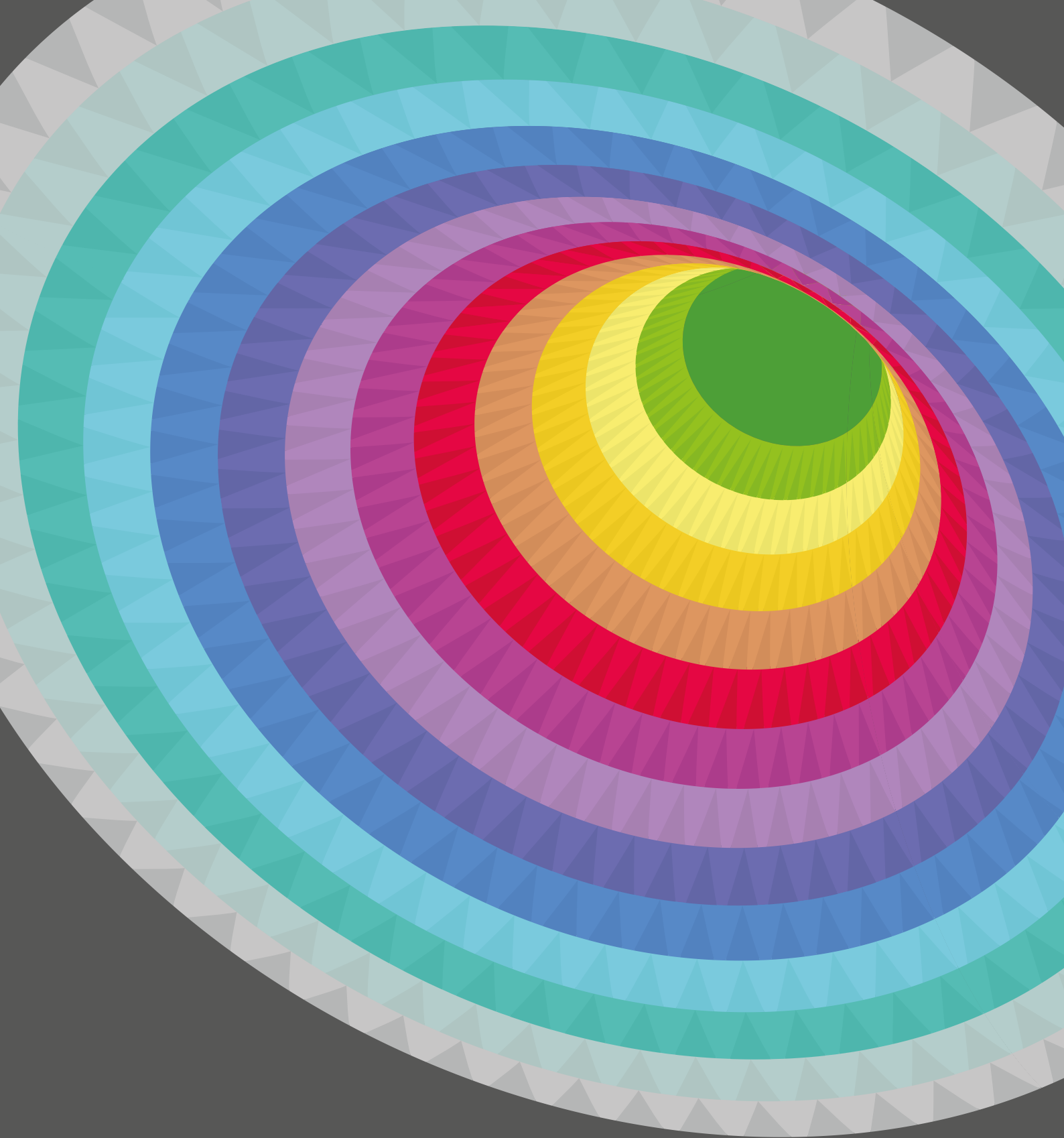




STRONGER COLLABORATION FOR AN EQUITABLE AND RESILIENT RECOVERY

towards the health-related
Sustainable Development Goals

2021 PROGRESS REPORT
ON THE GLOBAL ACTION PLAN
FOR HEALTHY LIVES AND
WELL-BEING FOR ALL



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**STRONGER COLLABORATION FOR AN EQUITABLE AND RESILIENT RECOVERY
TOWARDS THE HEALTH-RELATED SUSTAINABLE DEVELOPMENT GOALS**

2021 Progress report on the Global Action Plan for Healthy Lives and Well-being for All

A note on contribution

The aim of this report is to showcase how the GAP is helping to foster, deepen, catalyse and expand collaboration among its signatory agencies in support of countries to help them recover from the impact of COVID-19 and resume progress toward the health-related SDGs.

Clearly attributing changes in collaboration among the agencies to the GAP is challenging because the GAP is not a project but a set of commitments to a new way of working. In many cases, work under the GAP builds on earlier collaborations among the agencies and uses existing mechanisms, especially at country level.

The Joint Evaluability Assessment undertaken by the evaluation office of the signatory agencies notes that: “Given the supporting role of the GAP, its effects on final outcomes, i.e. the SDGs, are unlikely to be directly measurable by way of robust attribution analysis – nor would such analysis be particularly helpful to the partners in improving their own work together. Rather, a more feasible expectation is that the partnership’s contribution to these end results will be measurable by way of contribution analysis, as this line of analysis can more meaningfully elucidate shared successes and outstanding gaps in its members’ shared support role. Expectations around this need to be carefully managed – essentially the GAP needs to make the assumption that by supporting countries, improving coordination and reducing burdens, the collective effort of reaching the SDGs will be enhanced. Using case study examples (as per the progress report) will help to support this plausible assumption.”

Against this background, the monitoring framework “aims to be able to identify and present credible results of the SDG3 GAP. But there are challenges in developing such a framework for the SDG3 GAP which is not a conventional development programme but rather describes a way of working. The monitoring framework needs to be able to assess the additionality of enhanced coordination and cooperation among GAP agencies and the contribution that these may have made to enhanced alignment and coordination in countries and to acceleration of health-related SDGs. The challenges associated with these needs are discussed in this document.”

On assessing additionality, the monitoring framework states that: “the SDG3 GAP and its monitoring framework are not concerned with everything done by each of the 13 agencies in relation to the health-related SDGs. Rather, they focus on the additionality of enhanced coordination and cooperation. However, it may be difficult and unproductive, given the nature of the subject matter, to try to define additionality precisely. It is recognized that the SDG3 GAP builds on what went before and that it will increase over time. Monitoring of additionality will largely rely on qualitative methods, e.g. as used in country case studies.”

The information used to write this progress report is sourced from the interagency accelerator working groups and country-facing teams of the agencies. The country case studies were developed based on input from country-level discussions and the relevant accelerator working groups and were reviewed by the WHO country offices and other GAP agencies. The content of Section 3 on the work under the GAP accelerator themes was provided by the respective accelerator working groups.

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Foreword



Few events in our lifetimes have exposed inequities in global health as starkly as the COVID-19 pandemic. The massive disparity in the global distribution of vaccines is a glaring example.

This progress report shows how the Global Action Plan for Healthy Lives and Well-being for All (GAP) is helping to pave the way for an equitable and resilient recovery from the pandemic by strengthening the way multilateral agencies work together to support countries.

Even as we continue our work to end the pandemic, we must act on the lessons from it.

First, the pandemic has demonstrated the importance of public health and primary health care as the first line of defence against emergencies and the foundation of universal health coverage and healthier people. To recover from COVID-19 better equipped to confront the crises of the future, all countries should be striving to build strong and equitable primary health care systems.

Second, COVID-19 has shown that when multilateral partners collaborate more closely, the impact of their support for countries can be that much greater. As countries work to recover from the crisis and resume their efforts to achieve the 2030 Sustainable Development Goals, we will need to sustain this deepened sense of common purpose and commitment.

This report also highlights challenges to overcome in our efforts to strengthen collaboration to recover from the pandemic and drive progress towards the Sustainable Development Goals. We need to get the incentives right: both “push” (from Boards and donors) and “pull” (from countries).

I am pleased to welcome the International Labour Organization as the 13th signatory agency to the Global Action Plan. I thank the GAP signatory agencies for the hard work reflected in this report and for their sustained commitment to stronger collaboration for better health.

Tedros Adhanom Ghebreyesus
Director-General, World Health Organization

Executive summary

Progress on the health-related SDGs was already lagging when the Global Action Plan for Healthy Lives and Well-being for All (GAP) was launched in 2019 and is now much further off track. The COVID-19 pandemic has shone a harsh light on inequities and inequality but has also underlined the centrality of health, equity and equality as preconditions for sustainable development. This second, annual GAP progress report illustrates how the GAP is providing an important, long-term improvement platform for collaboration among 13 agencies in the multilateral system as they support countries on the path towards an equitable and resilient recovery from the pandemic and further progress towards the health-related SDGs. It shows the importance of clear and shared objectives in supporting countries to achieve tangible and measurable impact through a closer collaboration of the agencies and highlights that progress has been incremental rather than transformational to date and may remain so unless Boards and donors signal to the agencies that they would like to see deeper changes to the ways the agencies work together in support of countries.

From its inception, the GAP has been focused on enhancing collaboration leading to greater impact. Such collaboration can be challenging because multilateral agencies have different mandates, strategies, funding streams and governance and accountability mechanisms, but it is also essential and requires sustained leadership from the multilateral agencies, their boards and funders and the countries that they serve.

The structure of this progress report is based on the four key commitments made by signatory agencies under the GAP: *Engage, Accelerate, Align* and *Account*.

ENGAGE



A commitment to work with countries to identify priorities and to plan and implement together.

Country results and impact are central to the GAP. By May 2021, GAP implementation at country-level had scaled up from the five countries presented in case studies in the 2020 GAP Progress Report to 37 countries. Joint activities at country level are undertaken by the GAP signatory agencies' country-facing teams and supported by the global-level accelerator working groups. Because the SDGs are universal, GAP agencies are committed in principle to working in all countries through national, government-led, health, SDG and/or development partner coordination mechanisms in support of national health and development plans and priorities, based on country demand and need and in line with the agencies' mandates and available resources. This report presents eight case studies illustrating enhanced collaboration among the agencies on primary health care (PHC), health financing, data and other accelerator themes. The case studies include several encouraging examples of progress under GAP accelerator themes despite the health and economic impact of COVID-19, as well as notably enhanced collaboration among GAP agencies and other partners in support of national pandemic responses. However as countries begin to recover from the pandemic and resume progress towards the SDGs, maintaining the momentum of collaboration spurred by COVID-19 will be essential to enable accelerated progress in countries. This will require reflection on how to sustainably adjust the incentive system under which the agencies collaborate so as to make the level of collaboration seen in response to COVID-19 the new normal.

ACCELERATE



A commitment to act together to support countries under specific accelerator themes and on gender equality.

Country-level activities under the GAP are supported by the global-level accelerator and gender equality working groups. Over the last year, the working groups have created thematic communities of practice and enabled both strengthened collaboration and new interactions among GAP agencies. The accelerator working groups themselves are also collaborating more closely. Three working groups on determinants of health, community and civil society engagement and gender equality, for example, are collaborating as a cluster on issues related to equity, gender, inclusion and rights, and are working with the data and digital health accelerator on leaving no one behind. Accelerator working groups have also refined their strategic approaches, building on priorities set out in the 2020 GAP progress report and taking into account the response to COVID-19. This includes identification by each working group of a priority focus area ("one big action") and in most cases a specific way in which it will be deployed. For example, the equity cluster has focused on equity in the context of COVID-19, including vaccine equity and gender-responsive vaccine access and uptake; the innovation accelerator has focused on scaling up medical oxygen and aims to support COVID-19 digital innovations, women and children's health, and mental health; and the data and digital health accelerator is focused on strengthening country data and information systems with a focus on disaggregated data and equity. These foci thrive in the context of strong primary health care systems and sustainable financing for health and contribute to more resilient and sustainable systems for health more broadly, including in fragile settings.

