2014	\$82,176		
	2015 THS 303	4/1/2015	3/31/2016	\$99,245		
International Health Policy Program	2013 THS 315	7/1/2013	9/30/2013	\$20,000	<ul style="list-style-type: none"> <li>Support/host the session 'Health Technology Assessments can contribute to countries' efforts to achieve Universal Health Coverage at the Economic and Social Council meeting held in Geneva, July 2013</li> </ul>	Advocacy and engagement

GRANTEE NAME	GRANT NUMBER	GRANT START DATE	GRANT END DATE	WORKSTREAM FUNDING	DESCRIPTION OF ACTIVITIES	APPROACH
Reed Elsevier PLC	2013 THS 316	8/1/2013	2/28/2014	\$30,000	<ul style="list-style-type: none"> <li>Organize the “2nd Health System Reform in Asia” conference in Singapore in 2013</li> </ul>	Advocacy and Engagement; Capacity building
National Health Insurance Authority	2013 THS 323	9/1/2013	3/31/2014	\$100,000	<ul style="list-style-type: none"> <li>Organized the conference hosted by the Ghanaian National Health Insurance Scheme, themed “Towards UHC: Increasing Enrollment whilst Ensuring Sustainability,” November 2013.</li> </ul>	Advocacy and engagement
Africa Health Economics Policy Association	2013 THS 329	10/1/2013	9/30/2014	\$100,000	<ul style="list-style-type: none"> <li>Supported the Third Symposium on the post-2015 agenda for Health in Africa, Nairobi, Kenya 2014.</li> </ul>	Advocacy and engagement
The National Academy of Sciences	2013 THS 327	10/1/2013	4/30/2015	\$150,000	<ul style="list-style-type: none"> <li>Support/host a high-level workshop looking at approaches to implementing Universal Health Coverage for the growing informal sector</li> </ul>	Advocacy and Engagement
Health Systems Global - South Africa	2013 THS 328	12/1/2013	11/30/2014	\$300,000	<ul style="list-style-type: none"> <li>Support/host the Third Symposium on Health Systems Research held in Cape Town, South Africa, 2014</li> </ul>	Advocacy and engagement
Royal Institute of International Affairs	2015 THS 301	5/1/2015	4/30/2017	\$150,469	<ul style="list-style-type: none"> <li>Funds are for the use of the newly created Universal Health Coverage (UHC) Policy Forum to provide strategic political advice on positioning UHC in the post 2015 agenda</li> </ul>	Advocacy and Engagement
Aspen Institute, Inc.	2015 THS 312	6/1/2015	9/30/2015	\$50,000	<ul style="list-style-type: none"> <li>Prepare and host the Spotlight Health conference.</li> </ul>	Advocacy and Engagement
Curatio International Foundation	2015 THS 307	7/1/2015	12/31/2016	\$250,000	<ul style="list-style-type: none"> <li>Organize the Health Systems Global Board meeting and retreat.</li> <li>Support/host the fourth Health Systems Symposium and consolidating the sustainability of Health Systems Global.</li> </ul>	Advocacy and Engagement



GRANTEE NAME	GRANT NUMBER	GRANT START DATE	GRANT END DATE	WORKSTREAM FUNDING	DESCRIPTION OF ACTIVITIES	APPROACH
<b>Endorsement of UHC as a policy goal</b>						
Results for Development Institute, Inc.	2010 THS 321	7/1/2010	12/31/2015	\$1,403,200	<ul style="list-style-type: none"> <li>Increase awareness of UHC globally by identifying champions and reaching out to key stakeholders; develop a global roster of UHC advocates; establish and provide secretariat support for the Global Task Force for UHC; enlist a core group of approximately 10 global Ambassadors for UHC; find 2-4 opportunities to promote UHC.</li> </ul>	Advocacy and engagement
	2011 THS 313	5/1/2011	10/31/2012	\$150,000	<ul style="list-style-type: none"> <li>Support the "Providing-for-Health" partnership's efforts to increase national and global awareness of universal health coverage by holding virtual discussions with partners, launch the website, identify interested partners in response to the Glion meeting report, liaise with the UN on mission briefings on UHC, participate in G20 and African Union Meetings, identify meetings of other regional bodies and develop a joint action plan.</li> </ul>	Advocacy and Engagement Evidence generation
	2012 THS 316	9/1/2012	9/30/2015	\$1,641,250	<ul style="list-style-type: none"> <li>Develop a strategy toward a United Nations General Assembly resolution on Universal Health Coverage and embedding it within the post-2015 agenda, developing a framework for its definition, goals, indicators, targets, timelines and monitoring mechanisms, and conducting consultations to implement country-level strategies for achieving it.</li> </ul>	
	2014 THS 308	6/1/2014	11/30/2015	\$750,000	<ul style="list-style-type: none"> <li>Write a working paper on a UHC framework, develop an agreed set of indicators to measure UHC progress at a country level and write a summary paper on how countries measure UHC, develop a proposal on how UHC can be included in the post-MDG agenda, hold a meeting of global partners for input on the framework and indicators, produce a WHO strategy document on "Integrated Health Services to Achieve UHC", update analytical documents on inequities and inequalities as it relates to UHC, and write a report on the extent of financial risk protection by country.</li> <li>Produce a joint global report with the World Bank that provides a baseline for monitoring progress toward UHC; work with countries to strengthen their capacity to monitor UHC progress; host a Bellagio meeting on monitoring UHC to develop an index to track essential services coverage.</li> </ul>	

