



## **PARALLEL SESSION 3.4**

**SOLIDARITY & UHC - LEADERSHIP FOR CHANGE**

## | BACKGROUND

Achieving UHC requires overcoming many challenges. Much of the discussion on UHC focuses on technical challenges, including but not limited to health systems strengthening based on PHC, financial support and sustainability, assessment of technologies, etc. The appropriate responses to these challenges – while they may change with technological advances – are generally knowable through evidence-based analysis. These challenges have been extensively discussed and published.

However, translating empirically sound technical solutions into impact on the ground requires working through often more difficult and more nuanced leadership challenges, largely adaptive in nature. This requires creating space for all relevant voices (including, for example, the voice of under-served communities), and space in which diverse stakeholders can express and work out their differences. Adaptive challenges (addressing power dynamics, identifying core values and broad sets of options consistent with these values, and testing trade-offs and compromises, etc.) may be collectively called ‘the political economy’ of UHC. Effective leadership in this space typically requires a different skill set from more traditional “top-down” delivery models, particularly working between and within sectors and values/beliefs to building coalition of diverse stakeholders. This issue has been much less discussed and published.

The global grassroots AIDS solidarity mass movement is a model for catalyzing change and has an impactful story to share on affecting leadership for change in public health, which can also directly benefit the UHC movement and offer strategies to help overcome the systemic challenges currently facing UHC.

## | OBJECTIVES

- Understanding what types of leadership (relational and individual-based), and where it should come from, is needed to achieve and sustain UHC by 2030
- Share and learn the leadership lessons from previous successful/failed efforts to work across diverse stakeholder groups to design and implement UHC
- Lessons from the global AIDS solidarity movement
- Learn what practical things that we (as individuals, organizations, communities, and nations) need to do to facilitate and support the emergence of effective leaders for UHC



Panelist / Panelist

## Justin Koonin

*President*

ACON

Australia

Justin Koonin represents Global North Civil Society Organisations on the UHC2030 Steering Committee. He is co-chair of the WHO Social Participation Technical Network, co-chair of the SDG3 Global Action Plan Civil Society Advisory Group, and the civil society representative on the Health Data Collaborative Steering Committee.

At a national level, Justin is President of ACON (formerly AIDS Council of New South Wales), Australia's largest civil society organisation working on HIV prevention, care and support, and the health of sexuality and gender diverse people more broadly. He is a former chair of the New South Wales Gay and Lesbian Rights Lobby, the peak advocacy body for gay and lesbian people in that state.

Justin's work spans a diverse range of sectors. In addition to his efforts in health and human rights, he has worked as a postdoctoral researcher in mathematics at the University of Sydney, as a data scientist at PwC, and (currently) as a fund manager at Allan Gray. He holds a Ph.D. in Pure Mathematics from the University of Sydney, and is a Chartered Financial Analyst charterholder, as well as a Graduate of the Australian Institute of Company Directors.