ALIGN



A commitment to harmonize operational and financial strategies, policies and approaches.

Significant alignment among GAP agencies is happening within GAP accelerator working groups and at country level. Over the last year the GAP has also demonstrated its potential to strengthen and increase alignment in the global health ecosystem by integrating elements of the *Every Woman, Every Child* agenda and related work by the H6 group of agencies (all of which are GAP signatory agencies) into ongoing collaboration within its accelerators; strengthening multilateral collaboration at the regional level (such as the EMRO Regional Health Alliance in support of the GAP and the EURO issues-based coalition on health); learning from previous collaboration initiatives (International Health Partnership, IHP+); and translating lessons to other SDG collaborations (Global Acceleration Framework for SDG 6). In January 2021, the International Labour Organization joined as the 13th GAP signatory agency.

ACCOUNT



A commitment to review progress and learn together to enhance shared accountability.

In 2020, a joint evaluability assessment (JEA) of the GAP was undertaken by the evaluation offices of the signatory agencies. In addition to providing an early opportunity for joint learning and course correction for the GAP, the JEA served as a platform for bringing (at that time) 12 evaluation offices together for the first time in line with the GAP commitments to closer alignment and shared accountability. The JEA was a rapid, light-touch assessment to determine whether the necessary strategic and technical elements are in place to enable the GAP to succeed and to pre-emptively address gaps in advance of an independent evaluation planned for 2023. Principals of the GAP agencies reviewed the JEA recommendations and approved a management response. Implementation of the actions in the response is well underway, including development and approval of a theory of change and a monitoring framework. Increasingly, work under the GAP will focus on the key challenges and risks identified in the JEA and the review of the IHP+ discussed in this report: country ownership, institutionalization of collaboration within the agencies, and incentives from governing bodies and funders for the agencies to collaborate better.

Looking forward, the “North Star” of the GAP is impact at the country level in the context of equitable and more resilient PHC and a health sector that is sustainably financed through domestic and external resources. In the era of COVID-19, the GAP is well positioned to further support countries as they now strive for an equitable and resilient recovery and resumption of progress towards the health-related SDGs.

1 ENGAGE:





© Gavi/Asad Zaidi
Community engagement officer, Sadaf Fareed, walking through a slum
where many of the children are zero-dose. Pakistan

Engage



Country-level implementation of the GAP has scaled-up to 37 countries in 2020.

Country results and impact are at the heart of the GAP. By May 2021, GAP implementation at country-level had scaled up from the five countries presented in case studies in the 2020 GAP Progress Report to 37 countries (Table 1). GAP agencies work through national, government-led, health, SDG and/or development partner coordination mechanisms in support of countries' health and development plans and priorities.

Joint activities at country level are undertaken by the GAP signatory agencies' country-facing teams with support from one or more global-level accelerator working groups that are themselves increasingly providing joined-up support in response to country demand. WHO country offices, supported by a network of GAP focal points in WHO regional offices, offer assistance to governments in coordinating the agencies' activities. Ultimately, the goal is to resume and accelerate country progress on the health-related SDGs through strengthened collaboration in all countries based on country demand and need and in line with the agencies' mandates and available resources.

This report presents eight case studies illustrating enhanced collaboration in countries where several GAP accelerators are working together to provide support for an equitable recovery from the COVID-19 pandemic. In **Lao People's Democratic Republic, Pakistan** and **Tajikistan**, the agencies are working to strengthen sustainable financing in the context of PHC-focused reforms. In **Somalia** and **South Sudan**, innovation and strong commitment to UHC through PHC are providing a path to recovery from instability and conflict. In **Malawi and Nepal**, work on data and digital health aims to achieve more equitable access to PHC services. In **Colombia**, several agencies are using opportunities provided by the GAP to strengthen prior collaboration on determinants of health affecting access to services.

TABLE 1:

Overview of GAP country-level focus and implementation by WHO region

AFRO	AMRO	EMRO	EURO	SEARO	WPRO
Côte d'Ivoire (SFH)	Haiti (PHC, RDIA)	Egypt (PHC, DoH, DD)	Tajikistan (SFH, PHC)	Myanmar (SFH)	Lao People's Democratic Republic (SFH)
Ghana (PHC, SFH)	Colombia (DoH, GE, CSCE)	Pakistan (PHC, SFH)	Ukraine (PHC+)	Sri Lanka (PHC)	Papua New Guinea (PHC)
Kenya (SFH, DD)	Jamaica (DoH)	Somalia (PHC, RDIA, FCV)	Kyrgyzstan (+)	Timor-Leste (PHC)	Mongolia (PHC)
Malawi (PHC, DD)		Morocco (+)	Turkmenistan (+)	Nepal (DD)	
Zimbabwe (SFH)		Djibouti (+)	Albania (+)		
Central African Republic (PHC, FCV)		Lebanon (+)	Azerbaijan (PHC)		
Mali (PHC, FCV)		Jordan (+)	Moldova (+)		
Niger (SFH)		Yemen (FCV)			
NE Nigeria (PHC, FCV)					
South Sudan (PHC, FCV)					
Uganda (DD)					
Cameroon (+)					

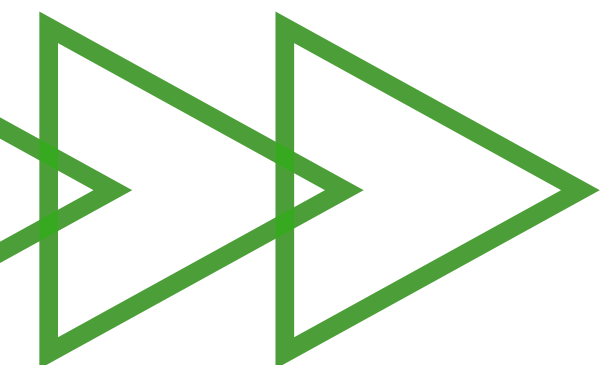
- Accelerator themes identified through global-level accelerator working groups or country discussions: PHC (primary health care); SFH (sustainable financing for health); CSCE (civil society and community engagement); DoH (determinants of health); RDIA (research and development, innovation and access); DD (data and digital health); FCV: (fragile and conflict affected settings); + multiple accelerators
- **Bold** = subset of countries discussed by at least one accelerator working group at the global level

Across all countries where GAP agencies are collaborating, governments have been intensively focused on responses to the COVID-19 pandemic, maintaining essential health services and most recently, ensuring equitable access to vaccines against COVID-19, a defining health and development challenge of 2021. As a result, capacities within both governments and the signatory agencies to focus on medium- to long-term health priorities and reforms has been significantly constrained. Nevertheless, the case studies show that countries and the multilateral system are also looking beyond the pandemic to recovering and building back better, particularly to strengthen PHC including pandemic preparedness and other core public health functions, multisectoral approaches, community engagement and addressing inequities exposed and deepened by COVID-19. At the same time, the ongoing economic impact of COVID-19 means that both donor and implementing countries will need to prepare for a more resource-constrained environment in the short to medium term.



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Sarita Thapa is a communication health volunteer following up with pregnant women and children in her community. Nepal



Country engagement to date also illustrates the critical importance of strong country leadership to ensure alignment of health and development partners around national plans and priorities; the importance of involving bilateral agencies; the need to ensure that health and other development partner coordination mechanisms are effectively resourced, led and managed; and the importance of work at the health-development nexus and meaningful engagement of communities and civil society.

Despite the highly challenging health and economic headwinds faced in nearly all countries over the last year, the case studies present several encouraging examples of progress and sustained commitment by governments to PHC and other GAP accelerator themes. In many countries, the crisis response to the pandemic has itself prompted intensified and effective collaboration among GAP agencies and other development partners, providing fresh impetus and opportunities for longer-term, joint action. Nevertheless, overall progress at country-level has been more incremental than transformational, in large part because the incentives in global health provided by Boards and donors are more inclined to foster short-term, highly focused emergency responses than longer-term, country focused collaboration on cross-cutting issues (see section 4 on risks).

Many countries shared their perspectives on GAP in an [event](#) to launch the 2020 GAP Progress Report held in September 2020, signifying growing country ownership of GAP-related approaches and activities. More countries have started to identify the accelerator areas most relevant for them and to request closer collaboration among the agencies in these areas. Country perspectives will be further captured through ongoing development of case studies and the GAP monitoring framework (See section 4).

BOX 1.

Pakistan

Towards PHC for UHC and sustainable health financing in Pakistan

The 2020 GAP progress report highlighted Pakistan's efforts to implement pledges in the country's National Health Vision 2016-25 to increase health spending and quality and coverage of PHC to achieve UHC, including through the rollout of costed UHC benefit packages for community and primary health care centres and secondary and tertiary hospitals by mid-2020; evaluation and strengthening of the country's flagship Lady Health Worker Program; strengthening and digitization of the District Health Information System; development and implementation of a national family practice model; and health financing reforms. A year ago, discussions between GAP agencies, other development partners and the government of Pakistan were specifically focused on supporting the final design and approaches to financing the UHC benefit package.

To further advance these efforts, a joint mission to Pakistan by agencies from the GAP PHC and sustainable financing for health accelerator working groups, including WHO headquarters, regional and country offices, was planned in 2020, but the mission was delayed due to the COVID-19 pandemic. Nevertheless, the UHC benefit package was endorsed by the government in October 2020 and the country has continued work over the last year with support from GFF, UNICEF, World Bank and WHO to develop a draft UHC investment case focusing on baseline and coverage targets of key interventions in four clusters (RMNCAH, infectious disease, NCDs and health services) based on 88 priority district-level interventions selected for immediate implementation.

Other opportunities for financing primary health care are also emerging,

including through the upcoming National Health Support Project supported by the World Bank, GFF and other partners, building on the success of National Immunisation Support Project (NISP) co-funded by the Bill and Melinda Gates Foundation, Gavi, USAID and the World Bank.

The joint GAP "PHC for UHC Mission to Pakistan" eventually took place during the first week of March 2021. The mission was co-hosted by the Government of Pakistan and the WHO country office with support from the WHO Office for the Eastern Mediterranean Region. Participants included the federal and provincial governments, Gavi, GFF, Global Fund, UNAIDS, UNFPA, UNICEF, the World Bank, other local and international development partners and civil society organizations. The key objectives of the mission were to review progress in PHC and health financing reforms



A joint statement of representatives of GAP agencies, reaffirming their commitment to support government efforts to achieve universal health care through primary health care. Pakistan

towards UHC and to agree on a medium-term, multi-partner support agenda, including opportunities to leverage existing external financing. Following a series of meetings with political leaders and policy makers in health and finance, planning and development sectors at federal and provincial level, as well as thematic discussions and field visits, the GAP agencies issued a joint statement in which they renewed their commitment to a more aligned approach towards PHC for UHC. The agencies specifically affirmed their intention to:

- Align technical support to foster government stewardship in implementing its national strategies, plans and reforms in order to optimize the impact of their collective investments, focusing especially on aligning support for implementation of the UHC benefit package in accelerated districts;

- Align their support to government monitoring systems based on evidence generated through programmatic data and research and build national capacity for assessment-based PHC improvement, based on the PHC Measurement and Improvement Initiative (PHCMI) launched recently in Pakistan; and
- Strengthen multi-partner and multi-stakeholder coordination mechanisms, including empowering communities to enable their meaningful involvement, to support the government to develop a national “PHC for UHC Compact” that sets out agreed contributions and ways of working for all health partners.