GRANTEE NAME	GRANT NUMBER	GRANT START DATE	GRANT END DATE	WORKSTREAM FUNDING	DESCRIPTION OF ACTIVITIES	APPROACH
United Nations	2012 THS 305	1/1/2013	12/31/2015	\$699,696	<ul style="list-style-type: none"> <li>Support efforts to embed UHC in UN's policy processes and provide high level strategic partnership advice and activities including a strategy and work plan for integrating UHC into Every Woman Every Child and having them issue a special newsletter on UHC.</li> <li>Work towards having the Secretary-General promote UHC in at least 2 countries and at least 4 events.</li> <li>Promote UHC among diplomatic communities and at health events, advocate/support member states towards a UN resolution on UHC, create a development plan related to UHC.</li> </ul>	Advocacy and Engagement Networks and partnerships
Inter-American Parliamentary Group on Population and Development, Inc.	2013 THS 318	7/1/2013	3/31/2014	\$90,000	<ul style="list-style-type: none"> <li>Develop a strategy and implement a plan to engage parliamentarians on debates on the utility of UHC.</li> </ul>	Advocacy and Engagement
Global Health Strategies LLC	2013 THS 330	1/1/2014	12/31/2015	\$500,000	<ul style="list-style-type: none"> <li>Develop and implement a communications strategy to influence and advance UHC, including creation of a stakeholder and champions map.</li> </ul>	Advocacy and Engagement
	2015 THS 311	7/1/2015	6/30/2016	\$399,611	<ul style="list-style-type: none"> <li>Continue to advance UHC in traditional/social media, refine the UHC narrative and elevate the champions.</li> <li>Provide planning support for UHC events, including the December 14, 2014 UN resolution anniversary; work with UHC Day coalition to have UHC Day officially recognized as an international day by the UN;</li> <li>Provide planning support for UHC /Resilient Health Systems events, including the second annual UHC Day.</li> </ul>	
President and Fellows of Harvard College	2014 THS 304	2/1/2014	9/30/2015	\$250,000	<ul style="list-style-type: none"> <li>Host the 2014-2015 &amp; 2016 annual Ministerial Roundtable Meetings with and highlight UHC as a central focus.</li> </ul>	Advocacy and engagement; Evidence generation
	2015 THS 306	7/1/2015	6/30/2016	\$100,000	<ul style="list-style-type: none"> <li>Produce three-country comparative case studies.</li> </ul>	

GRANTEE NAME	GRANT NUMBER	GRANT START DATE	GRANT END DATE	WORKSTREAM FUNDING	DESCRIPTION OF ACTIVITIES	APPROACH
Treatment Action Campaign	2015 THS 304	6/1/2015	12/31/2016	\$150,100	<ul style="list-style-type: none"> <li>Support generating policy briefs and analyses in order to implement Universal Health Coverage in South Africa as part of the country's efforts to shape the post-2015 development agenda through engaging policymakers and the South African diplomatic mission to the United Nations.</li> </ul>	Advocacy and engagement
<b>Adoption of UHC as an actionable policy framework and goal</b>						
Health Policy Institute, Japan	2009 THS 309	11/1/2008	8/31/2009	\$250,000	<ul style="list-style-type: none"> <li>In collaboration with Aspen Institute Italia and Bocconi University to organize the 2009 Global Health Summit, a series of meetings and activities with global health experts to build consensus on how to ensure that global health remains on the agenda for the G8 summit as it transitions from Japan to Italy in July 2009.</li> </ul>	Advocacy and engagement
World Health Organization	2009 THS 341	6/1/2009	12/31/2011	\$3,000,000	<ul style="list-style-type: none"> <li>Support several collaborative projects designed to strengthen global health systems, and universal health coverage in the Global South including : 1) Global Symposium on Health Systems Research for UHC in Venice, 2) Ministerial Conference on Positive Synergies in Venice, 3) Framework for evaluation and synthesis of evidence in health systems, 4) World Health Report 2010, and 5) WHO Historiography - 4th decade.</li> </ul>	Advocacy and Engagement Evidence generation
PATH (Program for Appropriate Technology in Health)	2009 THS 331	6/1/2009	11/30/2010	\$218,000	<ul style="list-style-type: none"> <li>Support the research project, "Assessing Prospects for Universal Health Coverage: Global and National Perceptions and Recommendations," by drafting reports on the global policy landscape, opportunities and barriers to UHC, national level definitions of UHC, etc.</li> </ul>	Evidence generation
President and Fellows of Harvard College	2010 THS 333	11/1/2010	8/31/2012	\$250,000	<ul style="list-style-type: none"> <li>Develop a plan for a new global health initiative with a focus on the translation of academic health research into sound policy decisions.</li> </ul>	Advocacy and engagement; Evidence generation
	2010 THS 345	11/10/2010	8/31/2012	\$354,450	<ul style="list-style-type: none"> <li>Establish a technical and administrative secretariat for assisting the government of India to develop a framework for UHC in India.</li> </ul>	