As the next step, GAP agencies and other partners will develop an action plan to deliver on these commitments and work with

the government towards developing a national “PHC for UHC Compact” in connection with the UHC2030 Global Compact.

In addition, an agreement was reached to develop a health financing framework at the national level based on UHC and to formulate a national/provincial health financing strategy with support from partners under a technical working group on health financing. The development of the strategy will be supported by a fiscal space analysis (World Bank), health system financing assessment (World Bank), strengthening of public financial management for health (World Bank), a health financing matrix (WHO) and cross-programmatic efficiency analysis (Gavi, Global Fund and WHO). The GAP SFH accelerator working group will serve as a platform for engaging partners in development of the health financing strategy.

ACCELERATE:





© WHO/Karen González Abril

Repositioning primary health care during the pandemic to save lives and protect the customs and traditions of the Wayúu people. Colombia

Accelerate



The first joint mission to a country by GAP agency accelerator working groups on primary health care and sustainable financing for health took place this year.

GAP accelerator working groups and the gender equality working group comprise representatives of GAP signatory agencies with mandates in the thematic areas. Since their establishment in 2019, the accelerators have all created communities of practice in their thematic area by strengthening existing collaborations and fostering new interactions among the agencies.

The accelerators are also working more closely together, particularly to support country-level activities. For example, the accelerators on determinants of health and civil society and community engagement, and the gender equality working group, are working together on equity, inclusion and rights and with the data and digital health accelerator on leaving no one behind. Discussions between the PHC accelerator and the fragile settings and sustainable financing for health accelerators are underway to more closely align the work in countries across the health/development nexus.

Accelerator working groups have refined their strategic approaches, building upon or adapting priorities set out in the 2020 GAP progress report. The accelerators are also being galvanized by COVID-19, uniting around this challenge to advance work on equity in the context of PHC and the pandemic and promoting a more equitable and resilient recovery towards the health-related SDGs.

The cross-cutting commitment to gender equality in the GAP is reflected in the gender-related work of the equity cluster of working groups and gender focal points have been identified for all GAP accelerators, drawn from the gender equality working group.

Each accelerator working group has identified a priority focus area or “one big action” for 2021 that reflects a significant need and opportunity for action and impact over the next year (Table 2).

TABLE 2:

Summary of “one big action” by GAP accelerator through 2021

PHC	Supporting countries to develop and deliver a comprehensive package of essential health services and contribute to UHC through PHC, using the PHC operational framework as a key tool to accelerate progress
Sustainable finance	Sustaining health financing and prioritizing for equity while responding to COVID-19 and building back better
Fragile settings/disease outbreaks	Making PHC work in fragile settings and enhancing the humanitarian/development nexus
Determinants of health	Driving equity and equality in the COVID-19 response and recovery, including addressing gender inequalities, with an initial focus on vaccine equity and gender-responsive vaccine access and uptake
Community/civil society engagement	
Gender equality	
R&D/Innovation and access	Scale-up of innovations including medical oxygen, COVID-19 digital innovations, women and children's health, and mental health
Data and digital	Strengthening country data and information systems, especially with regard to disaggregated data, including application to COVID-19 and equity.

The remainder of this section summarizes each working group's results over the last year.

Primary health care

Members: Gavi, Global Fund, GFF, ILO, UNDP, UNFPA, World Bank and WHO

Co-leads: UNICEF and WHO

The PHC accelerator working group has scaled up its intensified support activities over the last year from seven to 13 countries, with more countries identifying PHC as a priority in light of their efforts to maintain essential health services during the COVID-19 pandemic and eventually recover from the pandemic and resume progress towards UHC and other health-related SDGs. Work of the PHC accelerator is now mainly focused on the country level, including linkages to country-level action by other accelerator working groups.

WHO has created a PHC Special Programme as a new flagship initiative which incorporates the UHC-Partnership and has allocated resources to support coordination of the activities of the GAP PHC accelerator working group to help ensure close alignment of their efforts.

Key results

PROMOTING EQUITABLE ACCESS TO ESSENTIAL HEALTH SERVICES BY LEVERAGING EXISTING COUNTRY ACTIVITIES

- Routine monitoring of health service capacities and facility readiness using the new PHC monitoring and evaluation framework and building on tools such as HMIS, DHIS-2 data and phone surveys to facilities with World Bank and GFF support to identify areas in most need of support, including the need to adapt service delivery strategies, complementing the work of ACT-A (ongoing in 13 countries, to be scaled to 36); and
- Integration and/or harmonization of PHC focus in agency programmes, including Gavi's zero-dose approach; WHO's Immunization Agenda 2030; Global Fund support for resilient and sustainable systems for health, GFF country investment cases, UNICEF-supported programmes for restoring and accelerating essential health services for women and children and the WHO UHC Partnership (UHC-P), with a view to supporting one common roadmap.

CROSS-ACCELERATOR COORDINATION

- Linking country work plans with those of other accelerators, including joint work with the innovative programming in fragile and vulnerable settings and sustainable financing accelerator working groups (focus on Pakistan, Somalia, South Sudan); and
- Collaborate with gender equality working group to develop country engagement focused on advancing gender equality (data/monitoring indicators; workforce strengthening with gender lens on health worker support and training; improving service delivery through enhanced quality of care, integration of services).

COVID-19 RESPONSE AND RECOVERY

- Providing guidance on maintaining access to essential health services, with a focus on PHC;
- Supporting implementation of PHC components in COVID-19 emergency grants (Pandemic Emergency Fund) in Ghana, Haiti, Malawi, Somalia, South Sudan; and
- Supporting countries in developing PHC-focused funding applications for pandemic response and recovery strategies.

One big action in 2021: Supporting countries to develop and deliver a comprehensive package of essential health services and contribute to UHC through PHC, using the PHC operational framework as key tool to accelerate progress.



BOX 2.

PHC Operational Framework

GAP signatory agencies participated in consultations leading to the draft Operational Framework for Primary Health Care as members of an international advisory group and through the public consultation

process. Following the adoption of the framework by the World Health Assembly in November 2020, it was officially launched at a ministerial event co-hosted by the Ministry of Health of Kazakhstan, UNICEF and

WHO in December. The levers of the framework link closely with each of the GAP accelerator themes and provide a useful tool for GAP agencies and other partners to align support for PHC to countries.

Sustainable financing for health

Members: Gavi, Global Fund, GFF, ILO, UNDP, World Bank and WHO

Co-leads: Gavi, Global Fund and World Bank

The sustainable financing for health (SFH) accelerator working group has focused its efforts over the last year on joint activities in nine priority countries (Cote d'Ivoire, Ghana, Kenya, Lao People's Democratic Republic, Myanmar, Niger, Pakistan, Tajikistan and Zimbabwe) under three main themes: domestic resource mobilization, value for money and efficient development cooperation.

The SFH agencies aim to leverage the GAP to mobilize resources while enhancing equity in financing for essential services and preparedness strengthening. Besides helping countries to mitigate fiscal space contractions due to COVID 19, SFH continues its commitment to UHC by ensuring funding for common goods for health and reducing barriers to access for critical health services by excluded and under-served communities such as key

populations and zero dose communities.

Key results

DOMESTIC RESOURCE MOBILIZATION:

- Health taxes: Contributed to establishing a global health taxes working group hosted by the P4H network and co-chaired by WHO and the World Bank including an Oslo meeting on health taxes hosted by Norad and initiating conversations at the country level in Pakistan and Cote d'Ivoire;
- Resource mapping and expenditure tracking (RMET): Collaboration on the RMET exercise in Tajikistan, Cote d'Ivoire, Niger and Zimbabwe;
- Initiated engagement with International Monetary Fund to align and provide a consolidated global health voice for collaboration; and
- Engagement with civil society organizations on budget literacy and advocacy trainings including global webinars and engagement in 10 anglophone and 10 francophone countries.

VALUE FOR MONEY:

- Collaboration on planning system-level efficiency and public health expenditure analyses in a few focus countries;
- Issued joint policy notes on public financial management (PFM) for universal health coverage and on PFM and the COVID-19 response; and
- Report on cross-programmatic efficiency analysis in priority countries identifying opportunities to enhance sustainability by consolidating underlying support systems (e.g. information, procurement).

EFFICIENT DEVELOPMENT COOPERATION:

- Engagement to strengthen coordination and alignment of investments in joint Investment cases (Pakistan, Ghana, Niger);
- Discussions to harmonize health financing TA in countries supported through the accelerator; and
- Co-financing framework agreement signed between Global Fund and World Bank with initial operation in Lao People's Democratic Republic.

CROSS-CUTTING INITIATIVES:

- Capacity building courses on Disbursement Linked Indicators (DLIs) and Performance-Based-Financing targeting the country teams across the member agencies;
- Quarterly engagement with donors and bilateral partners such as UK FCDO, Norad, USAID and GiZ;
- Monthly engagement at the global and country level, including debrief with the Bill and Melinda Gates Foundation and streamlined operations with dedicated resources for coordination support from Gavi and Global Fund;
- Exploring engagement through the P4H network on opportunities to deploy P4H Country Focal Persons on SFH-related topics in relevant contexts; and
- Collaboration with accelerators on PHC, fragile/vulnerable settings and civil society and community engagement, as well as the ACT-A health systems connector.

COVID-19 RESPONSE: SFH platform allowed member agencies to coordinate and align funding for the covid-19 response and allocation/reallocation of funding. Examples include:

- **Covid-19 macroeconomic impacts and joint analytics:** developed global level estimates so all SFH agencies are aligned on technical analysis and communication with countries
 - Regional: Africa, Asia
 - Country: Myanmar, Lao People's Democratic Republic, Pakistan, Tajikistan
- **Covid-19 tools & platforms overview:** Provides an overview of tools developed that can be utilized for the development of COVID-19 response plans (e.g., forecasting tool, health workforce estimator, tracking tools).
- **Covid-19 funding overview:** Compiles funding information from multilateral agencies for COVID-19 response; including potential areas of support and process for countries to access the funds.

One big action in 2021: Sustaining health financing and prioritizing equity while responding to COVID-19 and building back better.

BOX 3.

Tajikistan

Advancing sustainable health financing reforms for PHC in Tajikistan

The Government of Tajikistan has initiated a range of health reforms over the last decade to advance Universal Health Coverage and strengthen primary health care. These steps are particularly needed to help reduce the country's high burden of non-communicable diseases. As First Deputy Minister of Health Gafur Muhsinzoda noted in remarks at the 2020 World Health Summit, "Stronger primary health care allows us to make better use of limited resources, reduce the burden on hospitals and better serve the poor and people in rural areas. COVID-19 has further highlighted the need for us to strengthen primary care". Major reforms include development of a state-guaranteed Basic Benefit Package, introduction of a per capita health financing approach for more equitable distribution of resources at the primary health care level, piloting a performance-based

financing mechanism, case-based hospital payments and legislation to establish a Mandatory Health Insurance Fund.

GAP signatory agencies in Tajikistan have provided significant support to these efforts in recent years. GFF and WHO, for example, helped to support development of the health financing chapter of the new National Health Strategy 2021-2030 in which reform of the existing health financing system is regarded as an essential step towards improving the efficiency of health service delivery and addressing issues related to equity, access and affordability of PHC. In 2019, the Bank and Gavi joined forces to co-finance activities to increase coverage and quality of basic PHC in selected districts and support the nationwide rollout of per capita financing for PHC. In the same year, Tajikistan

became the first country in Europe or Central Asia to join the GFF and GFF co-financing in the World Bank's Early Childhood Development Project is providing incentives to introduce and implement nationwide program-based budgeting for PHC. WHO has been supporting health system governance, public financial management and roll-out of the Basic Benefit Package. Among other partners, the European Union has funded a new programme supporting health systems strengthening with a focus on capacity development in the Ministry of Health and planning and delivery mechanisms for primary health care.

As noted in a [report](#) on Tajikistan's progress towards the health-related SDGs published by the WHO Regional Office for Europe in November 2020, additional efforts are needed to



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The training of family nurses and doctors at the Republican Centre for Family Medicine on detecting and managing hypertension and prevention of cardiovascular diseases in the delivery of primary health care services. Tajikistan

accelerate implementation of the country's health reforms. Since mid-2019, the World Bank has led monthly calls open to a sub-group of partners with a specific interest in financing from the Health Working Group of Tajikistan's Donor Coordination Council, which is co-chaired by WHO and the European Union, to promote better information-sharing and understanding of each other's work in the country. This group – which includes several agencies active in the GAP sustainable financing for health (SFH) accelerator working group – played a key role in supporting the Government as it developed its COVID-19 Country Preparedness and Response Plan in March 2020, including through a time-limited sub-group which met weekly to share information and monitor progress on procurement of supplies and equipment. With support

from partners in this group, Tajikistan was among the first countries to hold cross-agency COVID-19 vaccine readiness discussions in October 2020.

The GAP SFH accelerator working group has recognized Tajikistan's early and proactive response to the COVID-19 pandemic and shared information about it with other countries and partners as part of the working group's ongoing efforts around knowledge sharing and cross learning.

While the pandemic has delayed further significant progress on health reforms, members of the GAP SFH accelerator working group and the national-level partner Health Working Group aim to build on closer collaboration during the pandemic response to help the country resume progress towards the health-related SDGs. Key opportunities include:

- Finalization of the draft National Health Strategy, including development of a health sector investment case and a Prioritized Operational Plan;
- Further technical support and capacity building, such as extension of the per capita financing approach in primary health care with increased autonomy for PHC facilities; wider use of disbursement-linked indicators for public financial management in PHC; and introduction of incentives for implementing the basic package of health services; and
- Strengthening public financial management, building upon collaboration between the country and the World Bank, WHO and the European Union.

BOX 4.

South Sudan

South Sudan: Strengthening primary health care in fragile settings

South Sudan has undergone protracted conflict before and since gaining independence in 2011. More than 8 million of the country's 13 million people will need humanitarian assistance in 2021 as a result of intensified intercommunal and sub-national conflict and violence, major flooding and the COVID-19 pandemic. Nearly half the population was facing high levels of acute food insecurity in March 2021, a proportion expected to grow by mid-year.¹ The country has very poor health indicators including low life expectancy and poor access to health services. Government funding for health is low at less than 2% of the national budget, and out-of-pocket spending accounts for around 54% of total health expenditure. There

is an acute shortage in the health workforce, inadequate health infrastructure and poor health service utilization.²

In recent years, the Government has been working to transition from a focus on humanitarian relief to longer-term development of the health sector, as reflected in 2017 Boma Health Initiative, a nationwide effort to integrate and improve access to fragmented, community health services, and the Health Sector Strategic Plan (HSSP) 2017-2022. The HSSP prioritizes delivery of a basic package of health and nutrition services through primary health care and financial protection for achieving Universal Health Coverage. A shorter-term

Health Systems Stabilization and Recovery Plan for the period 2020-2022 is intended to serve as a catalyst for rebuilding the country's health system and accelerating implementation of the HSSP by focusing on priority interventions to restore health system foundations, test approaches before scale-up, strengthen the humanitarian-development nexus and lay groundwork for further progress towards UHC and the health-related SDGs.

In December 2020, the South Sudan Ministry of Health presented priority challenges for scale up of PHC towards UHC to agencies in the GAP PHC accelerator working group. These included strengthening

¹ December 2020 integrated Food Security Phase Classification (IPC) report.

² Other data in this case study provided by WHO Country Office.



Measuring the height of young girl to determine her eligibility to receive the bilharzia treatment. South Sudan

leadership and governance; health commodity and supply chain management; equitable service delivery; and community systems strengthening. Addressing human resources deficits for PHC is a particular challenge that requires prioritizing and improving remuneration, incentives and training for health workers and strengthening human resource information systems.

The Ministry has specifically requested that GAP agencies and other development partners:

- Align with the goals of the government-led HSSRP and strengthen the humanitarian-development nexus in health sector programming to foster PHC as the path to UHC;

- Commit to harmonization of resources around common PHC/UHC program implementation and monitoring;
- Help to strengthen national and subnational coordination platforms for joint action on PHC; and
- Consider a high-level, joint mission.

Although activities are at an early stage and progress has been delayed by COVID-19, GAP agencies and other partners are beginning to more closely align with the Government's PHC priorities. Catalytic funding provided to the WHO country office has supported reactivation of the national Health Sector Working Group and efforts are underway to establish a

PHC technical working group. Dialogue prompted by the GAP and facilitated by WHO and UNICEF country offices has led the Government towards committing to the concept of an equitable, PHC-led recovery from COVID-19 and generated further consensus among development partners in South Sudan – including the H6 group of agencies – about supporting national priorities in the Health Systems Stabilization and Recovery Plan.

The PHC accelerator working group agreed in February 2021 to create a South Sudan working group with representatives of GAP agencies at global and country levels to develop an action plan and map currently available financing against it.



Health workers measure Antar's mid-upper arm circumference and provide advice at a WFP supported clinic in Ad Dale city, Yemen

Innovative programming in fragile and vulnerable settings and programming in the context of disease outbreaks

Members: Gavi, Global Fund, UNFPA, WFP, UNICEF, World Bank and WHO
Co-leads: WFP and WHO

In response to the recommendation in the 2020 Joint Evaluability Assessment of the GAP (see Section 4) that accelerator working groups should align and work closely together, the accelerator working group on fragile settings and programming in the context of disease outbreaks is focused on supporting the adaptation of the work of other accelerators to fragile settings and strengthening the health-development nexus in countries. This accelerator is therefore aligning its efforts with countries selected for intensified support by the GAP PHC and innovation and access accelerator working groups, strengthening the COVID-19 response and ensuring links between development and humanitarian actors (Central African Republic, Mali, North-East Nigeria, Somalia, South Sudan, Yemen).

One big action in 2021: Making PHC work in fragile settings and enhancing the humanitarian-development nexus



BOX 5.

The GAP approach to equity

Equity and equality must be front and centre in the COVID-19 response and recovery, including the rollout of vaccines. Already two out of three children who do not receive even a single dose of a routine childhood vaccine (zero-dose children) live in households surviving on less than \$1.90 a day and are markers of communities facing multiple deprivations in access to health and other social services due to various socioeconomic, geographic and gender-related barriers. These are the communities least likely to have access to other PHC services and those that must be reached to deliver on the global commitment to UHC and the health-related SDGs. COVID-19 has further exposed and exacerbated existing inequalities, with those already left behind bearing disproportionate socio-economic impact. Access to safe and effective COVID-19 vaccines and therapeutics would protect those most vulnerable (of which women comprise the majority), strengthen efforts to contain the pandemic and set the tone for broader response and recovery efforts on the path to UHC and the health-related SDGs. Inequity is not inevitable when data are available to drive deliberate investments and action.

For its “one big action”, the GAP equity cluster is supporting efforts to drive equity in the COVID-19

response and recovery, collaborating with the data and digital health accelerator. Joint, global-level advocacy and normative guidance has included the development of a Call to Action on vaccine equity among and within countries and the need to prioritize the world’s health workers in the first 100 days, which attracted the signatures of more than 1000 organizations and tens of thousands of individuals from 177 countries. The equity cluster, with UN University, has developed a guidance note and checklist for tackling gender-related barriers to equitable COVID-19 vaccine deployment, and is partnering with the University of Oxford School of Government on vaccine analytics for data-driven approaches to equity in COVID-19 vaccination. This incorporates data from the COVID-19 Gender Response Tracker. The gender equality working group also co-sponsored the launch of the UN University Gender and Health Hub at the 65th session of the Commission of the Status of Women. The Gender & Health Hub is a platform bringing together global experts, practitioners and thought leaders in gender and health from the UN, global health organizations, academia, governments and civil society, with a mandate to prioritize, guide, conduct and interpret research and analyses on what works in gender and health. The Hub will work closely with GAP agencies to support policies

and programmes to promote gender equality dimensions of health. Building on the Call to Action on vaccine equity and leveraging existing partnerships and tools, GAP agencies aim to deliver joint support to countries including through virtual site visits and data sharing for decision makers.

Holistic, multisectoral action on COVID-19 and equity drives and benefits from strong alignment across GAP accelerators because it cuts across the expertise of several agencies, including in inclusive governance (e.g. women in leadership and decision-making); community and civil society engagement (e.g. to collect data on vaccine access and barriers); financing; logistics; human rights; countering misinformation (including to address vaccine acceptability) and data and monitoring (e.g. disaggregation of data on vulnerable populations and use of qualitative data). The GAP will support and align with national vaccine preparedness and delivery plans, the UN system-wide socio-economic response to COVID-19 and the ACT-A accelerator. Driving equity, equality, resilience and sustainability in the COVID-19 response and recovery, including vaccine rollout, can lay the groundwork to better address health inequalities more broadly and to strengthen systems for health on the path back towards the health-related SDGs.

Equity: Gender, inclusion and rights

(cluster of accelerator working groups on determinants of health and civil society and community engagement, and the gender equality working group)

Members: Gavi, Global Fund, GFF, ILO, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, UN Women, World Bank, WFP and WHO

Co-leads: UNAIDS, UNDP and UN Women

The COVID-19 pandemic has exposed and exacerbated existing inequalities, highlighting the importance of equitable, rights-based and inclusive responses and recoveries that address determinants of health, benefit from and support community/civil society engagement, advance gender equality and enabling environments for health and well-being for all and leave no one behind. Within the context of the GAP, the accelerators on determinants of health and civil society engagement are working together strategically with the gender equality working group (which cuts across all accelerators) for greater impact. They are acting jointly to:

- Enable meaningful engagement from community-led and civil society organizations (CSOs) in decision-making at all levels to demand, support and ensure delivery of the health-related SDG agenda in a manner that is responsive, inclusive, participatory and representative;
- Ensure that gender equality, inclusion and rights, including engagement of communities and civil society (including employers' and workers' organizations), are realized across the work of the GAP at country level;
- Advance multisectoral action to address multiple health-related SDG targets that are not direct delivery functions of the health system and ministries of health; and
- Help countries to address inequalities, inequities and their intersectionality in their COVID-19 responses and recovery, in line with the UN framework for the immediate socio-economic response to COVID-19.

Key results

- Supported development of the UNDP and UN Women COVID-19 Global Gender Response Tracker tool that analyzes government pandemic policies and provides insights on gender disparities in COVID-19 responses, including women's involvement in pandemic response planning and decision-making structures
- Developed a guidance note and checklist for tackling gender-related barriers to equitable COVID-19 vaccine deployment, which will strengthen joint support to countries;³

³ Developed by UN University Institute for International Health Gender and Health Policy Hub and UN Women with GAVI, GFF, ILO, UNAIDS, UNDP, UNFPA, UNICEF and WHO.

- Strategically aligned three communities of practice under the chapeau of 'Equity: Gender, inclusion and rights' to prioritize activities, optimize and leverage partnerships, and jointly support countries for greater impact;
- Established a network of gender expertise across accelerators to support countries on gender-related priorities;
- Strengthened collaboration with other accelerators including on civil society engagement (with PHC and SFH) and on data analyses and approaches to vaccine equity (with Data and Digital);
- Advanced assessments of (1) civil society and community engagement capacities, opportunities, processes, policies and mechanisms of GAP agencies; and (2) COVID-19 socioeconomic response and recovery plans from the perspectives of equity and civil society/community engagement; undertook gender analysis of COVID-19 socioeconomic response and recovery plans;
- Established partnership with UN University Institute for International Health's new Gender and Health Policy Hub to support research and compile best practices and evidence on the integration of gender and health and to respond to gender dimensions of health and better respond to countries with technical expertise;
- Engaged civil society through virtual meetings with GAP civil society advisory mechanism and the 'Watch the GAP' group; and
- UNICEF and WHO, working with the World Bank, ILO and other partners, have launched the Hand Hygiene for All Initiative to accelerate progress toward hand hygiene for all by 2030 and to support the most vulnerable communities to protect their health, including from COVID-19.