GRANTEE NAME	GRANT NUMBER	GRANT START DATE	GRANT END DATE	WORKSTREAM FUNDING	DESCRIPTION OF ACTIVITIES	APPROACH
World Health Organization	2012 THS 317	9/1/2012	8/31/2013	\$300,000	<ul style="list-style-type: none"> <li>Support the review of inter-sectoral action on health in Africa, South East Asia, and the Western Pacific through regional assessments, literature reviews, developing regional papers, and workshops to inform the Eighth Global Conference on Health Promotion and ultimately the post-Millennium Development Goals process</li> <li>Develop an evidence base to assess countries' readiness to move towards UHC by organizing an international conference on UHC in Cairo in 2013, produce four regional evidence-base monographs, and produce country health system reports.</li> </ul>	Evidence generation; advocacy and engagement
	2013 THS 311	7/1/2013	10/31/2015	\$282,500		
United States Fund for UNICEF	2012 THS 319	9/1/2012	10/31/2015	\$531,578	<ul style="list-style-type: none"> <li>Develop a report on the operationalization of UHC with equity in district health systems by analyzing existing MICS data to identify patterns of inequities at the lowest possible sub-national level.</li> <li>Develop a report on policy implications of removing barriers to achieving UHC with equity.</li> </ul>	Evidence generation
Power and Participation Research Centre	2012 THS 325	11/1/2012	4/30/2015	\$250,470	<ul style="list-style-type: none"> <li>Obtain approval of grant to support the case of UHC in Bangladesh by drawing linkages for stakeholders between UHC and social protection.</li> </ul>	Advocacy and engagement
Pan American Health Organization	2013 THS 320	8/1/2013	7/31/2014	\$350,000	<ul style="list-style-type: none"> <li>Develop a roadmap to define the regional agenda for UHC in the Americas through strategic consultation, high level advisory commission, regional position papers, and an analytical framework and country profiles on UHC implementation.</li> </ul>	Evidence generation
Management Sciences for Health, Inc.	2015 THS 302	5/1/2015	6/30/2016	\$149,218	<ul style="list-style-type: none"> <li>Establish an international collaborative to promote the institutionalization of Universal Health Coverage within the post-2015 development agenda.</li> <li>Attend and organize sessions to discuss and promote UHC at the World Health Assembly (Geneva, May 2015); the Roadmap Summit (Washington DC, June 2015); the Financing for Development Conference (Addis Ababa, July 2015).</li> <li>Establish and launch the UHC collaborative, including the first UHC monitoring report.</li> </ul>	Advocacy and engagement

GRANTEE NAME	GRANT NUMBER	GRANT START DATE	GRANT END DATE	WORKSTREAM FUNDING	DESCRIPTION OF ACTIVITIES	APPROACH
Civil society Organizations (CSOs) allocate resources to UHC advocacy						
Asian Community Health Action Network	2011 THS 319	8/1/2011	9/30/2012	\$150,000	<ul style="list-style-type: none"> <li>Prepare and support various workshops and conferences to engage civil society in strengthening health systems including People's Health Movement bi-annual assembly (Capetown 2012) and a training course on political economy.</li> </ul>	Advocacy and Engagement
	2012 THS 314	6/1/2012	9/30/2012	\$130,500		
Interact Worldwide	2013 THS 306	3/1/2013	2/28/2014	\$299,000	<ul style="list-style-type: none"> <li>Consolidate and scale up the civil society organization (CSO) movement for UHC by expanding group memberships and commitments to UHC. Support CSO activities to advocate for UHC through technical assistance on communications, mapping of policy positions, etc.</li> </ul>	Advocacy and Engagement
Plan International (UK)	2014 THS 310	11/1/2014	10/31/2015	\$250,700	<ul style="list-style-type: none"> <li>Supporting efforts of civil service organizations towards advancing UHC through facilitating engagement with governments, harnessing CSO commitment, communication assistance, and facilitating collaboration.</li> </ul>	Advocacy and engagement
Institute for Social Development Studies	2009 THS 351	9/1/2009	8/31/2011	\$133,500	<ul style="list-style-type: none"> <li>Establish the Vietnam Alliance for Health Equity (VAHE), support capacity building activities for the organization.</li> <li>Write a situation analysis and articles on health equity in the country for dissemination.</li> </ul>	Networks and partnerships; evidence generation
Oxfam	2013 THS 313	8/1/2013	12/31/2014	\$161,463	<ul style="list-style-type: none"> <li>Support conducting country-level UHC coverage in Egypt, Ghana and India by holding three webinars on UHC, and developing reports and pamphlets.</li> </ul>	





Supported by



[www.rockefellerfoundation.org](http://www.rockefellerfoundation.org)