One big action in 2021: Driving equity in the COVID-19 response and recovery, including addressing gender inequalities, with an initial focus on vaccine equity and gender-responsive vaccine access and uptake, especially at country level.

BOX 6.

Colombia

Ensuring equitable access to maternal health services in Colombia

While maternal deaths in Colombia as a whole fell from 70 to 51 per 100 000 live births between 2005 and 2019, they remain nearly five times higher in the country's indigenous communities due to socioeconomic factors and cultural barriers to accessing maternal health services including language difficulties, fear of caesarian sections or a sense of shame at being helped by someone from outside the community.

Under the GAP, four signatory agencies – UNFPA, UNICEF, WFP and WHO/PAHO - have intensified their collaboration to help ensure equitable access to services and reduce maternal and neonatal mortality among

indigenous peoples by working with the Ministry of Health and Social Protection, indigenous authorities and local government on health determinants, building on earlier joint work. According to Dr Gina Tambini, WHO/PAHO representative in Colombia, “an analysis of health gaps, inequities and cultural beliefs among indigenous communities was key in terms of setting priorities to develop emergency obstetric capacity and life-saving practices and adapt health services to meet indigenous people's needs”.

Contributing to the overall strategy, UNICEF mobilized resources to ensure that newborns were prioritized in

regional health plans, helped to raise standards of training in maternal nutrition for traditional practitioners and health teams and developed guidelines on adapting sociocultural services and maternal and perinatal care in the context of the COVID-19 pandemic. WFP supported national strategies to ensure food and nutritional security in Colombia with a specific focus on remote, dispersed communities, as well as broadening the expertise of midwives and raising community awareness about food and nutritional security in the first 1000 days of life. UNFPA helped to train community workers and traditional midwives in the Arhuaca



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A mother and newborn from the Wayúu indigenous community at Nazareth hospital. Colombia

and Wayuu communities, gathered evidence to guide new approaches to sexual and reproductive health and undertook advocacy to promote intercultural encounters and dialogue. WHO/PAHO has promoted action on the social determinants of maternal health in Colombia more broadly, based on Sustainable Development Goals 3 and 5 including by gathering evidence; rights-based tools and technical guidance; dissemination of best practices; and inputs into strategic plans.

Colombia provides an example of organic growth arising from discussions about GAP accelerators and

opportunities for greater collaboration at the country level. While the collaboration was initiated before the GAP, the GAP's focus on determinants of health and Colombia's specific interest in strengthening multisectoral approaches to address them has energized the collaboration, leading to the development of joint objectives and complementary interventions, enabled by tools and methodologies to identify determinants of health and better prioritize and target MCNH interventions.

Building on the collaboration, the four agencies now aim to work with the Government of Colombia and local

communities to scale up the initiative to additional health areas and indigenous communities and support indigenous civil society and community mobilization on maternal, newborn and child health to ensure that they are not left behind and to expand their work on determinants of health and multisectoral approaches more broadly.

At the regional level, determinants of health has been identified as one of the most relevant GAP accelerators to support countries in an equitable recovery towards the health-related SDGs.

Research and development, innovation and access

Members: Gavi, Global Fund, UNAIDS, UNDP, UNICEF, Unitaid, WFP and WHO

Lead: WHO

Bringing innovations in health to scale is a key bottleneck to achieving impact and accelerating progress on the health-related SDGs. The core idea of this accelerator, inspired by the WHO “Triangle” framework for scaling up innovation, is to tap into country demand for innovations and link this demand to supply, including by working with innovation funders to identify mature innovations in their pipelines, explore opportunities for co-funding and engaging innovation assessment through technical knowledge and implementation research expertise of partners. The accelerator working group is also connecting with other innovation partnerships and approaches, including with the International Development Innovation Alliance (IDIA) through its Collaborative Agreement with WHO Innovation and with ACT-A in key areas such as medical oxygen and COVID-19 digital innovation.



The lifestyle of people living by the Mekong river in Sangthong district. Lao People's Democratic Republic

Key results

- Innovation community of practice established, contributing to strengthened innovation ecosystem;
- Ongoing discussions with Every Woman Every Child Innovation Marketplace on strategic alignment;
- Agreement on major focus of scaling up innovations at country level by strengthening linkages between funders/suppliers and country demand;
- Development of a set of criteria for selecting innovations, including selection through innovation funders and aggregators; focus on mature innovations transitioning to scale; and complementing and avoiding duplication with other channels such as COVAX on vaccines, therapeutics and diagnostics;
- Increased linkages with innovation funders including with IDIA facilitated by WHO Innovation to provide a pipeline of mature innovations from these funders;
- More than 50 mature innovations supported by innovation funders have been presented in “clusters” to the accelerator working group, including:
 - Medical oxygen;
 - COVID-19 vaccine digital innovations;
 - Women and children’s health, including nutrition;
 - Mental health;
 - and
 - PHC.
- The innovations presented have undergone matchmaking in specific regions and countries and the accelerator is deepening engagement across agencies and supporting horizontal scale-up to other countries;
- Strengthened linkages with other SDG3 GAP accelerators (in particular PHC and equity cluster) for coherent and cohesive support to countries; and
- The experience has provided important lessons on how GAP signatory agencies can work together to support countries to scale up innovation.

One big action in 2021: Strengthen demand for and scale-up of innovations including medical oxygen, women and children’s health, mental health, and PHC.

BOX 7.

Somalia

Oxygen saves lives in Somalia on the path to UHC

The 2020 GAP progress report highlighted work by GAP signatory agencies to support the Government of Somalia's extensive efforts to recover from long-term instability and conflict by strengthening primary health care to achieve UHC. Since then, in the face of both the COVID-19 pandemic and alarming numbers of pneumonia-related child deaths, the GAP accelerator working group on innovation and access with leadership from the WHO innovation team has worked in the last year to support the urgent scale-up of medical oxygen in the country.

In response to needs expressed by the Somali Ministry of Health in April 2020, WHO, UNICEF, UNFPA and other members of the GAP innovation and access accelerator working group sourced potential suppliers and funders of medical oxygen innovations among members of the International Development Innovation Alliance (IDIA). Grand Challenges Canada (GCC) was identified as a

potential funder and suggested several mature innovations in medical oxygen in which it had already invested. The proposed innovations were then assessed by a technical respiratory expert panel convened by WHO. Agencies in the GAP accelerator working group (including WHO regional and country offices), the funder and the innovators then presented five innovations to the Somali Ministry of Health, which expressed particular interest in a solar-powered medical oxygen concentrator. In September 2020, GCC agreed to fund the first pilot installation of three solar-powered oxygen concentrators in Hanaano General Hospital, Dhushamareb, Galmudug state, and the equipment was installed in January 2021 with ongoing support from the WHO Innovation Team and regional and country offices. The WHO country office is also procuring three Pressure Swing Adsorption (PSA) oxygen plants. In addition, WHO and UNICEF have worked with other UN agencies to jointly

procure and distribute 200 portable oxygen concentrators across the country. The UN Resident and Humanitarian Coordinator played a valuable role in engaging UN agencies in these efforts through the Somali UN Country Team.

The GAP working group on research and development, innovation and access aims to apply its successful experience in rapidly matching demand, supply and financing for solar-powered oxygen in Somalia to other countries and innovations, with a focus on supporting an equitable, PHC-led recovery from the COVID-19 pandemic.

Challenges posed by COVID-19 in the last year have further demonstrated the need to expand and improve essential services to the population and work continues in Somalia towards UHC through PHC. In March 2021, the Ministry of Health presented to the GAP PHC accelerator working group the valuable contributions of joint and



An infant battling pneumonia in De-Martini hospital, Somalia

coordinated support by GAP signatory agencies in several fields including the COVID-19 response and work to strengthen the essential package of health services and related health system components. The Government also outlined challenges inherent to the country context of protracted crisis and inequalities; fragmented, uncoordinated efforts among humanitarian and development programmes and partners, their lack of alignment with country priorities and the need to improve equity in health coverage.

Somalia's request to GAP agencies is to support the country's efforts to strengthen PHC as the backbone of UHC and health security. This implies further effort to translate GAP commitments made at the global level into closer collaboration and reduced fragmentation among partners at country level, with country offices mandated to respond to

country needs. With such an approach, GAP agencies can support Somalia in:

- Enhancing the role and capability of the health authorities at federal and state levels in governance, regulation and management;
- Improving access to a high-quality essential package of health services with a stronger equity approach across states and attention to vulnerable and hard-to-reach populations;
- Strengthening emergency response capacity, as part of the UHC roadmap, through the new National Action Plan on Health Security and the operationalization of the humanitarian-development-peace nexus;
- Engaging private sector healthcare providers and other professionals to enhance progress toward UHC; and

- Building on the capacities enabled by the World Bank's Pandemic Emergency Financing Project involving emergency and trauma care from community level to intensive care in hospitals for progress on PHC and UHC.

Overall, alignment by health and development partners to help improve PHC and implement a revised essential package of health services presents multiple opportunities for collaboration among GAP agencies across accelerator themes, including to operationalize the development-humanitarian-peace nexus and to capitalize on social interventions and networks to expand health service coverage and increase equity for the people of Somalia.



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Dr Ibrahim Durak trains medical personnel on COVID-19 treatment and prevention at Baku's New Clinic. Azerbaijan

Data and digital health

Members: Gavi, UNDP, UNFPA, UNICEF, WFP and WHO

Co-leads: UNFPA and WHO

Many countries face significant challenges in data availability and quality due to weak health information system capacities, data governance, institutions and infrastructure; low capacity to integrate/use digital tools; data fragmentation and high reporting burdens and poor data and digital capacity and literacy. Enhanced collaboration by GAP agencies and other partners provides opportunities to increase data availability and impact cross GAP accelerator areas, particularly to help ensure equitable access to primary health care, through coordinated alignment of technical and financial resources with country data priorities, plans and budgets. The work of this accelerator is fully aligned with the Health Data Collaborative, which involves several GAP agencies, including in selection of priority countries.⁴

Key results

- Agreement on focus countries, aligned with government priorities and ensuring government ownership, and with the Health Data Collaborative principles and workplan: (Nepal, Kenya, Malawi, Uganda);
- Focus on specific data and digital systems in each country (e.g., DHIS-2, vital statistics, SCORE, electronic medical records);
- Focus on specific exemplars in each country (e.g., pneumonia, hypertension, immunization) and strengthening links with GAP PHC and R&D innovation and access accelerators and the equity cluster; and
- Focus on strengthening disaggregated data in context of COVID-19 and equity.

One big action for 2021: Strengthening country data and information systems, especially with regard to disaggregated data, including application to COVID-19 and equity.

4 The Health Data Collaborative is a joint effort by multiple global health partners including several GAP signatory agencies to work alongside countries to improve the availability, quality and use of data for local decision-making and for tracking progress toward the health-related SDGs.

BOX 8.

Malawi

Malawi: Strengthening data for greater equity and impact in primary health care

Through its Health Sector Strategic Plan 2017-2022 (HSSP II), the Government of Malawi aims to move towards universal coverage of quality, equitable and affordable health care with the aim of improving health status, financial risk protection and client satisfaction. Developed with support from WHO and UNICEF, HSSP II includes delivery of an essential package of health services through primary health care. Recognizing the importance of data and digital tools for delivering PHC and achieving UHC, the government also has a Monitoring, Evaluation and Health Information Systems (M&E/HIS) Strategy 2017–2022 focused on tracking key HSSP II indicators and producing quality health information collected with standardized and harmonized tools across all programs to guide evidence-based decision-making. A Digital Health

Strategy 2019-2022 aligned to HSSP II was developed with support from the Health Data Collaborative (HDC), which includes several GAP agencies, bilaterals, foundations and other partners.

UN agencies in Malawi are collaborating to support HSSP II implementation under a UN Joint Project, which includes the GBP £32 million *Umoyo Wathu* Health Systems Strengthening Program funded by the Government of the United Kingdom which includes the goal of improving quality of health care, service integration, governance and resilience through an integrated M&E system. Gavi and the Global Fund also support strengthening of health information systems in the country and since 2019 GFF financing has supported the expansion of reproductive, maternal, new-born and child health services.

Malawi has made significant progress in recent years in implementing the M&E/HIS Strategy through strengthening of the District Health Information System (DHIS) 2, which collects data at primary health care service delivery points. Periodic data quality assessments and performance analyses are now being used to generate score cards and dash boards on HSSP II indicators for each district in the areas of sexual and reproductive, maternal, new-born and adolescent health, and nutrition tracer interventions. However, further effort is needed to strengthen data collection and use at the PHC level. Several different data systems and devices for collecting data are in place and need to be harmonized across facilities and integrated with DHIS 2. Additional capacity building is needed for health care providers to generate and use



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Nurse reviewing malaria vaccination certificates at the Mitundu Community Hospital. Malawi

data to inform patient care and service delivery. Hardware upgrades are required to improve system capacity and performance. Further effort is also needed to enhance equity, for example, through the revision of primary health care data collection tools and redesign of data capture in DHIS-2 to enable age and gender disaggregation, including data on adolescents who receive services.

In June 2020, the GAP data and digital health accelerator working group and the HDC jointly initiated discussions with the Ministry of Health to explore how collaboration among GAP and HDC agencies could further support the strengthening of health information systems for PHC. The Ministry identified key support needs in the areas of digital health and data governance, infrastructure and health care worker

capacity for routine data collection and reporting. Overall, the Government seeks to better leverage and align domestic and external financing to build a more horizontal and comprehensive health information system with patient-level data that is not program-specific and is deployed down to the community level. It also aims to make better use of innovation to improve data quality and invest in training to “move from data to knowledge” among health workers, especially those working in health facilities and at community level.

In December 2020, the Ministry of Health and GAP, HDC and bilateral agencies agreed to develop a country-led roadmap on partner engagement for data and digital health with a key objective of improving efficiency and alignment of partner support. They also

agreed that HDC would coordinate ongoing efforts among the partners to align with the government’s plans by working through the country’s health donor coordination platform. The updated roadmap and workplan are to be finalized in consultation with partners in the first half of 2021.

Malawi’s experience with COVID-19 over the last year has further highlighted the importance of using data collected at the community level to monitor health trends, adjust responses and ensure the provision of basic health services. This experience will inform the ongoing work of the GAP, HDC and other partners to help Malawi recover from the COVID-19 pandemic, strengthen health information systems for more equitable primary health care and measure progress towards UHC and other health-related SDG targets.

ALIGN:





Align



GAP is promoting increased alignment through the joint work in countries, the accelerators and within the broader health ecosystem. In 2021, ILO joined the GAP as a new signatory agency.

Significant alignment among GAP agencies is happening at country level and within and among GAP accelerator working groups. This section describes how the GAP has also demonstrated over the last year that it can help to strengthen and increase alignment in the global health ecosystem.

GAP in the broader global health ecosystem

The GAP is promoting increased alignment with the broader global health ecosystem, including the global response to COVID-19 and work done by agencies outside the GAP (often with other GAP signatory agencies). Table 3 shows major links developed over the last year between the GAP accelerator and gender equality working groups and other major global health actors and initiatives. Continued, purposeful outreach to other actors and initiatives will remain important to ensure that the GAP contributes to and takes advantage of synergies across the global health and development landscape.

COVID-19 has amplified challenges to the achievement of the health-related SDGs and led to dynamic change in the multilateral system with the establishment of several short-term collaborative platforms to support aspects of the pandemic response, including the ACT Accelerator (ACT-A), the UN Socio-economic Response Framework (UN-SERF) and the Global Humanitarian Response Plan: COVID-19. The GAP, which includes many of the same agencies and their Principals, has a longer

timeframe linked to achievement of the SDGs, a broader scope across the accelerator areas and gender equality, and includes agencies participating in both the ACT-A and UN-SERF from within and beyond the UN system. The GAP complements the work of the shorter-term pandemic response platforms where this is relevant and can add value. Most importantly, the principal focus of GAP is on accelerating progress towards the health-related SDGs and leaving no one behind. In the context of COVID-19, this focus now also includes mitigating the reversal of progress made on the health-related SDGs, getting back on track, and building back better. Different features of the GAP and COVID-19-specific mechanisms also present opportunities for mutual learning between short-term humanitarian responses to the pandemic and longer-term development efforts.

As part of multi-stakeholder efforts across countries to support strengthened routine data systems to detect and track the extent of disruptions in essential health services, inform mitigation strategies and respond to evolving community needs in the context of COVID-19, countries have been supported through the ACT-A Health Systems Connector to carry out rapid health facility assessments on the capacities and readiness of frontline health services and facilities. All partner agencies of the ACT-A Health Systems Connector (World Bank, GFF, Global Fund and WHO), each of which is a GAP signatory, have rallied behind this suite of assessment tools and continue to provide technical support in this area of work across member states. There is potential for GAP to build on this as part of an equitable recovery towards the health-related SDGs.

TABLE 3:

Major GAP accelerator links in the global health ecosystem

Primary health care	UHC-Partnership; UHC 2030; Astana Declaration and PHC Operational Framework; Every Woman, Every Child; WHO Special Programme on PHC; disease-specific contributions to health systems strengthening (e.g. Global Coordinating Mechanism for NCDs); ACT-A health systems connector
Sustainable financing for health	P4H (P4H participates in the accelerator working group); PMNCH; UHC 2030
Fragile settings / disease outbreaks	UN Humanitarian Crisis Group
Equity cluster:	UN COVID-19 Socioeconomic Response Framework; Hand Hygiene for All Initiative; SDG 6 Acceleration Framework; UN Interagency Taskforce on NCDs
• Determinants of health • Civil society and community engagement • Gender equality	“Watch the GAP” advocacy group; GAP Civil Society Advisory Group; Partnership on Maternal, Newborn and Child Health; UHC2030 Civil Society Engagement Mechanism GH5050; UN System-wide Action Plan (UNSWAP) on Gender Equality and the Empowerment of Women; Every Woman, Every Child; UN University Gender and Health Hub
Research and development / innovation and access	ACT-A; International Development Innovation Alliance
Data and digital health	Health Data Collaborative
GAP agencies engaged in UN Development System reform	UN Resident Coordinator system

Integrating elements of Every Woman, Every Child

Every Woman, Every Child (EWEC) is a global movement launched in 2010 to mobilize action on health challenges facing women, children and adolescents through implementation of the UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health. The H6 group of agencies (UNAIDS, UNFPA, UNICEF, UN Women, World Bank and WHO, all of which are GAP signatories) have led technical support in this area across the United Nations system with a focus on leveraging their respective strengths and capacities to support high-burden countries to improve the survival, health, and well-being of women, newborns, children, and adolescents.

In December 2020, Principals of the H6 agencies agreed with the UN Deputy Secretary General that they would more strongly align EWEC with the GAP, focusing primarily on integrating work at country-level on sexual, reproductive, maternal, newborn, child and adolescent health, with a focus on equity and the most disadvantaged, consistent with the EWEC vision. H6 Principals considered the GAP PHC accelerator as the most relevant for integrating these efforts. The 12 (at the time) GAP Principals agreed to the proposal in January 2021 pending further discussion of operational implications. The H6 agencies will further discuss how to best leverage the H6 partnership in the countries where it is active to advance and expand GAP implementation in more countries. It is not intended that the GAP will assume the EWEC reporting or advocacy roles or its accountability mechanism.

International Labour Organization joins the GAP

In January 2021, the International Labour Organization (ILO) became the 13th signatory agency of the GAP. The ILO aims to contribute to the GAP in line with its mandate and programming in areas such as the health workforce, occupational health and safety, non-discrimination and social protection. The agency is an important addition to the GAP as the custodian of a number of health-related SDG targets, including 1.3 on social protection, 8.8 on occupational safety and health, 5.5 on gender equality and 8.3 and 8.5 on working conditions. ILO has nominated focal points to contribute to the work of the accelerators on primary health care and sustainable financing for health, and the equity cluster.

Knowledge translation from GAP to other SDGs

In 2020, the GAP Secretariat was asked to share lessons with a group of agencies led by UN Water that has since developed the Sustainable Development Goal 6 Acceleration Framework and aims to improve collaboration among multilateral agencies to support countries in accelerating progress in the areas of water, sanitation and hygiene, and improving health status, including as measured through SDG indicator 3.9.2. The framework, launched in 2020, adopts the GAP model of four commitments to *Engage, Accelerate, Align and Account*, together with a set of accelerators for focusing action. As part of the implementation of the framework and linked to the work of the GAP determinants of health accelerator, UNICEF and WHO, working with the World Bank and ILO and other partners, have launched the Hand Hygiene for All Initiative to accelerate progress toward hand hygiene for all by 2030 and to support the most vulnerable communities to protect their health, including from COVID-19.

Institutionalizing the GAP within signatory agencies

WHO has provided catalytic funding to its regional offices and several country offices to support coordination and implementation of activities under the GAP. Examples of activities in country offices include support to scale-up PHC-related work in countries across all regions, including in fragile settings; coordinating the activities of partners on data; closer engagement of communities and civil society in countries; and advancing work on health financing and scaling up innovation in collaboration with other partners. At the regional level, the WHO Regional Office for Europe has supported health-related SDG progress assessments that identified priorities for collaboration under the GAP in seven countries, while the WHO Regional Office for the Eastern Mediterranean Region has worked with GAP agencies and other partners to launch a Regional Health Alliance to advance the GAP objectives. The GAP Secretariat convenes regular meetings of GAP focal points in the WHO regional offices.

Aligning with the UN Resident Coordinator System

Although not all GAP signatories are UN agencies, alignment with the UN Resident Coordinator system is important to contribute to the GAP goal of coordinated support to countries. The GAP Secretariat and the UN Development Coordination Office – which manages the Resident Coordinator system – have begun to align efforts and are jointly organizing a webinar for UN Resident Coordinators on lessons to date and the way forward for accelerating progress on the SDGs, as well as ensuring links between the GAP and the UN reform agenda.

BOX 9.

Lao People's Democratic Republic

Sustainable financing for PHC and UHC in Lao People's Democratic Republic

The Lao People's Democratic Republic has an ambitious agenda for achieving the health-related SDG3 targets while undergoing a period of economic, demographic and epidemiological transition. The country is preparing to graduate from Least Developed Country status by 2026 and will transition from at least some key donor support in coming years. While Lao People's Democratic Republic has responded well to the COVID-19 pandemic, the economic impact has been significant, with GDP growth declining from 5.2% in 2019 to -0.6% in 2020, increased debt burden and constrained budgetary space for essential expenditures. Strengthening the resilience and sustainability of the health system in the context of donor transition and the negative impact of COVID-19 on the health sector budget will be critical as the Government aims to achieve UHC through PHC

strengthening by 2025 and the vision of health for all by 2030.

Lao People's Democratic Republic is preparing for an older population with more non-communicable diseases while ensuring continued progress on child and maternal health and the control of communicable diseases. The Government has recently updated its Health Sector Reform Strategy and endorsed the 9th Five-Year Health Sector Development Plan 2021-2025 and is implementing the decentralization policy, Sam Sang (Three Builds), to empower sub-national governments to strengthen health governance capacity and develop integrated health services with primary care and essential public health functions at the core, enabled by empowered people and communities and multisectoral action. Overall donor coordination in the health sector takes place through

a Sector-wide Coordination Mechanism chaired by the Government with WHO and Japan serving as co-chairs.

Lao People's Democratic Republic is being supported by agencies in the GAP SFH accelerator working group - World Bank, Gavi, Global Fund, WHO and UNICEF - together with CHAI, building on earlier efforts under the 3G, 4G and 4G+1 initiatives. In 2019, the Ministry of Health of Lao People's Democratic Republic began developing a health financing strategy for its period of transition to domestic financing in 2021-2025 with support from WHO in close collaboration with the World Bank, Swiss Red Cross and other partners. The strategy aims to increase sustainability, accountability, efficiency and equity in the health system and more closely align development assistance with the Government's priorities, thus providing a framework



A nurse attending to a patient at Setthathirath Hospital. Lao People's Democratic Republic

for support by GAP signatory agencies and other partners. Further, the strategy provides strategic directions to improve implementation of the National Health Insurance Scheme which has been rolled out nationwide other than Vientiane Capital since 2016. Under these directions, the government is currently updating the National Health Insurance Strategy with support from WHO and other partners including Swiss Red Cross and ILO. Joint work to cost an Essential Health Service Package and scale it up by 2025 has been supported by Gavi, ILO, UNFPA, World Bank, WHO, Swiss Red Cross, Fred Hollows Foundation and other partners. JICA and the Asian Development Bank have played significant roles in developing and supporting sector-wide coordination and evolution of PHC. Partners are committed to continue working in key areas of the health financing and PHC interface such as aligning

support around the Community Health System Strengthening Action Plan led by UNICEF; support led by WHO for strengthening the integrated HMIS on DHIS2 platform and the interoperability of other systems with HMIS, improving coordination efforts and supporting service delivery integration based on the Government's priorities and plans.

Health funders in Lao People's Democratic Republic are increasingly providing more joined up support, as illustrated by the new Health and Nutrition Services Access Project (HANSA). HANSA was jointly developed by the World Bank and the Global Fund working with the Government and other members of the GAP SFH accelerator working group. The project pools resources from the Government of Australia, World Bank and Global Fund and employs a performance-based approach

that links disbursement of funds to the achievement of agreed indicators with the aim of improving accountability, efficiency and sustainability of health financing. The project has a strong focus on increasing equitable access to PHC. The HANSA funding partners also supported a joint gender assessment leading to a jointly-funded gender action plan in support of the Ministry of Health's gender strategy. From the Global Fund's perspective, the project will help the country prepare to transition from Global Fund financing and take greater ownership. Gavi has also intensified its engagement with other partners including the Global Fund, UNICEF, World Bank and WHO in advance of the country's transition from Gavi financing in 2022. At the same time, the World Bank and Gavi are supporting overall strengthening of public financial management for health.

BOX 10.

Nepal

Measuring and addressing health inequities in Nepal

Monitoring health inequalities is essential for achieving Universal Health Coverage because it enables populations that are being left behind to be identified and helps to inform equity-oriented policies, programmes and practices. Such monitoring requires various forms of disaggregated data, which are currently lacking in many countries (ref World Health Statistics 2020).

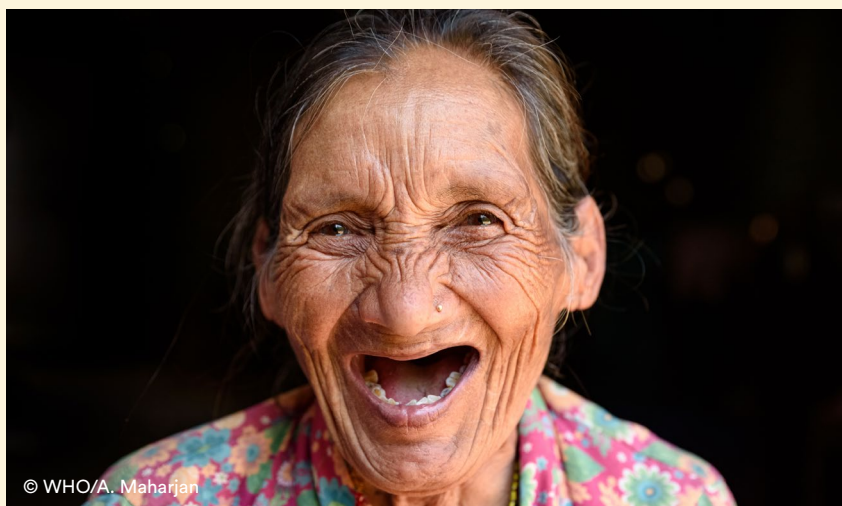
Nepal expressed early interest in receiving intensified support from GAP agencies in 2019 when the Government worked with them and other partners to develop a country roadmap and action plan setting out the country's support needs for implementation of its National Health Sector Strategy (NHSS) 2015-2020 (extended to 2022 and the 2019 National Health Policy. These are focused on improving the quality of primary health care, strengthening health information systems and

improving equity of access. A new NHSS planned for 2021-2025 is expected to reinforce these approaches. To build upon District Health Information System 2 (DHIS-2) for health data management has been implemented since 2016 that provides aggregated service data to support monitoring equity in service access and utilization. An Integrated Health Information Management System Roadmap for 2021-2030 has since been developed outlining ways of improving health information, monitoring systems and digital health programs.

A results framework with indicators for SDG 3 and nutrition aspects of SDG 2 (zero hunger) developed to support the current and next National Health Sector Strategies in Nepal showed significant data gaps in key areas. Nepal uses routine data sources (facility-based HMIS reporting, logistics

and others), vital statistics and population-based surveys to monitor health status and trends. However, these systems currently have significant limitations. Routine data sources cannot be interpreted at the population level. Hospital service records in the country reflect a large share of available mortality and morbidity data but quality and coverage need improvement and data from hospitals in different jurisdictions are not well linked. Coverage and timeliness of registration of events in vital statistics need to be improved and causes of death more systematically recorded. Investments in electronic patient records are needed to produce multiple benefits across the health system.

Recent surveys have also shown discrepancies in service utilization by sex, age, education level, geography and wealth quintiles and



This elderly woman has had more time to spend with her granddaughters since the COVID-19 pandemic. Nepal

a better understanding is needed of the overall impact of health services on morbidity and mortality by equity stratifiers. Availability of disaggregated data, data analysis capacity for equity monitoring and improved visualization and access to information are core areas requiring further work to ensure that no one is left behind.

During the last quarter of 2020, the government requested joined-up support from multilateral and bilateral agencies and other partners in the Health Data Collaborative to help tackle these health information challenges. Working across its headquarters, regional and country offices, WHO has played a key role in convening members of the GAP Data and Digital Health accelerator working group (Gavi, UNDP, UNFPA, UNICEF, WFP and WHO) and the Health Data Collaborative

to provide support to Nepal. The Ministry of Health and Population and its partners have agreed on three major priority areas including catalytic interventions where the partners will support strengthening health information systems in Nepal over the shorter term:

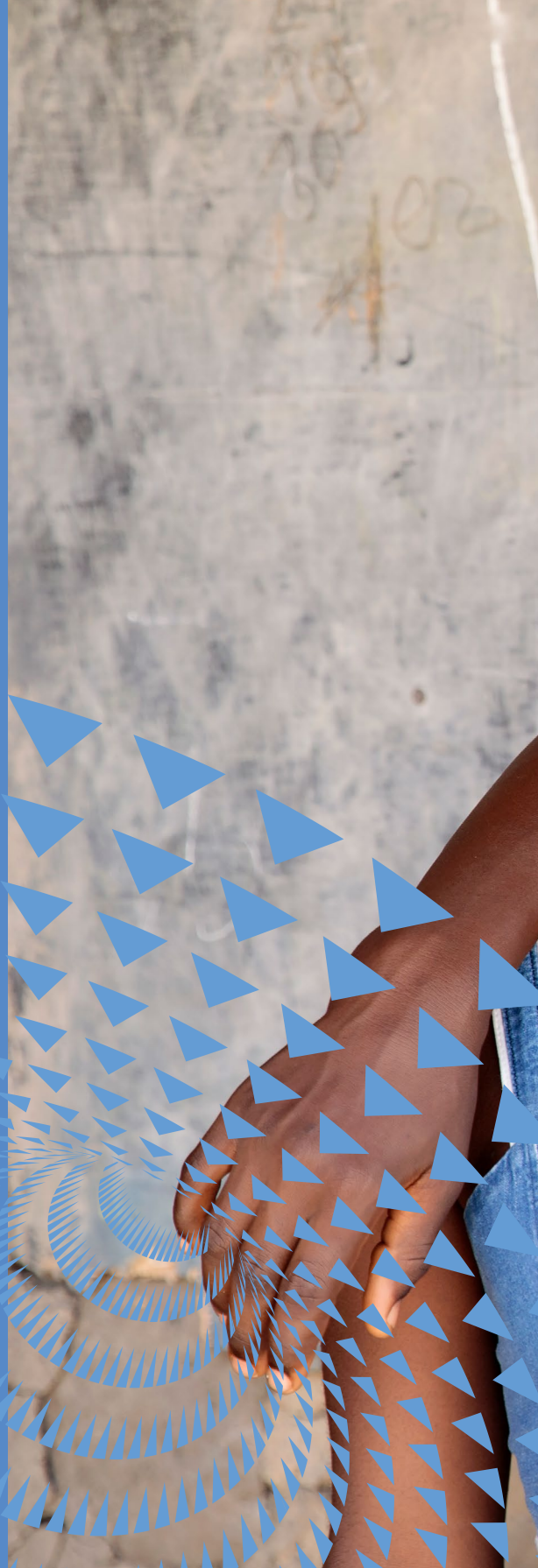
- Strengthening routine health information systems (RHIS) for UHC and other health-related SDG reporting, with focused interventions for hospital information system improvement in 22 hospitals, including standardization, medical certification of cause of death and outpatient service recording. Strengthened hospital reporting will also enable better information on patient population sub-groups and contribute to evidence-based equity analysis, planning and decision making;

- Establishment of learning centres on RHIS in all seven provinces in collaboration with academia, including targeted capacity building in the public and private sectors; and
- Strengthening health information systems and M&E coordination mechanisms at provincial level to enable better evidence-based planning and more equitable service delivery.

Over the longer term, the agencies aim to support Nepal to invest in and implement further digital solutions and mobile technology to expand coverage of health information systems, vital statistics, electronic medical records and telemedicine in order to increase health equity and accelerate progress towards UHC.

4

ACCOUNT:





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Nbdemke and Yeng acquired birth certificates.
They count and this will improve their access to quality health services and education. Cameroon

Account



GAP agencies are committed to reviewing progress and learning together to enhance shared accountability. Five of the six recommendations from the 2020 Joint Evaluability Assessment have been addressed, including through the recent development of a monitoring framework.

Joint evaluability assessment and management response

In 2020, a Joint Evaluability Assessment (JEA) of the GAP was commissioned and managed by the evaluation offices of all (at that time) 12 signatory agencies. The JEA served as an opportunity to bring 12 evaluation offices together for the first time in line with the GAP commitments to closer alignment and shared accountability.

The JEA 1) provided an early, rapid, light-touch review of the key strategic and technical elements needed for the GAP to succeed; 2) enabled the agencies to pre-emptively identify outstanding gaps before they become problems and 3) allowed the agencies to address the challenges identified in advance of the independent evaluation of the GAP in 2023.

The assessment's overall findings showed that the GAP was not yet sufficiently evaluable in a way that would make ongoing monitoring and evaluation efforts meaningful for the partners' learning, continued improvement and mutual accountability. It included six recommendations and a roadmap for addressing them sequentially. The recommendations were reviewed and discussed by the agencies' GAP Principals, Focal Points and the GAP Secretariat and a management response outlining the steps to be taken to address the recommendations was developed. The response was approved by the GAP agencies' Principals. Implementation of the management response is well underway. Key elements of the response are summarized in Table 4 and described in detail below.

TABLE 4:

GAP Joint Evaluability Assessment: Summary of progress against recommendations

JEA Recommendation	Progress (May 2021)
1. Jointly review and revisit the purpose and shared objectives of the GAP	- Paper on <i>Positioning the SDG 3 GAP in the COVID-19 era</i> approved by GAP Principals, November 2020 - STATUS: COMPLETED
2. Articulate a clear and detailed theory of change	- Theory of change approved by GAP Principals, November 2020 - STATUS: COMPLETED
3. Make the GAP more concrete and accountable	- Accelerator presentations to GAP Principals September–November 2020 outlined key priorities and focus countries - Civil society <i>Watch the GAP</i> webinars, October 2020 - Development of GAP monitoring framework through a consultative process - STATUS: COMPLETED
4. Review the resourcing of GAP activities	- Initiated, to continue through 2021 - Ongoing support from Gavi/GF for SFH accelerator working group; WHO support for coordination of PHC and R&D/innovation and access accelerator working group; other agencies are considering support - WHO catalytic fund; newly established WHO Special Programme on PHC; draft WHO budget for 2022/23 - STATUS: ONGOING
5. Review the linkages between and among accelerator working groups	- Equity, rights and inclusion cluster of accelerators (accelerators on determinants of health and civil society and community engagement, and the gender equality working group) developed and undertaking joint work - Gender focal points identified for each of the accelerators to support gender analysis in their work - Increased focus on joint support by accelerator working groups for activities at country level “One big action” identified and advanced by each accelerator working group with promotion of synergies across accelerators - STATUS: COMPLETED
6. Map out the steps to the 2023 evaluation	- Development of a GAP monitoring framework - STATUS: COMPLETED

► **Recommendation 1:**

Jointly review and revisit the purpose and shared objectives of the GAP to clarify how the GAP is intended to operate and add value to what is already in place, including agreement on issues as how the GAP will work at country level and its purpose and objectives in light of COVID-19. In their meetings in July and September 2020, GAP Principals discussed and emphasized the centrality of country focus, results and impact to the GAP. In November 2020, GAP Principals endorsed a positioning paper that included several strategic directions and related steps to strengthen national ownership, engagement and impact; scale up country-level implementation; improve outreach and communication to countries and the agencies' country-facing teams; strengthen links with the UN Resident Coordinator system; strengthen links among accelerators where it leads to greater impact at country level; and link with other shorter-term, global multilateral COVID-19 response mechanisms, such as ACT-A UNSERF.

► **Recommendation 2:**

Articulate a clear and detailed theory of change for the GAP: A comprehensive theory of change based on the early "learning by doing" phase of the GAP was approved by GAP Principals in November 2020 and forms the basis of the new GAP monitoring framework.

► **Recommendation 3:**

Make the GAP more accountable by accelerating progress on mapping out the agreed activities for GAP partners... and consistent involvement of senior leaders. GAP progress is being tracked through regular and more frequent meetings of the GAP Principals, including presentations to them on priorities of the accelerator working groups in Q4 2020. Accountability will be further enhanced through the GAP monitoring framework.

► **Recommendation 4:**

Review the overall resourcing of the GAP... in order to achieve a better balance between what resources overall the GAP signatory agencies can feasibly bring to GAP in the current environment and what priorities can be taken forward. WHO, GAVI and the Global Fund are providing resources to support specific accelerator working groups, and others are considering doing so. WHO is also providing catalytic funding to regional and selected country offices to support coordination. Discussions are ongoing with regard to the overall resourcing of the GAP, including ways to encourage stronger collaboration of signatory agency staff in the different accelerator areas and at country level, building on challenges identified in both the JEA and the IHP+ case study.

► **Recommendation 5:**

Revisit the linkages between the accelerator working groups to help them support each other to full effect and at the same time clarify what is realistically expected from each group... Actions taken are summarized in the response to Recommendation 1, including increased focus on links between accelerator themes at country level.

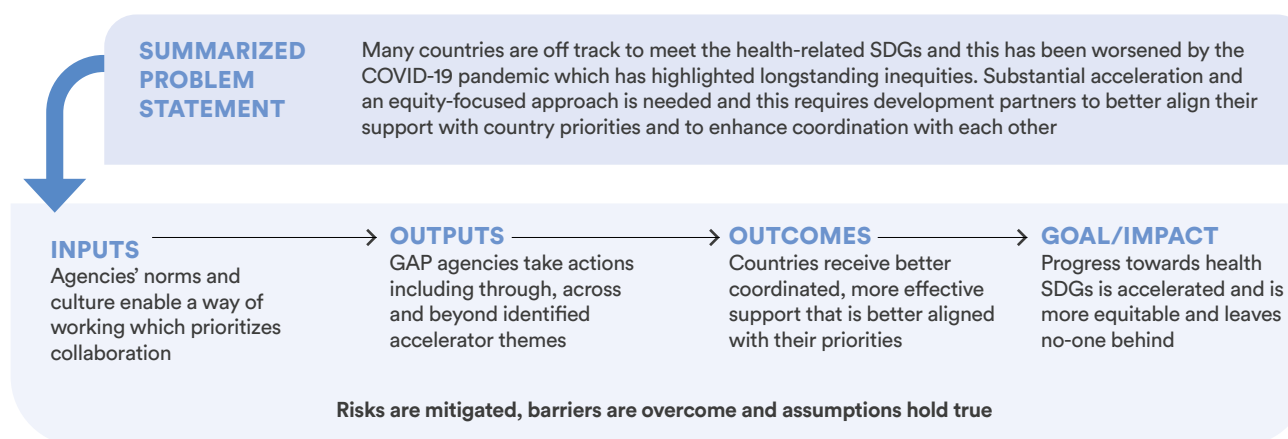
► **Recommendation 6:**

Map out the steps to the 2023 evaluation and ensure that these are well understood by and agreed with the steering group of GAP agencies' evaluation offices. The GAP Secretariat is discussing options for a mid-term review of the GAP with the evaluation offices. A monitoring framework is being finalized and will inform future progress reports and evaluations.

GAP monitoring framework

GAP agencies committed from the outset to a “light-touch” approach to monitoring and evaluation and an independent evaluation in 2023. In response to the JEA in 2020, signatory agencies developed and agreed upon a theory of change for the GAP. Subsequently, a monitoring framework was developed based on a simplified version of the theory of change (Fig. 1). The framework aims to be able to identify and present credible results of the GAP and assess the additionality of enhanced coordination and cooperation among GAP agencies, as well as the contribution that these may have made to enhanced alignment and coordination in countries and to the acceleration of progress on the health-related SDGs.

Fig. 1: Simplified GAP theory of change



Several key principles underpin the monitoring framework, including that the framework should be light touch with countries at the centre. This includes using existing data and ensuring that the process and tools used are as simple as possible. Country experiences will be assessed mainly through the use of qualitative case studies. Country perceptions of joint support provided by and alignment among GAP signatories will be captured through brief annual questionnaires completed by national governments and civil society. Perceptions of the GAP within the agencies themselves will be captured through a short global-level questionnaire completed by each agency and a country-level questionnaire completed by the agencies together. These data sources will be supplemented by context monitoring of health-related SDGs using existing data and some monitoring of GAP processes such as the accomplishments of accelerator working groups and the GAP Secretariat.

Following consultations with countries and civil society on the draft framework in the first quarter of 2021, the monitoring framework was approved by GAP agency Principals in May 2021. Key elements of the GAP monitoring approach are shown in Table 5.

TABLE 5:

Key elements of the GAP monitoring approach

Theory of change level	To be measured through:
Goal / Impact	Acceleration of equitable progress towards the health-related SDG targets. This is difficult to measure and requires a contribution-based approach but will be illustrated by country case studies.
Outcomes	Extent to which GAP agencies / development partners provide support to countries that is (i) aligned to national priorities and (ii) coordinated with others. This is measured by surveying country perspectives.
Outputs	- Joint annual progress report including country case studies and other key elements (of which this report is a prototype): Engage: Mapping of countries participating in GAP (see Table 1 for prototype) Accelerate: Key focus and accomplishments of accelerator working groups Align: Alignment of work of agencies in countries and through accelerators, as well as in the global health ecosystem Account: Key findings from implementing monitoring and risk frameworks

Case study on the International Health Partnership

In 2020, the GAP Secretariat commissioned a case study on the International Health Partnership and related initiatives (IHP+, 2007-2016) to draw lessons from the IHP+ experience relevant to the success of the GAP. Both this case study and the GAP theory of change identified risks for the GAP in three key areas: country ownership; institutionalizing collaboration within GAP agencies; and, most importantly, external incentives for collaboration from the agencies' donors and governing bodies. In response, a draft risk framework for the GAP incorporating these elements has been developed to complement the new monitoring framework (Table 6). The draft risk framework will be further developed with inputs from GAP agencies and a broader set of stakeholders.

TABLE 6:

Key elements of a GAP risk framework

Risk category	Risk	Likelihood	Severity	Potential mitigation approaches
Country ownership	GAP not aligned with national priorities	Medium	High	Use of country-led fora to discuss collaboration
	Country does not feel empowered to provide feedback	Medium	High	Monitoring framework includes a country questionnaire
Institutionalization	Collaborative behaviour not part of staff performance management	Medium	High	Reflect collaboration in job descriptions and performance reviews
	Collaboration not seen as part of “everyday” job	Medium	Medium	Messaging from Principals
Incentives	Political commitment and focus shifting away from achieving the health-related SDGs	Medium	High	Focus on central role of health in an equitable recovery towards the SDGs
	Member states / funders do not set incentives for closer collaboration	High	High	Stakeholder forum to discuss findings of monitoring framework



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Samjhana Khadga and family, Nepal

Conclusions

Despite the many challenges posed by the COVID-19 pandemic over the last year, the GAP has matured as a collaboration and improvement platform in the multilateral system to support achievement of the health-related SDGs by 2030. While country engagement has deepened and is further scaling up and the importance of clear and shared objectives in supporting countries to achieve tangible and measurable impact through a closer collaboration of the agencies has been demonstrated, progress is likely to remain incremental rather than transformational in the absence of a broader reflection by the Boards and donors on how the overall incentive structure for collaboration in the global health eco-system could be better aligned with a joint push for the health-related SDGs.

Progress has been made on key challenges identified in the 2020 progress report, with accelerator working groups working more closely together and increasingly focused on specific exemplars of strengthening health systems and increasing equity, and civil society is more closely engaged in aspects of work under the GAP. The GAP has also helped to strengthen alignment in the global health ecosystem and will increasingly focus on the key challenges and risks of country ownership, institutionalization of the GAP way of working within the agencies, and incentives for collaboration.

In the preface to the original Global Action Plan, WHO Director-General Dr Tedros wrote that “collaboration is the path, impact is the destination.” This sentiment continues to guide the GAP. The “North Star” of the GAP is impact at the country level in the context of PHC that is equitable, resilient and sustainably financed through domestic and external resources. In the era of COVID-19, the GAP is well positioned to further support countries as they strive for an equitable and resilient recovery and resumption of progress towards the health-related SDGs.

Signatory agencies of the Global Action Plan for Healthy Lives and Well-being for All

